

NATIONAL Assessment Centre Services.

(use 1 Jan 00)

NA/98/1974058

Date In: 31/10/2019 11:01	Job description	Date & Time Completed	Done by
Ref No: NGA/ALG/9019229/Y	SAS e-filing		
Veh No: SMN 24/16T	E-mail (Update Sheet, AIC Sheet)		
D.O.A: 24/08/2019 15:00	1-Motor Claims Form		
TP / Reporting Only	1-Motor W/O (With/In: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK32		

Preferred Wkep / INC Assign Wkep / 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 ()	

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

Injury:

Date/Time:	Location:

NA/908.197	
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (use 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idea DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpl Allowance \$3
	*NG: Repair Co-ordination \$10
	*NT: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$3
	TP (NI): TP (Non INC) against INC \$20
	5) 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	31/10/2019 11:01
Date Of Accident	24/08/2019 15:00
Exact Location Of Accident	PARAGON MALL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN2416T
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	ANDREW.JONES@HEINEKEN.COM
Mobile Phone No	(LOCAL) +65-94891037
Alternative Phone No	OFFICE-94891037

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER
Exact Purpose for which vehicle was being used at time of accident	SHOPPING TRIP
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	NO
Policy Number	999994188/100877037-00086
Cover Note Number	

Driver

Name of Driver	JONES ANDREW PAUL
Passport No/FIN	526063579
Date Of Birth	22/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1983
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-94891037
Fax Number	
Contact Number	OTHERS-94891037
Email Address	ANDREW.JONES@HEINEKEN.COM

Address	13 KINGS DRIVE
Postcode	266380
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

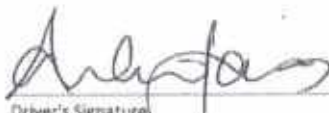
IMPORTANT NOTICE

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:

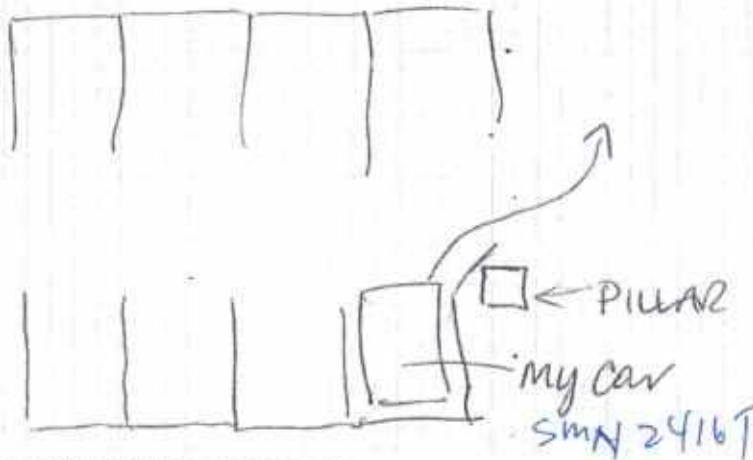

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

05:09:19
14:13-

PARAGON MALL CARPARK

SKETCH PLAN CAR PARKING BAYS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I pulled out of a car parking bay and turned too quickly scraping the rear passenger of door and wheel arch

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:

5.09.19

14:13

Reporting Centre Personnel's Signature

Name:

NRIC/TIN No.:

31/10/2019



[Signature] 31/11/2019



DA 31/10/2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised 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 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: 24 AUG 2019 Time: 3:00pm

Exact Location of Accident: ☒ PARAGON MALL CARPARK

DETAILS OF OWN VEHICLE

Vehicle Registration Number: ☒ SMN2416T

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: MITZUBUSHI Model: OUTLANDER

Type of Vehicle: ☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others

Exact Purpose for which vehicle was being used at time of accident: ☒ SHOPPING TRIP

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

Type of Policy: ☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy: ☐ Yes ☐ No

Policy Number

Motor ☐

DRIVER: ☐ Same as Insured above

Name of Driver: ☒ ANDREW PAUL JONES

Personal Identification - NRIC (Singaporean/PR): ☒ G3865906K

- FIN/Passport Number: ☒ 325627451

Date of Birth: ☒ 22 /dd 09 /mm 1964 /yy

Driving Date Pass: ☒ /dd /mm /yy

Year of Driving Experience: ☒ 36 Year(s) Month(s) Month(s)

Occupation: ☒ Indoor ☐ Outdoor

Gender: ☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.: ☒ +65 94891037

Address of Driver	13 KINGS DRIVE SINGAPORE 266380
Email Address	andrew.jones@heineken.com
Was Driver An Employee of the Insured's Company?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	SCRAP OF PILLAR IN CAR PARK
Weather Conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others
OTHER INFORMATION	
a. Was anybody injured in the accident?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Was any other vehicle or property damaged? (Including Witness)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> 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 5 if you need to add more vehicles)	



HOTLINE 183 (65) 4415-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT/CHAPTER 189
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1999
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

M243C

COMPREHENSIVE COMMERCIAL MOTOR**CERTIFICATE NO.** 999994188/100877037-00086**WINDSCREEN EXCES** S\$100.00

(for excess with effect from 1st November 2002)

SUM INSURED S\$1.00**INSURING WITH COE/PARF** YES**1) VEHICLE REGISTRATION NO.**

SMN2416T

2) NAME OF INSURED

Goldbell Car Rental Pte Ltd

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

30 Jul 2019

4) DATE OF EXPIRY OF INSURANCE

31 Mar 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

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 to whom the Vehicle is hired; or 4) Use for any purpose in connection with Motor Trade.
In the event of accident claim, the repairs to the Vehicle must be carried out by one of our AIG Authorized Repairers or Esteem Performance Pte Ltd or Sng Ah Tee Motor & Panel Service Pte Ltd or Mega City.

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 15 Aug 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD
Authorized Representative

ORIGINAL

DUPLICATE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 27 MAY 19 144058 Vehicle Registration No : SMV 24667

Name (as shown in NRIC) : LEONG JONATHAN PAUL NRIC/FIN/Passport No : S2603579

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 94891037

Email Address : _____

Date of Accident : 24/08/2019 Time of Accident : 15:00

Place of Accident : PARADEE MALL CARPARK

Insurance Company : ALG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To UPLOAD the correct photos

Policyholder / Driver's Signature
Date:

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