

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

NA 1908350

Date In: 04/11/09 18:42	Job description	Date & Time Completed	Done by
Ref No: NRD/1908350/94904	SAS e-filing		
Veh No: SCF 1290J	E-mail (A/C 2hrs, A/C 2hrs)		
DOA 02/11/09 14:00	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (With/Out 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:	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: ( )

Reminders:

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time: \_\_\_\_\_

NA 1908350	1) AR: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Issue DA + SMRT Survey	
	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 (Nil) : TP (Nil INC) against INC	\$20
	5) NI2: Issue Mobile	\$0
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	04/11/2019 18:42
Date Of Accident	02/11/2019 14:00
Exact Location Of Accident	JALAN ANAK BUKIT SUITE DE HAUREL CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7290J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	ELEKID61@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97121025
Alternative Phone No	OFFICE-97121025

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PARKING
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	999994316
Cover Note Number	

### Driver

Name of Driver	PARK HO YOON
NRIC No	G5204940M
Date Of Birth	08/01/1962
Occupation	INDOOR
Date Of Driving Pass	07/08/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97121025
Fax Number	
Contact Number	OTHERS-97121025
EMail Address	ELEKID61@GMAIL.COM

Address	2 JALAN ANAK BUKIT #04-11 SUITE DE HAUREL
Postcode	588997
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/FIN No.:



# JALAN BUKIT SUMAH DE HAUREL CARPARK

## SKETCH PLAN

partition conic wall at carpark



Hit at rear during driving back at carpark

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while I was driving back to car park at my house carpark area, accidently hit the car against with one of concrete wall at car park area. The hit concrete wall located side by side (gap), I have failed to identified one of them, caused hit the car back.

at that time, I was alone at carpark area, no injuries, no damage of property, no witnesses.

## 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



04/11/2019  
Rashid Hashim



gm 04/11/2019  
Rosa Winters

# 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: 02. Nov. 2019 Time: 2 PM 502977  
 Exact Location of Accident \* Jalan Anak Bukit Suite De Laurel Carpark

## DETAILS OF OWN VEHICLE

Vehicle Registration Number \* SLF 7290J

## 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: COROLLA ALTIS 1.6 CVT

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

Exact Purpose for which vehicle was being used at time of accident \*

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 CI

DRIVER ☐ Same as Insured above

Name of Driver \* Park He Yeom

Personal Identification - NRIC (Singaporean/PR) \*

- FIN/Passport Number \*

Date of Birth \* 08/08 Jan 1962/yy

Driving Date Pass \* 11/08 Aug 2017/yy

Year of Driving Experience \* 30 Year(s) Month(s) Month(s)

Occupation \* Manager ☒ Indoor ☐ Outdoor

Gender \* ☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No. \* 9712 1025



Address of Driver	528999 Jalan Anak Bukit #2
Email Address	Suite de Laurel #04-11 elekid61@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	Driver for Rent car.
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)	
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	Front to rear.
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
<b>OTHER INFORMATION</b>	
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
<b>DETAILS OF POLICE ACTION</b>	
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 type="radio"/> No (if Yes, against whom?)
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>	
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)	



**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1989

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

(The below excess is subject to GST)

Comprehensive Commercial Motor

CERTIFICATE NO. 999994316

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SLF7290J

Goldbell Car Rental Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

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.

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 488130

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPKWJ