

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

19/10/2009 19:32

Date In: 19/10/2009 19:32	Job description	Date & Time Completed	Done by
Ref No: N/A 19101809817	SAS e-illing		
Veh No: PC 8038 J	E-mail (to/for, AIC 2hrs)		
D.O.A: 16/09/2009 09:30	I-Motor Claims Form		
(ID) TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No:	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()
Date/Time: ()
Location: ()
Weather: ()
Other: ()

Customer's Name: N/A 19101809817	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Additional Comments:	For claiming against INC Only (ver 10 Jan 2005)	
Sub 1:	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NS: Repair Coordination \$10	
	*NS: Post Repair Inspection \$25	
	*NS: DV / Collect Excess Coordination \$3	
	TE (NI): TP (NI) INC against INC \$20	
	9) NI: Idea Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	14/10/2019 19:32
Date Of Accident	26/09/2019 09:30
Exact Location Of Accident	OASIS @ SAKRA ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8038J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MENDOZARICHARD1988@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85869738
Alternative Phone No	OFFICE-85869738

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE HIGHROOF
Exact Purpose for which vehicle was being used at time of accident	TO CARRY WORKER TO SITE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994305/100875335-00003
Cover Note Number	

Driver

Name of Driver	RICHARD CATOY MENDOZA
Passport No/FIN	G2831636X
Date Of Birth	17/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	28/08/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85869738
Fax Number	
Contact Number	OFFICE-85869738
Email Address	MENDOZARICHARD1988@GMAIL.COM

Address	5 JALAN PAPAN WESTLITE DOMITORY
Postcode	62-19396
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by Interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

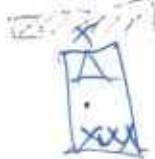
Reporting Centre Person's Signature
Name:
NRIC/IN No:

SKETCH PLAN

CONCRETE BEAM

15-25 METERS
FROM ENTRANCE

2.1 HEIGHT
BARRIER



OASIS G SAKRA ROAD
CARPARK

PC8038J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SEPTEMBER 26, 2019
AT AROUND 9:30AM AS I WAS GOING TO PARK AT OASIS AT SAKRA ROAD NURUNG ISLAND, I GO TO OUTSIDE PARKING, BUT SECURITY IN THE AREA INSTRUCTED ME TO PARK INSIDE THE BUILDING SO I FOLLOW THEIR INSTRUCTION, AND DECIDED TO GO INSIDE
THE HANGING BARRIER HAS A LIMIT OF 2.1 METERS WHICH AS I KNOW THAT THE MINI BUS CAN ENTER ON THIS HEIGHT. I PASS ON THE BARRIER WITH NO ANY PROBLEM, EXPECTING THAT NO PROBLEM AT ALL BUT AS I WAS HEADING TO THE CLOPE GOING UP TO SECOND LEVEL I HEARD AND FELT THAT MY TOP/ ROOF OF THE MINI VAN HIT SOMETHING (BE) I STOP AND GO DOWN TO CHECK, I DISCOVER THAT THE ROOF OF THE VAN HIT THE CONCRETE ABOVE CAUSING THE VAN DAMAGE SUCH AS DENTS AND SCRATCHES.

DECLARATION

I/We declare that the particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Person's Signature
Name:
NRIC/FIN No.:



SANKYU (SINGAPORE) PTE LTD
11 CLEMENTI LOOP
CLEMENTI DISTRIBUTION CENTRE
SINGAPORE 129813

05 Sep 2019

Your worker's occupation has been updated

WORKER'S NAME
RICHARD CATOY MENDOZA

WORK PERMIT NO.
0 27371590

EMPLOYER'S NAME
SANKYU (SINGAPORE) PTE LTD

Dear Sir/Madam

Your request to change RICHARD CATOY MENDOZA's occupation to PROCESS MAINTENANCE & CONSTRUCTION WORKER-CUM-DRIVER has been approved. Your worker can perform the new duties from 05 Sep 2019.

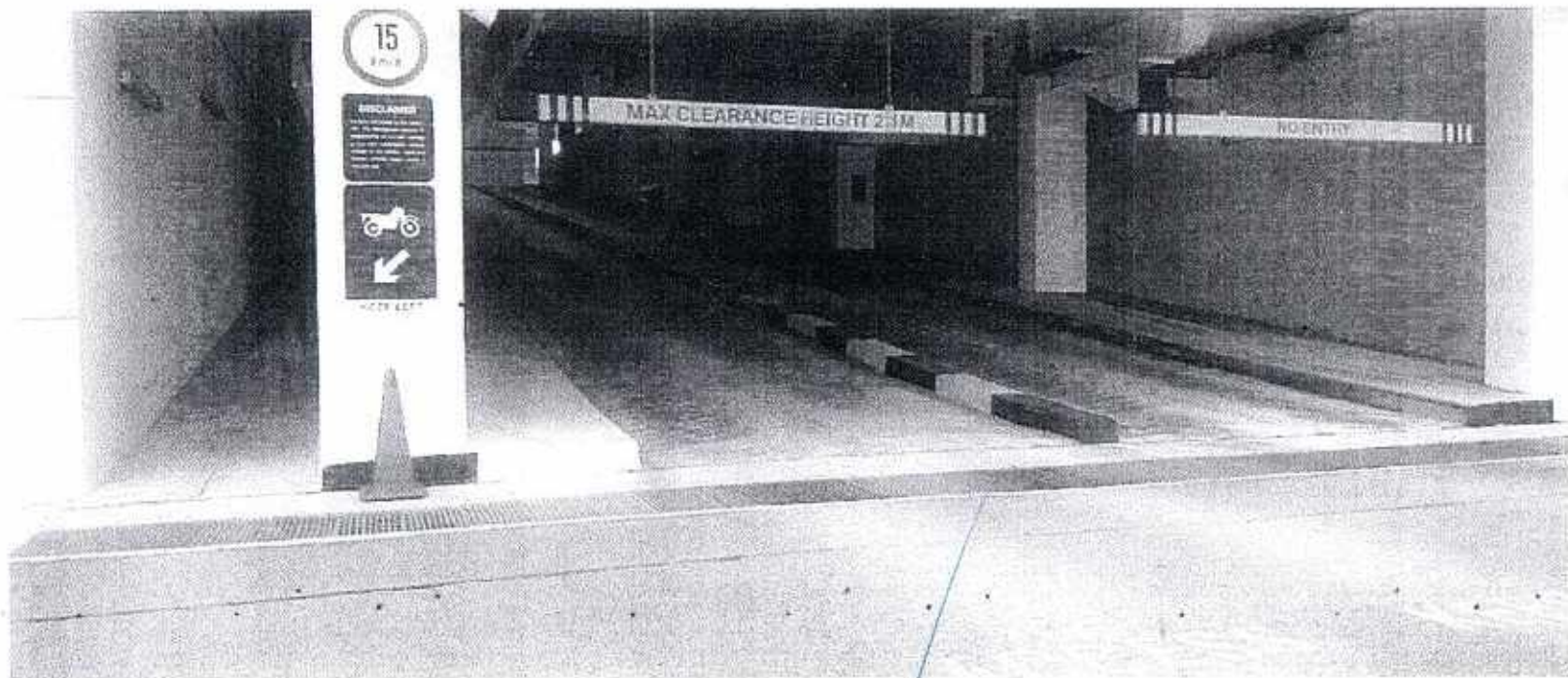
You can view your worker's updated occupation using our 'SGWorkPass' mobile application from the next working day.

Yours sincerely

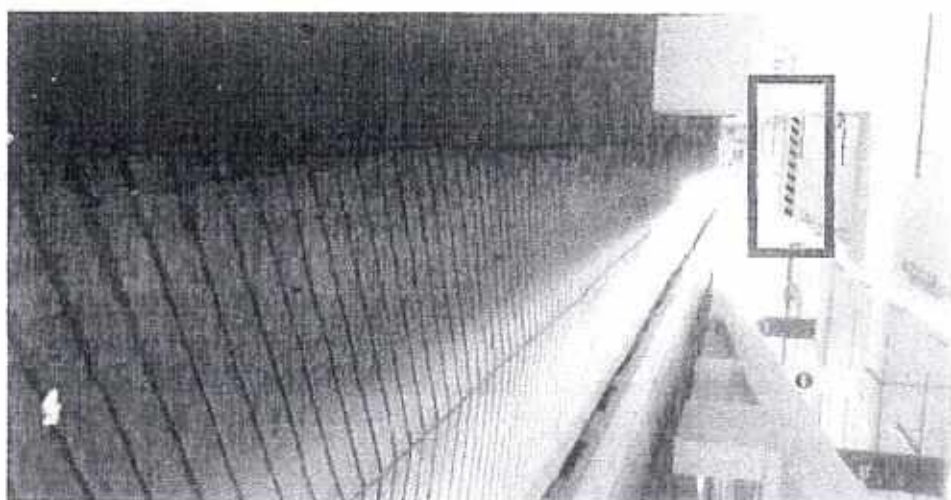
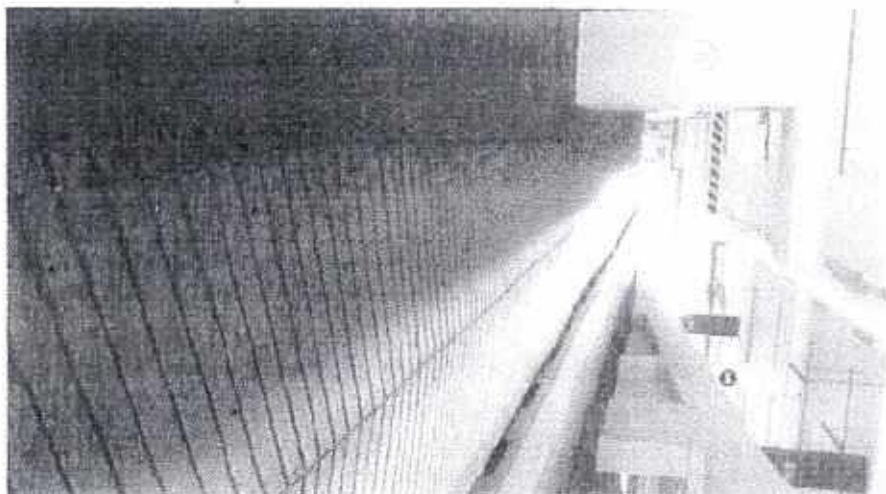
Gan Choon Aik
For Controller of Work Passes

▲ IMPORTANT

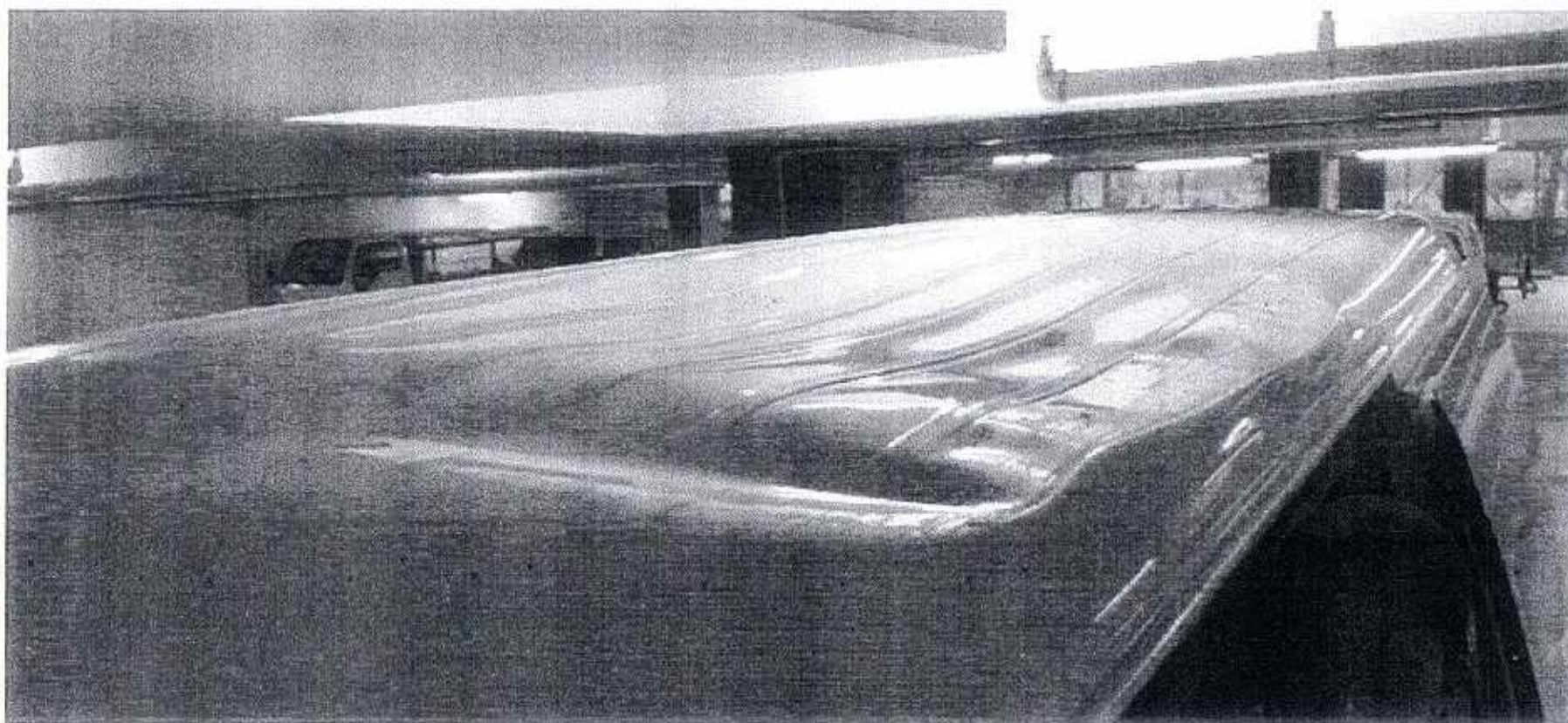
This approval does not exempt the worker from other licensing requirements (e.g. driving or operating a crane in Singapore).



14/10/2018



14/10/2019



ad 14/10/2018

gal 14/10/2018





14/10/2019

Address of Driver	5 JALAN PAPAN WESTLIFE DOMITORY 5C 619346
Email Address	menelaamchand1988@gmail.com
Was Driver An Employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	OH DP
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others
OTHER INFORMATION	
a. Was anybody injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	<input type="radio"/> Yes <input checked="" type="radio"/> No
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (if Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of Intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (if Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	PC 8035 T
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles)	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorized Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorized Driver.
4. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material fact may allow insurance companies to repudiate policy liability.
5. The insurance and acceptance of this Form by insurance companies is not an admission of the policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 16-9-2019	Time: 0930
Exact Location of Accident	OASIS 627870 SAKRA ROAD	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	PC 8038 J	
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
- Not Applicable		
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model	Manufacturer: TOYOTA	Model: HILUX MULL ROOF CARGO
Type of Vehicle	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input checked="" type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others	
Exact Purpose for which vehicle was being used at time of accident	To carry workers to site	
Are you claiming under own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input type="radio"/> Third Party <input checked="" type="radio"/> Reporting)	
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company		
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only	
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No	
Policy Number		
Motor CI		
DRIVER	<input type="radio"/> Same as Insured above	
Name of Driver	RICHARD C MATHIAS	
Personal Identification - NRIC (Singaporean/PR)	G2S 31636 X	
- FIN/Passport Number		
Date of Birth	17 /dd	9 /mm 1958/yy
Driving Date Pass	28 /dd	8 /mm 2019/yy
Year of Driving Experience	Year(s) Month(s) Month(s)	
Occupation	Welder - cum - Painter <input type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	85869738	



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

S\$ 2,400

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS

WINDSCREEN EXCES S\$100.00

(1)

CERTIFICATE NO. 999994305/100875335-00003

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

PC8038J

2) NAME OF INSURED

Goldbell Car Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

24 Apr 2019

4) DATE OF EXPIRY OF INSURANCE

31 Mar 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Insured's order or with their permission.

Additional Excess of \$3000 applies to all claims for Drivers below 23 years old and/or with Driving

Experience less than 12 months

Additional excess of \$500 applies to all claims for accident outside Singapore.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

6) LIMITATION AS TO USE *

1) Use in connection with the Insured's business. 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business. 3) Use for social, domestic or pleasure hire or reward) in connection with the Insured's business. 3) Use for social, domestic or pleasure
b) Use for the carriage of passengers for hire or reward; and/or c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY DBS BANK LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 24 May 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

030123-870

ACORN INTERNATIONAL - FLEET

48 CHANGI SOUTH STREET 1 #04-01 SINGAPORE 486130

Authorised Representative

ORIGINAL

SSCANA