

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

17/10/2009 11:35

Date In: 22/10/2009 11:35	Job description	Date & Time Completed	Done by
Ref No: N/A 1908001/8630/4	SAS e-filing		
Veh No: SLK 986/E	E-mail (update 8hrs, AIC 2hrs)		
D.O.A: 17/10/2009 11:35	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: 860 98672 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: N/A 1908001/8630/4

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date Time: () Action: ()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

X/A 1908001

1) Alt: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$10)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (ver 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*N5: Courtesy Car / Tpt Allowance \$3

*N6: Repair Coordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

*TP (Nil): TP (Non INC) against INC \$20

*N12: Idao Mobile \$0

Invoice dated Fee Charged

Invoice dated Fee Charged

Invoice dated Fee Charged

Invoice dated Fee Charged

Invoice dated Fee Charged

Invoice dated Fee Charged

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	22/10/2019 11:43
Date Of Accident	17/10/2019 11:35
Exact Location Of Accident	10 TUAS SOUTH STREET 7 S(637114)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9361E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98250173
Alternative Phone No	OFFICE-98250173

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	ONG LIAN SENG
NRIC No	S1605100D
Date Of Birth	06/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	29/07/1980
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98250173
Fax Number	
Contact Number	OTHERS-98250173
Email Address	NOEMAIL

Address	BLK 658 CHOA CHU KANG CRESCENT #15-55
Postcode	680658
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	COLLISION - HEAD TO REAR
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ9867Z
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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. 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



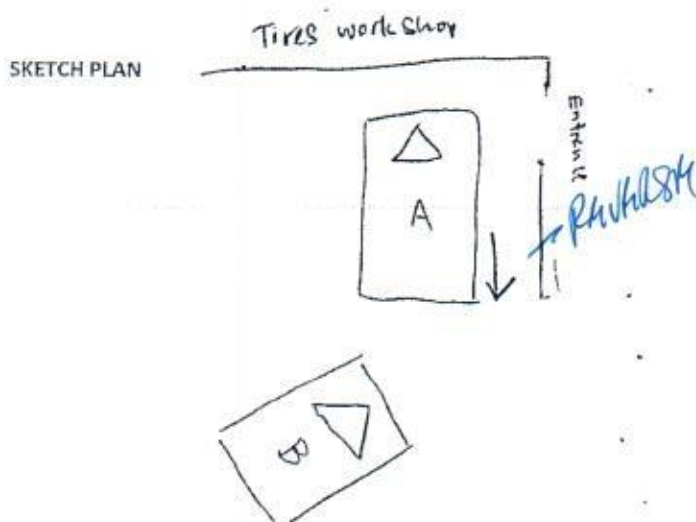
Policyholder's Signature
Date & Time:

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

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

22/10/2019
fosh wong

10 Tues 87KAT 7 S (637114)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Due to heavy rain this morning, our driver stopped the vehicle (car B) nearer to the shelter at the tire workshop. Headlight and hazard light was turned on. Driver B did not see any reverse light on car A. While alighting our Engineer with electronic equipment, car A suddenly reverse and hit car B.

Both of them came down and check for damage. Driver car A denied that the scratches & bump caused by him are already there previously. He left without exchanging any particular

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/10/19

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for e-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 Authorised Driver.
4. 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.
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: 17/10/2019	Time: 11:38 am
Exact Location of Accident	1	10 Tuas South Street 7, S637114	
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	3	SLE 9361E	
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: _____	Model: _____
Type of Vehicle		<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input 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	8	For driving record testing	
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 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	4	Ong, Lian, Seng	
Personal Identification - NRIC (Singaporean/PR)	7	S16051001D	
- FIN/Passport Number	10		
Date of Birth	11	06 /dd 02 /mm 1963 /yy	
Driving Date Pass	12	29 /dd 07 /mm 1980 /yy	
Year of Driving Experience	13	30 Year(s) Month(s) Month(s)	
Occupation	14	Driver <input type="radio"/> Indoor <input checked="" type="radio"/> Outdoor	
Gender	15	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	16	98250173	

Address of Driver	4	B1K: 658 H15-55			
Email Address	4	Choo Chy kang nes. S(680658)			
Was Driver An Employee of the Insured's Company?		<input type="radio"/> Yes	<input type="radio"/> No		
If No, Relationship of the Driver with the Insured					
Vehicle Registration Number of Driver's Own		<input type="radio"/> Yes	<input 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)	4				
Weather Conditions	4	<input type="radio"/> Clear	<input checked="" type="radio"/> Raining	<input type="radio"/> Others	
Road Surface	4	<input type="radio"/> Dry	<input checked="" 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 type="radio"/> No		
DETAILS OF POLICE ACTION					
Was the Accident reported to the Police?	4	<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 type="radio"/> No (if Yes, against whom?)		
DETAILS OF OTHER VEHICLE / PROPERTY 1					
Vehicle Registration Number	4	SJA 98673			
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)					

**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)

M.Z.400

Comprehensive Commercial Motor

(The below excess is subject to GST)

CERTIFICATE NO. 999994316

POLICY EXCESS S\$800.00 ** (I)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SLE9361E

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

Goldbell Car Rental Pte Ltd

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

01 January 2019

4) DATE OF EXPIRY OF INSURANCE

31 March 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 \$1000 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.

** Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.

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 for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.
- 4) Use for any purpose in connection with Motor Trade.

LOSS OF USE

Not Included

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 16 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Acorn International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

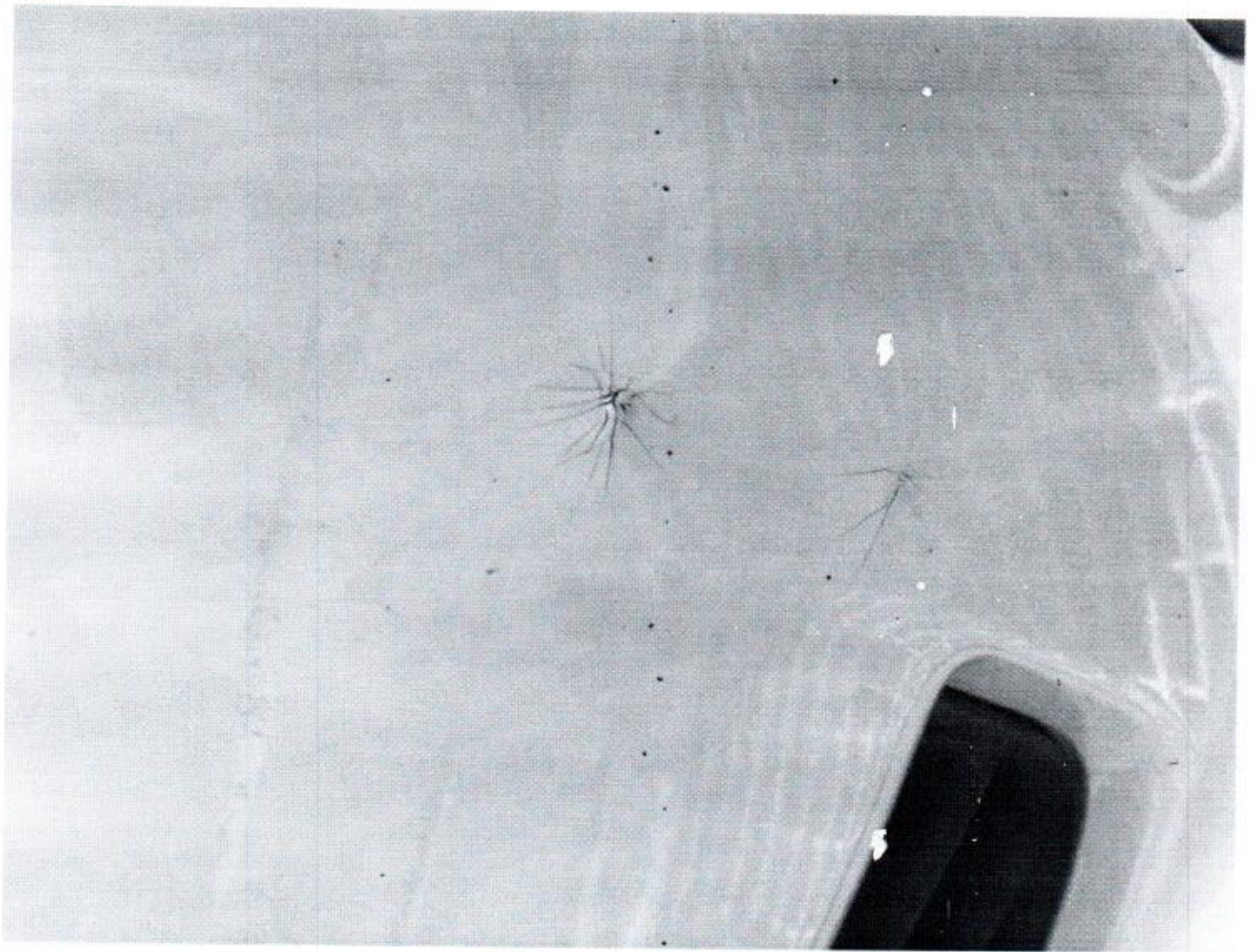
ORIGINAL

AUTHORISED REPRESENTATIVE

SSPKWJ



22/10/2019



22/10/2019
M



for 22/10/2019