

NATIONAL Assessment Centre Services.

1001 1 Jan 005 **MAY 19 15 0212**

Date In: 13/4/2019 14:34	Job description	Date & Time Completed	Done by
Ref No: X18A/0191902013614	SAS e-Milling		
Veh No: SMH 2878A	E-mail (to John Stone, AIC 2hrs)		
D.O.A: 08/11/2019 17:30	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 / Whisp		

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

TP Particulars: Vch 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: ()

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

Injury: _____

Date: _____

X181908569		
Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N1) / TP (Non INC) against INC \$20	
	2) N12: Idas Mobile \$0	
	Invoice dated _____ Fee Charged _____	
	Invoice dated _____ Fee Charged _____	

WATSON

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	13/11/2019 14:34
Date Of Accident	08/11/2019 17:30
Exact Location Of Accident	AT 67A BINJAI PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2878A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	RELAX@SOLEHOUSE.COM.SG
Mobile Phone No	(LOCAL) +65-96356271
Alternative Phone No	OFFICE-62217002

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH
Exact Purpose for which vehicle was being used at time of accident	TO PICK UP THERAPIST
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
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994188/100870257
Cover Note Number	

Driver

Name of Driver	WONG CHEE KIONG
NRIC No	S1802837I
Date Of Birth	15/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	24/11/1992
Driving Experience	26 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96356271
Fax Number	
Contact Number	OFFICE-62217002
EMail Address	RELAX@SOLEHOUSE.COM.SG

Address	BLK 408 YISHUN RING ROAD #08-1801
Postcode	760409
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

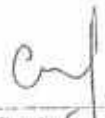
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to renewate 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' law yers/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.


NEW SINGAPORE FIRE INSURANCE CO. LTD.
SINGAPORE

Policyholder's Signature
Date & Time


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


Reporting Centre
Name:
Form No.:

13/1/2019
Kishu Thambas

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorized 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 Authorized 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: 8 Nov 2019	Time: 5:30 pm
Exact Location of Accident	67A Binjai Park	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SMH 2878A	
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	To pick up therapist	
Are you claiming under own insurance policy for repair to your vehicle?	<input checked="" 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	Wong Chee Kiong	
Personal Identification - NRIC (Singaporean/PR)	S1802837I	
- FIN/Passport Number	NA	
Date of Birth	15 /dd	5 /mm 1967 /yy
Driving Date Pass	24 /dd	11 /mm 1992 /yy
Year of Driving Experience	27 Year(s) Month(s) Month(s)	
Occupation	Driver <input type="radio"/> Indoor <input checked="" type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	0221 7002 / 9635 6271	

Address of Driver	↓	Blk 409 Yishun Ring Road #08-1801 Sg 760409
Email Address	↖	relax@solehouse.com.sg
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)	↓	
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
OTHER INFORMATION		
a. Was anybody injured in the accident?		<input type="radio"/> Yes <input 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?	↓	<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	↓	50112870A
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, 1959
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1958 (MALAYSIA)

MZ 400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS S\$1,000.00 (1)
CERTIFICATE NO. 999994188/100870257	WINDSCREEN EXCESS S\$100.00
	<small>*for policies with effect from 1st November 2007</small>
	SUM INSURED S\$1.00
1) VEHICLE REGISTRATION NO.	INSURING WITH COE/PARF Yes
2) NAME OF INSURED	SMH2878A
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	Goldbell Car Rental Pte Ltd
4) DATE OF EXPIRY OF INSURANCE	17 Jan 2019
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	31 Mar 2020

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

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 MayBank

* 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 25 Apr 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

030123-870

ACORN INTERNATIONAL NETWORK

4B CHANGI SOUTH STREET 1 #04-01 SINGAPORE 486130

Authorized Representative

ORIGINAL

ISSUANCE