NATIONAL Assessment Cent	tre Services.	wel Jan ¹ 05 .	MUA4191170682			
Date In: 07/11/2019 16:53/	Jeb description		Date &Time Completed	. Done	pì,	
REF NO: NRA 1816 901977914	SAS c-filling	•	i			
Veh No. GBC, VIAST	E-mall (bjola	ibir, AIC 2hrs)				
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OD TD! Reporting Only TP Insurer:	I-Motor W/O	I-Motor W/O (Within: OD 2hrs, TP 4hrs)				
	i-Photo Uplos	aded	201			
	Assessment/Su	rvey Report				
	Ass't Report b	Ass't Report by Pax / Hand to Owner/Wksp.			THE PERSON NAMED IN	
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Owner / Driver: (71	Tcl:)		
Policy No: ()	Period: ()	Cover Type: ().		
Constrained by a (Dates,	Timer)		
			0%; P: 21-79%. P: 80	-100%]	:_	
Year of Registration: ()	Warranty: YES ()/10()			
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1) Apply for Transport Allowance ()	/ Courtesy Car ()		ļ. —		
2) QC Check / Post Repair Inspection	(·))				
3) Upload Resurvey Photo [Repair Cost>	23000] () : :	J · · · · · · · · · · · · · · · · · · ·			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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	07/11/2019 16:53	
Date Of Accident	05/11/2019 07:45	
Exact Location Of Accident	BKE TOWARDS KJE AFTER EXIT 5	
Country/State of Loss	SINGAPORE	
制持海绵 化对并从原本特别 D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC4485T	
Insured/Policyholder		
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD	
Co Reg No	200710651D	
Email Address	KHODA25@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-90697104	
Alternative Phone No	OFFICE-90697104	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	NV200	
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	PRIVATE CAR	
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 ANAMALAI ARUNKUMAR

 NRIC No
 G6082134N

 Date Of Birth
 15/10/1984

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/12/2008

Driving Experience 10 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90697104

Fax Number

Contact Number OTHERS-90697104
EMail Address KHODA25@GMAIL.COM

BLK 581 WOODLANDS DRIVE 16 Address

#07-486

Postcode 730581

Was driver an employee of the Insured's Company NO

OTHER - HIRER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

ambulance?

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SMC9609R

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMK6345D

Page 2 of 24

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

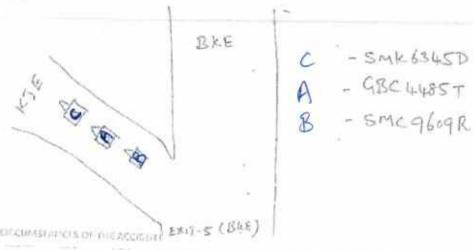
SKETCH PLAN

IMPORTANT NOTICE

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ON THE SHOW 2019 BERNT 745 AM I WAS DELINED THE YOU CITY CHEST BLOWN THE BLE TO LITE THROUGH END STORE SMILL BY A SHOULD BE SHOULD BRAIL AND STAPPED THE CAR. SINCE I WAS GOOD BEHIND HER CAR I MANAGED TO APPLY THE BLECK AND STOPPED MY VAN. BUT THE CAR BEHIND ME SMC 9609R HIE MY VAN AT REDR SIDE BUD MY VAN MOVED FOND HIT THE CAR (SMILL BY D) IN FRONT OF ME AND CAUSED DAM AGE TO THE CAR BEAR BUMPER. THE MY VAN AGE TO THE CAR BEAR BUMPER. THE MY VAN AGE TO THE CAR BEAR BUMPER. THE MY VAN AGE TO THE CAR BEAR BUMPER. THE MY VAN BEAR SIDE DENT HAPPENED SINCE THE CAR.

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SINGAPORE ACCIDENT STATEMENT IMPORTANT NOTICE 1. Complete and submit this form in the Authorised Reporting Centre ("ARC") for efiling, 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 witful misrepresentation or withholding of material I res may allow insurance companies to repudiate policy liability. 5. The insurance and acceptance of this Form by insurance companies is nit an admission of the policy liability on the part of the insurance companies. 6. Any falsa reporting may be referred to the Traffice Police Department for Investigation. ACCIDENT STATEMENT Date and Time of Accident 2010 Exact Location of Accident DETAILS OF OWN VEHICLE Vehicle Registration Number 9BC 4 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 0 Salcon MPV CRV Van Lorry O M/cycle Bus Others Exact Purpose for which vehicle was being used at time of DEFICE. ON WAY accident Are you claiming under own insurance policy for repair to 0 O No (If No, Pls select Third Party your vehicle? INSURANCE COMPANY (OWN VEHICLE) Name of Insurance Company Type of Policy Comprehensive Third Party Fire & Thuft TP Only Fleet Policy Yes 0 No Policy Number Motor CI DRIVER Same as Insured above Name of Driver ARUNG KUMAR. ¥ Personal Identification - NRIC (Singaporean/PR) × - FIN/Passport Number 6082134N 4 Date of Birth /dd lo/mm 1984 /4 w Driving Date Pass 4 /dd 53 /mm Year of Driving Experience Year(s) Month(s) 18 y 04 M - Month(s) 1 Occupation 45 Outdoor Indoor Gender A Male Female Contact Number / Mobile Phone / Fax No. 0 69

Address of Driver	581 WODDLANDS DAVE -16.
Address of Driver	07-486 , SIMMARGORE 720581
Email Address	
Was Driver An Employee of the Insured's Company?	O Yes O No
If No. Relationship of the Driver with the insured	
Vehicle Registration Number of Driver's Own	O Yes O 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	
Tyre of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	
Weather Conditions	Clear O Raining O Others
Road Surface in	O Dry O Wet O Others
OTHER INFORMATION	The second secon
a. Was anybody injured in the accident?	O Yes O No
b. Was any other vehicle or porperty damaged? (Including Witness)	O Yes O No
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	O Yes No (if Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax N
Was notice of intended Prosecution given?	Yes No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	the state of the s
Vehicle Registration Number	EMPCELED (C)
Vehicle Make/ Model/ Colour	SMK6345D (C)
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)

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	SMC 9609 R. (B)
Vehicle Make/ Model/ Colour	160 2.
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	4
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	
DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	
Vehicle Maite/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Oriver	•
Name of Insurance Company	
No. of Passenger (Including Driver)	
DETAILS OF OTHER VEHICLE / PROPERTY 4	
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	• 751 -071 -071
Address of Driver	
The second secon	
Name of Insurance Company	
No. of Passenger (Including Driver)	



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

POLICY EXCESS

\$\$1,000.00 (1)

(The below excess is subject to GST)

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF

Yes

GRC4485T

2) NAME OF POLICYHOLDER

1) VEHICLE REGISTRATION NO.

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*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

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

The Policy does not cover

Use for driving tuition, driving test, racing, pace-making, reliability trial or speed-lesting;

2)) use whitst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle:

use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and

Use for any purpose in connection with Motor Trade.

LOSS OF USE

Not included

HIRE PURCHASE COMPANY

N.A.

*Limitations residered 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 hareby 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

030123-000

Acom International Network Pte Ltd 48 Changi South St 1 Level 3 SINGAPORE 486130

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPTKY

ORIGINAL