NATIONAL Assessment Centre Services. [wef 1 Jan'00] . NA/A419143203

Date In: 29/10/2019 17:47	Job description	Date &Time Completed	Done by
Ref No. NBA/MG1901913517	SAS e-filling		
Veh No: PC 6942J	E-mail (Whole 8hrs, AIC 2hrs)		
D.O.A: 27/10/2019 20:50	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/When		

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%. F: 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: ( )

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

Injury :

NA/908185

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100)	INC ($40) $40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2001)	$75	
6) TR : Re-Inspection	$160	
7) NI : Idso DA + SMRT Survey		
8) NTUC Additional Services: OD:		
*N5: Courtesy Car / Tpt Allowance	$5	
*N6: Repair Co-ordination	$10	
*N7: Post Repair Inspection	$25	
*N8: DV / Collect Excess Coordination	$5	
TP (N11) : TP (Non INC) against INC	$20	
9) N12: Idso Mobile	30	
Invoice dated	*Fee Charged*	
Invoice dated	*Fee Charged*	

MNA419143203 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 29/10/2019 17:41
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 30/10/2019 10:38

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	29/10/2019 17:41
Date Of Accident	27/10/2019 20:50
Exact Location Of Accident	ALONG JURONG WEST AVENUE 2 LAMP POST NO:65
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC6042J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90298127
Alternative Phone No	OFFICE-90298127
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 MICROBUS 2.5 4DR 5AT ABS
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?	YES
If No, Please state action to be taken	
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	999994313
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HIDAYAT BIN ABDUL RAHMAN
NRIC No	S8847173C
Date Of Birth	27/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2013
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90298127
Fax Number	
Contact Number	OTHERS-90298127
EMail Address	NOEMAIL

Address	BLK 449 TAMPINES STREET 42 #06-80
Postcode	520449
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	RAINING
Road Surface	WET

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?	YES
If Yes,Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: NO. 20 CLEMENTI AVENUE 5 , **POSTCODE:** 129858 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-8729999 - **FAX NO**: 67748639
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20191027/2106

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

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

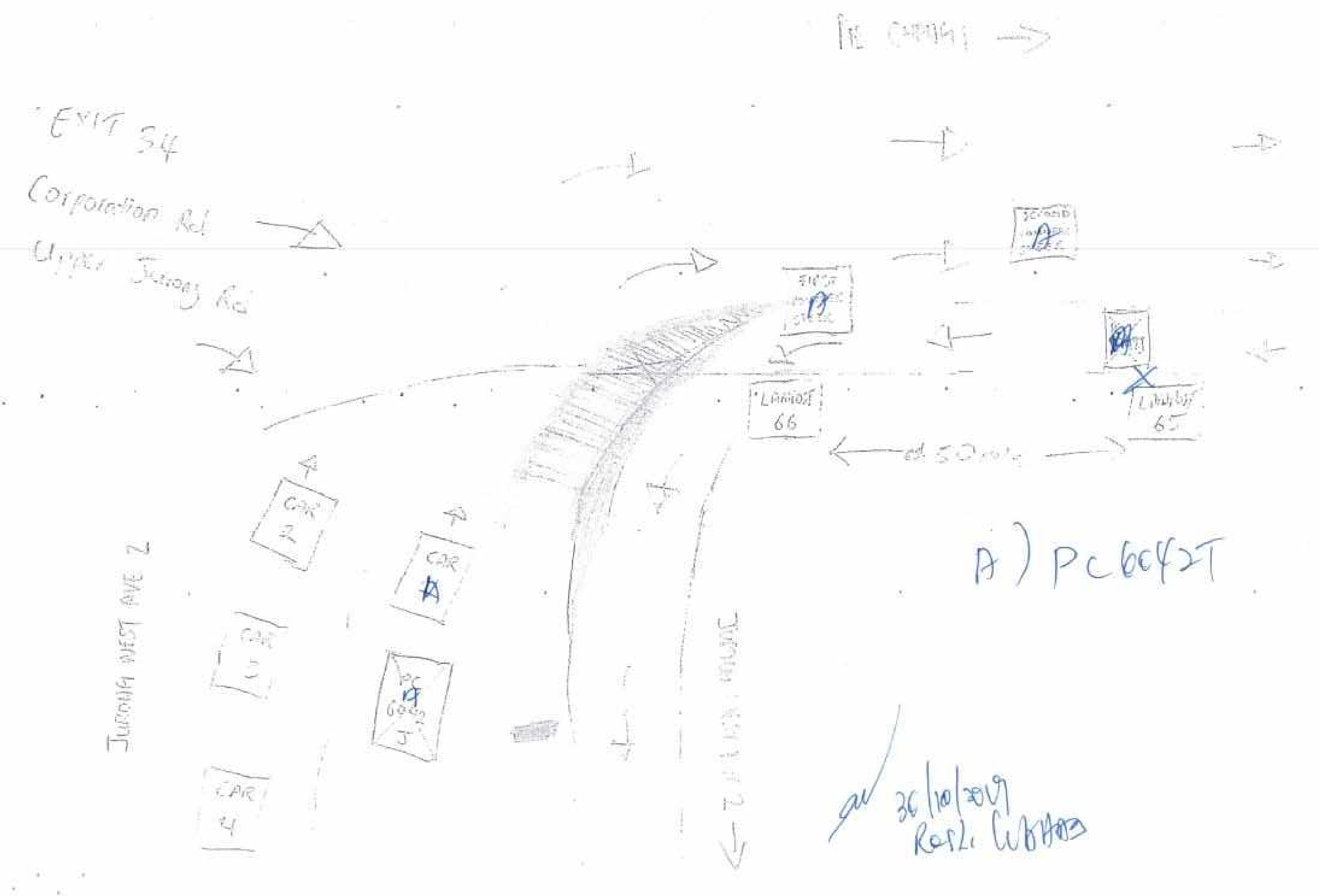
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:
28/10/19
1445 hrs.

30/10/19

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


EXIT 34
Corporation Rd
Upper Jurong Rd
PIE CHANGI
JURONG WEST AVE 2
CAR 2
CAR A
CAR 3
CAR 4
PC 6642T
FIRST
SECOND
LAMPOST 66
LAMPOST 65
A) PC6642T
30/10/2019

SKETCH PLAN

REFER TO ATTACHED SKETCH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I left Custom Operation Command (COC) at 2040 hrs to return to base. It was a very bad weather at that time of point, and also poor visibility due to the heavy rain. Location happened at the intersection of Jurong West Ave 2 by Jurong Rd entering PIE towards Changi, (Junction under Hong Kah Flyover). My vehicle was at a traffic light junction waiting to move off as it was red light. When the red light turn to green, i moved off and while turning right, out of sudden, the van encountered aquaplaning and i tried to counter steer twice but the van gave away and it eventually hit lampost number 65. There is no visible damage to the lampost. The Actos van front left headlight and front bumper was damage. No other vehicles were involved and no other injuries. Towing truck came at 2220 hrs (Plate no. YN 9355 Y) left scene at about 2230 hrs. Police report was lodge at Clementi Div. (Report No. T/20191027/2108)

DECLARATION:

I/We declare the foregoing [illegible] true in every respect

Policyholder's Signature

Date & time

Insured's Signature

(If different from policyholder)

Date & time

28/10/19

1445 hrs.

[illegible]

Name

Signature

30/10/2019

Roslı [illegible]

SINGAPORE POLICE FORCE

T/20191027/2106

Report No. T/20191027/2106

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129658
Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
27/10/2019 23:44		138

Informant's Particulars

Name of Informant:			Address:
MUHAMMAD HIDAYAT BIN ABDUL RAHMAN			APT BLK 449 TAMPINES STREET 42 #06-80 SINGAPORE 520449
ID Type / ID No.:			Contact No.:
NRIC NO / S8847173C			Home/Office: Mobile: 90298127
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	30	27/11/1988	Driver
Race:		Language:	Institution / School Name:
Malay		English	
Occupation:		Driving Licence Information:	
AETOS POLICE OFFICER		Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	27/10/2019 20:50	Bend

Location:
Along Road 1
JURONG WEST AVENUE 2

Lamp Post Number: 65

Weather:	Road Surface:	Road Speed Limit:
Raining	Wet	
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Lamp Post		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
PC6042J	Van				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE
POLICE FORCE

T/20191027/2106

Report No. T/20191027/2106

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD HIDAYAT BIN ABDUL RAHMAN	ID No.	S8847173C
Related Vehicle	PC6042J (Van)	Contact No.	90298127
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/10/2019 at about 2050hrs, I was driving along Jurong West Ave 2 towards PIE (Changi). As I was driving, my van suddenly skidded and I tried to counter steer twice but to no avail. I then lost control and hit onto a lamppost. The lamppost number is 65. No damage on the lamppost. My front left headlight was damaged. I had informed my supervisor and was advised to make a Police report.

SINGAPORE
POLICE FORCE

T/20191027/2106

Report No T/20191027/2106

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474865 stating the report number as reference

Signature Of Officer Recording The Report D / Sgt 2 MUHAMMAD SYAHMI BIN SENIN	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 27/10/2019 23:44
Officer In Charge Of Case TP / GIA / Staff Sgt WONG SIEU LUI Contact No 65476151	Classification Of Case SN 37

Authentication Stamp:

SINGAPORE POLICE FORCE

SIGNATURE

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 issuance 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 Traffice Police Department for investigation.

ACCIDENT STATEMENT		
Date and Time of Accident	6	Date: 11 10. 2014 Time: 1005hrs
Exact Location of Accident	7	Towards Exit 2 by Jurong Road (Changi Airport)
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	8	SJ 6971 J
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)		Goldbell Car Rental Pte. Ltd.
Personal Identification - NRIC (Singaporean/PR)		-
- FIN/Passport Number		-
- Not Applicable		200710651D
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model		Manufacturer: Nissan Model: Nissan NV350 Microbus 2.5
Type of Vehicle		○ Saloon ○ MPV ○ CRV ◉ Van ○ Lorry ○ Bus ○ M/cycle ○ Others _____
Exact Purpose for which vehicle was being used at time of accident	9	Private Chauffeur Driven Car
Are you claiming under own insurance policy for repair to your vehicle?		✓ Yes ○ No (If No, Pls select ○ Third Party ○ Reporting)
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company		AIG
Type of Policy		✓ Comprehensive ○ Third Party Fire & Theft ○ TP Only
Fleet Policy		✓ Yes ○ No
Policy Number		99999 4313
Motor CI		
DRIVER		○ Same as Insured above
Name of Driver	4	[redacted]
Personal Identification - NRIC (Singaporean/PR)	5	[redacted]
- FIN/Passport Number	10	-
Date of Birth	13	11 /dd 11 /mm 1963 /yy
Driving Date Pass	14	02 /dd 03 /mm 1985 /yy
Year of Driving Experience	15	05 Year(s) Month(s) 07 Month(s)
Occupation	16	○ Indoor ○ Outdoor
Gender	17	○ Male ○ Female
Contact Number / Mobile Phone / Fax No.	20	[redacted]

Address of Driver	BLK 449 TAMPINES STREET 42 #06-80 S(520449)
Email Address	
Was Driver An Employee of the Insured's Company?	○ Yes ○ No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	○ Yes ○ No
Vehicel 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)	SELF SKIDDED
Weather Conditions	○ Clear ⊘ Raining ○ Others _____
Road Surface	○ Dry ⊘ Wet ○ Others _____

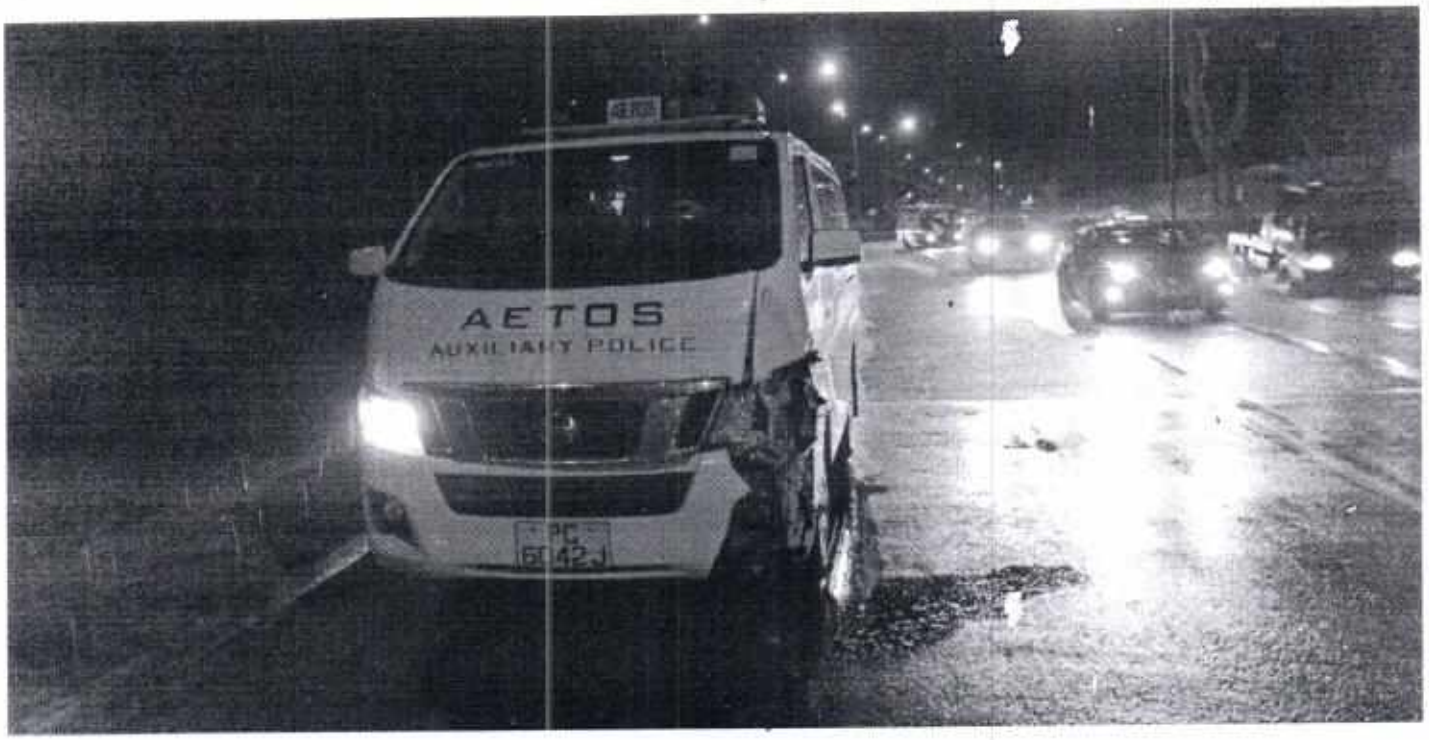
OTHER INFORMATION	
a. Was anybody injured in the accident?	○ Yes ⊘ No
b. Was any other vehicle or porperty damaged? (Including Witness)	○ Yes ⊘ No

DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	⊘ Yes ○ No (If Yes, please state which Police Station.)
Police Station Name	CLEMENTI NPC
Police Station Address	511 CLEMENTI AVENUE 3 S(129956)
Police Station Contact	Tel No. 1800-8717844 Fax No.
Was notice of intended Prosecution given?	○ Yes ○ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	
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)


AETOS
AUXILIARY POLICE
PC
6042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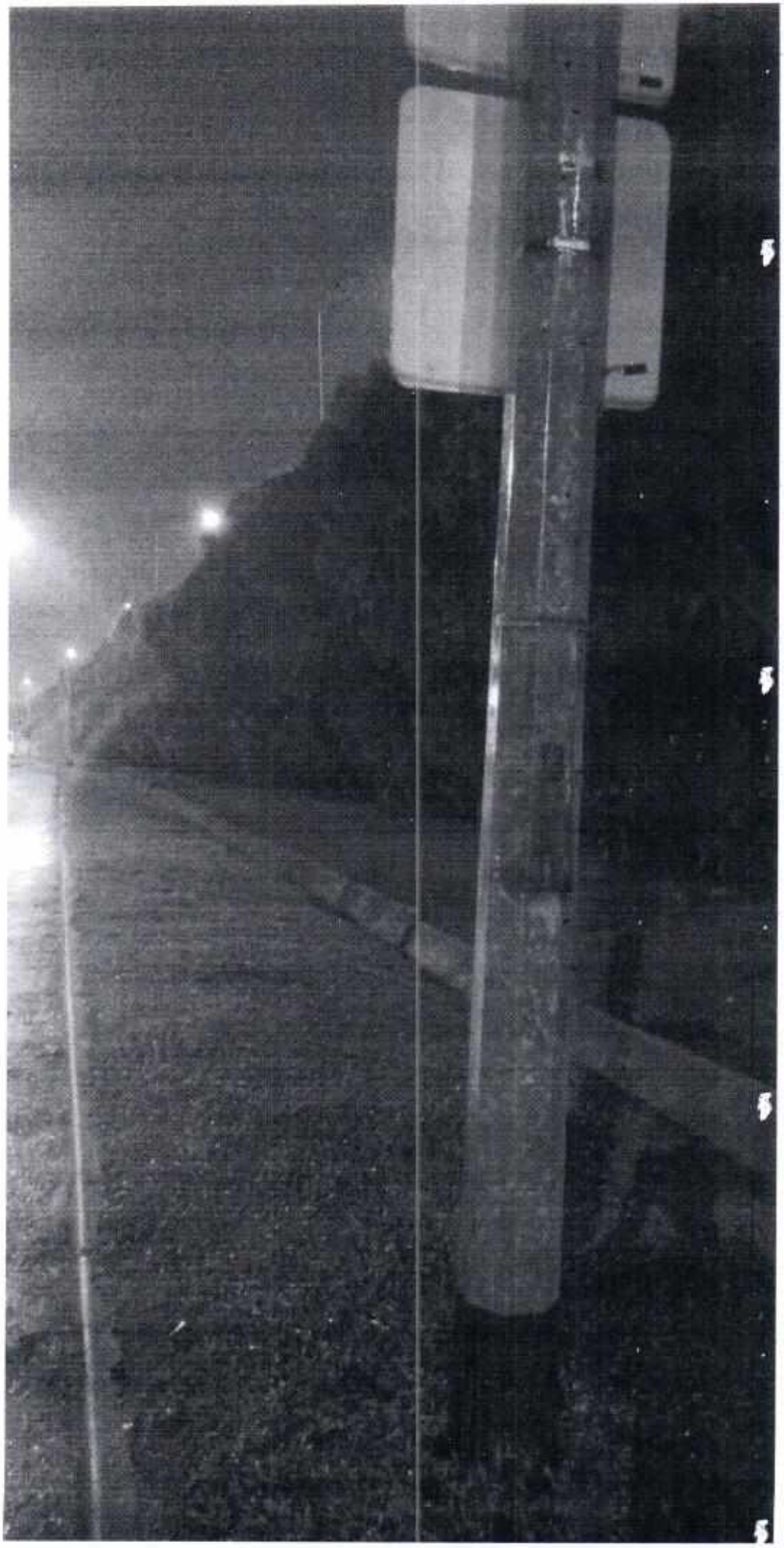
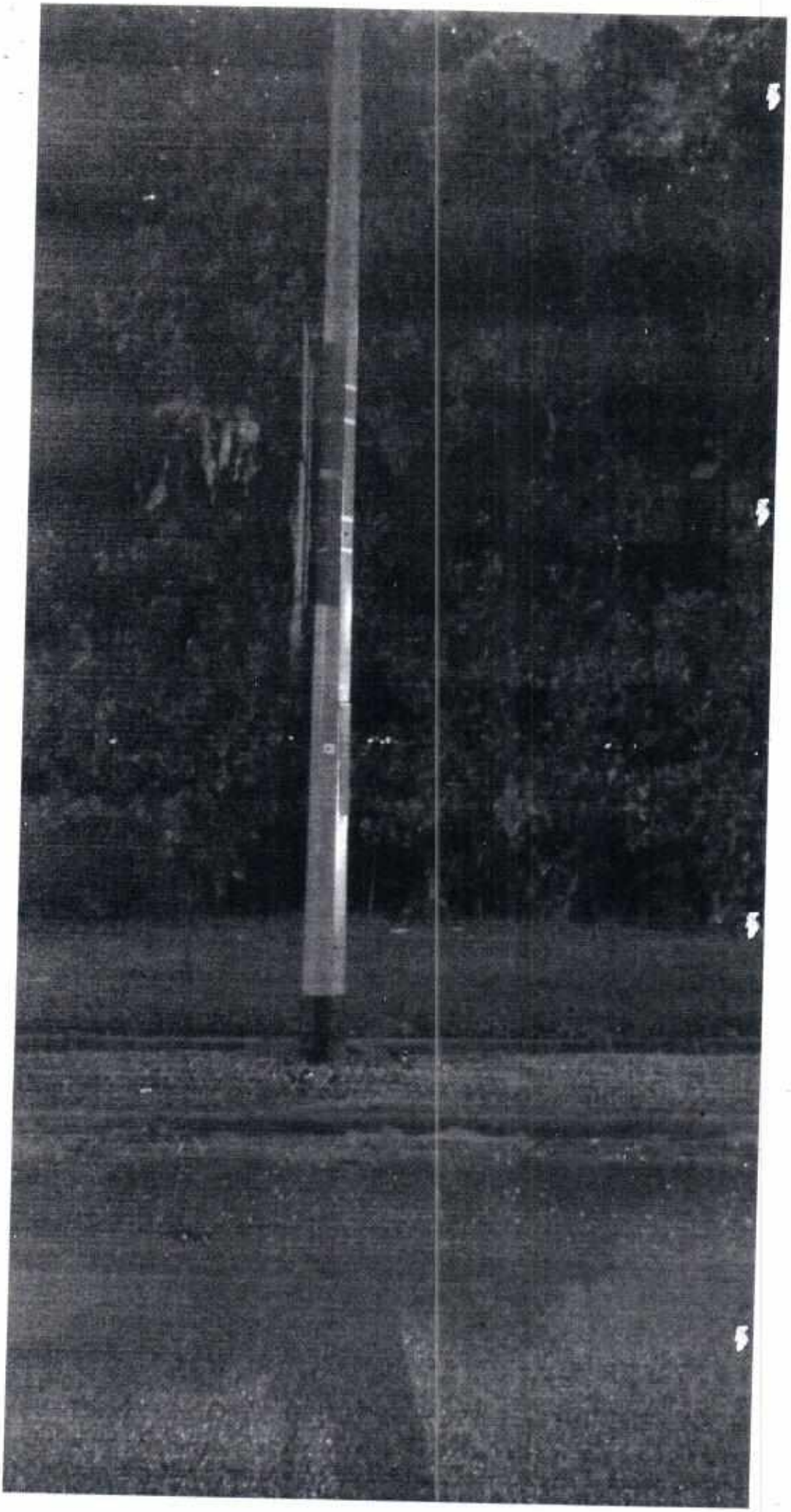
AETOS






PC
6042 J

AIG

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)

M Z 400

Comprehensive Commercial Auto Plus
CERTIFICATE NO. 999994313

(The below excess is subject to GST)

WINDSCREEN EXCESS S$100.00

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO. PC6042J

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 $3,000 applies to drivers between below 23 years of age and/or with driving experience of 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 purposes of any person to whom the vehicle is hired.

The Policy does not cover
a) Use for racing, pace-making, reliability trial or speed-testing.
b) Use for the carriage of passengers for hire or reward.
c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY UOB

*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 28 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPTKY