NATIONAL Assessment Centre Services. (wef 1 Jan'06) . DNA4191S2776

Date In: 19/11/2019 12:18	Job description	Date & Time Completed	Done by
Ref No: NBA/OU/19020460/4	SAS e-filling		
Veh No: SKM 8029Y	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 04/11/2019 11:00	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/Wksp		

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

TP Particulars: Veh No: SDD3773P. 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 [illegible]

( ) 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: ( )

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

Injury :

[illegible]

NB1908713

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

Cat. 1:

2 / 3:

[illegible]		[illegible]	[illegible]
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) PT : Follow-Through Survey	$120		
5) PT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2003)			
6) TR : Re-inspection	$75		
7) N1 : Idea DA + SMRT Survey	$160		
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: Idea Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MNA419152776 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 19/11/2019 12:18
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 19/11/2019 12:41

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 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	19/11/2019 12:18
Date Of Accident	04/11/2019 11:00
Exact Location Of Accident	THE PARKING AREA AT HOLLAND VILLAGE CARPARK LOT 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM8079Y
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	ASTRYNBO@YAHOO.DK
Mobile Phone No	(LOCAL) +65-83882026
Alternative Phone No	OFFICE-83882026
Vehicle Particulars	
Manufacturer	BMW
Model	320I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994316
Cover Note Number	
Driver	
Name of Driver	STRYNBO ANNETTE
Passport No/FIN	G6137675K
Date Of Birth	03/06/1967
Occupation	INDOOR
Date Of Driving Pass	15/05/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83882026
Fax Number	
Contact Number	OTHERS-83882026
EMail Address	ASTRYNBO@YAHOO.DK

Address	278 OCEAN DRIVE #05-16 LOBBY H THE COAST AT SENTOSA COVE
Postcode	098450
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	COLLISION - HEAD TO REAR
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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 AND ATTACHMENT

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	SDD3773P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDREW DOONG
NRIC/Passport Number	S8307373Z
Contact Number	97514935
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please record correctly the details of the accident to speedy 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 misrepresentation or withholding of material facts may allow insurance company to repudiate entire liability.
4. The issue and acceptance of this report by insurance companies is not an admission of policy liability on the part of the insurance company.
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 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 the supply of the report being made available thereof.
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 (other insurer(s) which have insured the 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 claim;

(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 any 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/mailpackages); 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.

8:30pm

Policyholder's Signature
Date & Time:

4/11-2019

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

19/11/2019

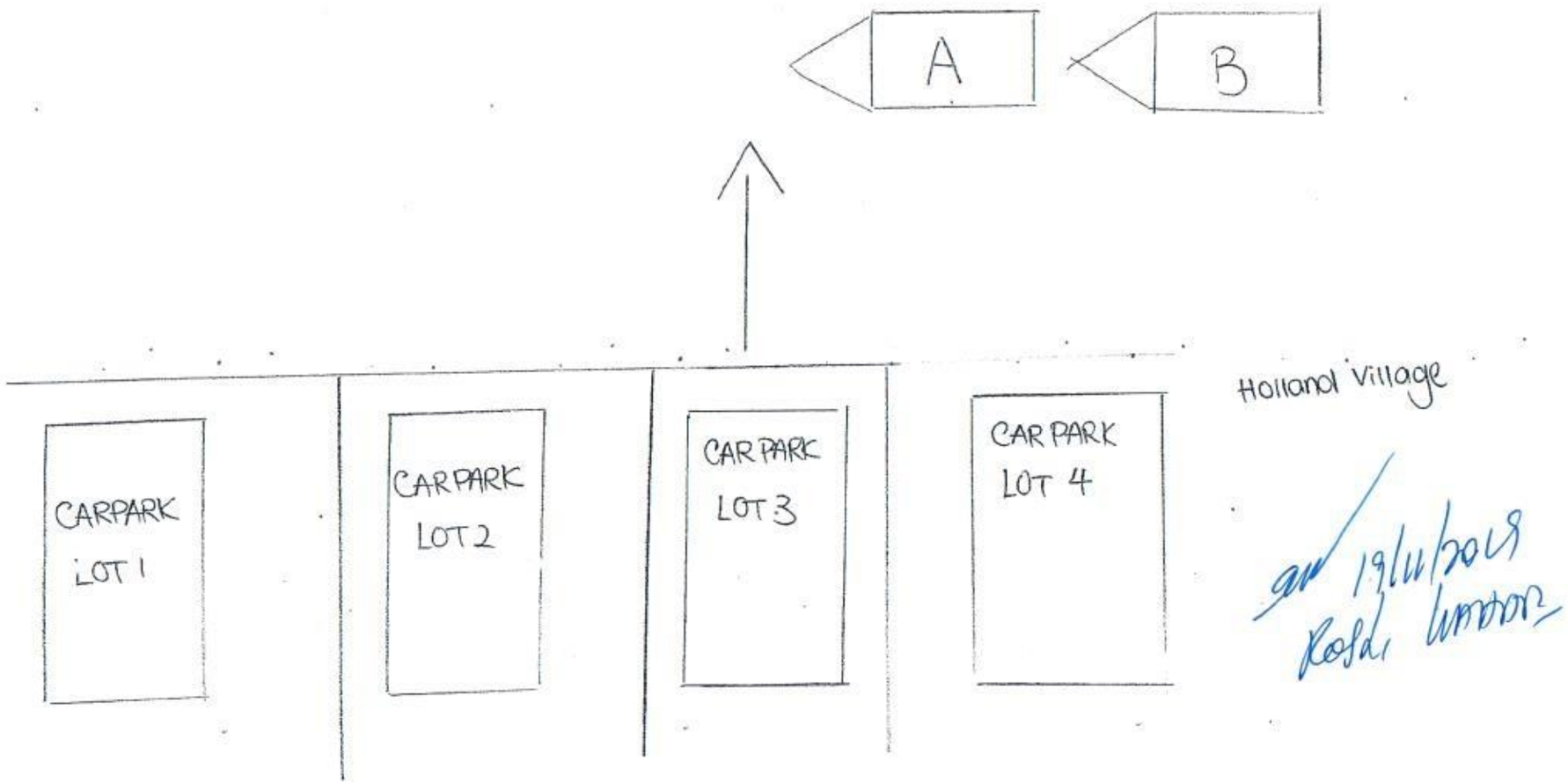
Reporting Centre Personnel's Signature
Name:
IC/UEN No.:

Sketch Plan

THE PARKING AREA AT HOLLAND VILLAGE

A : SKM8079Y/

B : SDD3773P



19/11/2018

AS PER ATTACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I have stopped to get a parking space from a car there was going to drive, when the car SDD3733P hit my car from behind.

DECLARATION
(We declare the foregoing particulars are true in every respect.

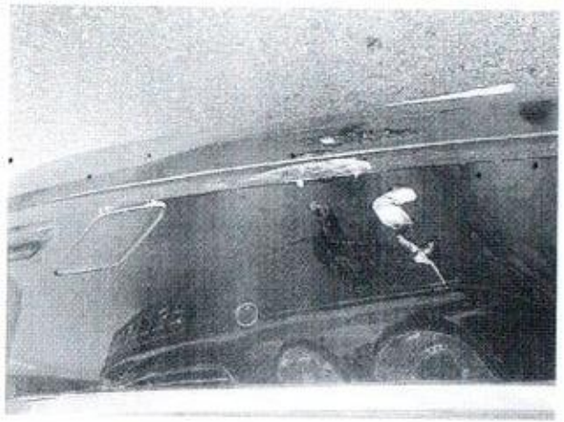
4/11-2019

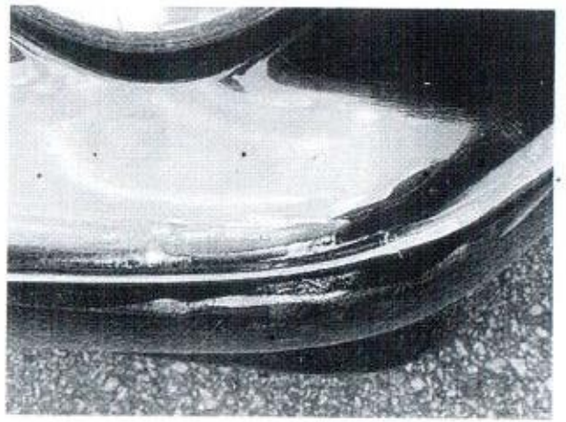
Policyholder's Signature
Date & Time:

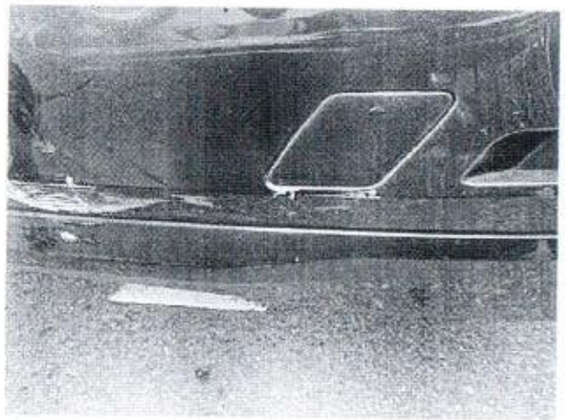
Driver's Signature
(If driver is not the policyholder)
Date & Time:

19/11/2019

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







19/11/2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre (ARC) for filing.
2. Please report ONE (1) only 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 detailed and accurate as possible. Any wilful misrepresentation or non-disclosure of material facts may allow insurance companies to repudiate policy liability.
5. The issuance and acceptance of this Form by any insurance company does not constitute admission of liability on any part of the insurance company.
6. Any Claim (if any) may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT		
Date and Time of Accident	Date 04/11/2015	Time
Exact Location of Accident	The parking area at Holland Village, [illegible] the [illegible]	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKM 8079U	
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)	Goodbody Gin Medical Pte Ltd	
Personal Identification - NRIC (Singaporean/PR)	-	
- FIN/ Passport Number	G 2077202 92	
- Not Applicable	200710450D	
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model	Manufacturer BMW	Model 320i (A) F30
Type of Vehicle	○ Sedan ○ MPV ○ CKV ○ Van ○ Lorry ○ Bus ○ Bicycle ○ 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, Please ✓ ○ Third Party ○ [illegible]	
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company	AIG	
Type of Policy	⊘ Comprehensive ○ Third Party Fire & Theft ○ [illegible]	
Fleet Policy	⊘ Yes ○ No	
Policy Number		
Motor CI		
DRIVER	○ Same as Insured above	
Name of Driver	STRYKER ANNETTE	
Personal Identification - NRIC (Singaporean/PR)	G6137675K	
- FIN/Passport Number	2077202 92	
Date of Birth	03 /M 06 /mm 1967 /YY	
Driving Date Pass	29 /M 05 /mm 2015 /YY	
Year of Driving Experience	Year(s) Month(s)	Month(s)
Occupation	○ Indoor ○ Outdoor	
Gender	○ Male ⊘ Female	
Contact Number / Mobile Phone / Fax No.	8388 2026	

Address of Driver	738 Ocean Drive #05-16 Watsky H
	The Coast At Sentosa Cove (S) 098383
Email Address	astruntx@yahoo.com
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 Vehicle	○ Yes ○ No
Policy 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)	The other car hit me from behind
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 property damaged? (Including Animals)	○ 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	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	○ Yes ○ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY

Vehicle Registration Number	SDD3773P
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	Andrew Dong
Personal Identification - NRIC (Singaporean/PR)	S8307373Z
- FIN/Passport Number	
Contact Number	+65 97514935
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)

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 Motor
CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS	S$1,000.00 ** (I)
WINDSCREEN EXCESS	S$100.00
SUM INSURED	Market Value
INSURING WITH COE/PARF	Yes

1) VEHICLE REGISTRATION NO. SKM8079Y

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 $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

** Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.

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	N.A.

*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

030123-000
Acorn International Network Pte Ltd
48 Changi South St 1 Level 3
SINGAPORE 486130

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ