

NATIONAL Assessment Centre Services.

(wef 1 Jan 2003)

NA1919/5836

Date In: 21/11/2009 14:24	Job description	Date & Time Completed	Done by
Ref No: NA1919/5836/14	SAS e-filing		
Veh No: SG 2767D	E-mail (24hrs, A/C 2hrs)		
DOA 25/10/2009 11:10	I-Motor Claim Form		
OID TP: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 88V 4555M	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 repair.

() 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/Time	Assessor

NA1908790	1) AR: Accident Reporting (\$30)	
Client's Contact Details:	2) DA: Damage Assessment (\$100)	INC (\$10)
Driver/Owner:	3) TP: Towing Fee	\$40/\$45
Contact No:	4) PT: Follow-Through Survey	\$120
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey)	\$30
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2003)	
Assessor's Comments:	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OR:	
	*NS: Courtesy Car / Tpt Allowance	\$3
	*NG: Repair Co-ordination	\$25
	*NT: Post Repair Inspection	\$3
	*ND: DV / Collect Excess Coordination	\$20
	TP (Nil) : TP (Non INC) against INC	\$0
	9) NI2: Idea Mobile	
	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	21/11/2019 14:24
Date Of Accident	25/10/2019 11:10
Exact Location Of Accident	ALONG LENTOR AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2767D
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	DAVE.RESENDEZ@TIONGSENG.COM.SG
Mobile Phone No	(LOCAL) +65-92366720
Alternative Phone No	OFFICE-92366720

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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? 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	YES
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	RESENDEZ DAVID
Passport No/FIN	G3440165P
Date Of Birth	11/08/1965
Occupation	INDOOR
Date Of Driving Pass	24/03/1987
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92366720
Fax Number	
Contact Number	OTHERS-92366720
Email Address	DAVE.RESENDEZ@TIONGSENG.COM.SG

Address	63 CHESTNUT AVENUE #17-14 ECO SANCTUARY
Postcode	679523
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 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	SJV4535M
Vehicle Make/Model/Colour	KIA PICANTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JIM ZHENG XIN
NRIC/Passport Number	
Contact Number	98272403
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of this accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 aforgeld.

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 firms/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;

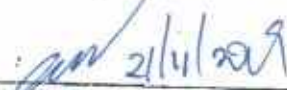
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(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

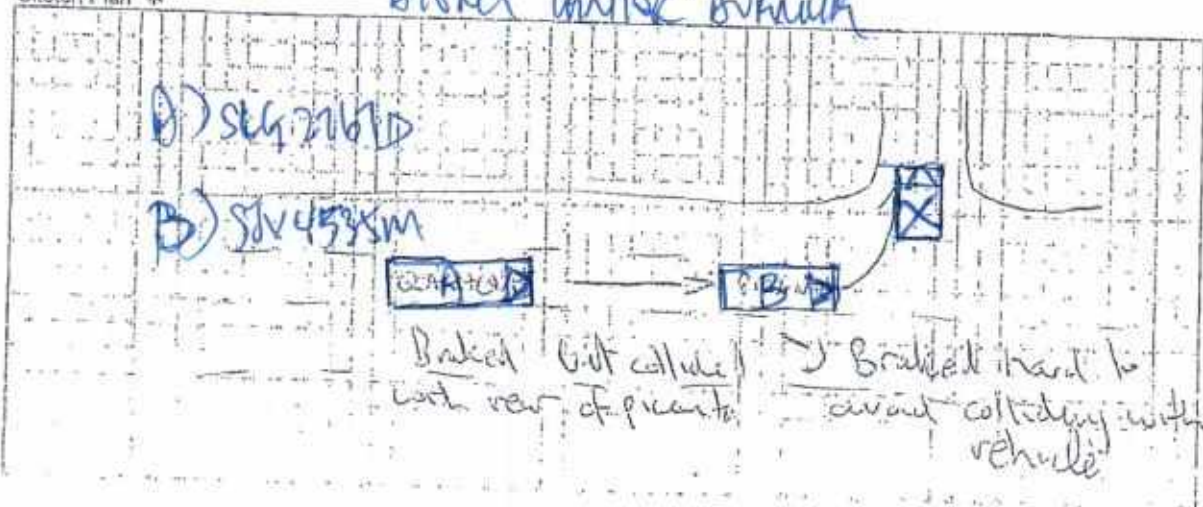
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/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.

Policyholder's Signature / Date & Time  21/11/2019
Driver's Signature (if driver is not the policyholder) / Date & Time  16-12-19
Witnessed by Reporting Centre Personnel 

Sketch Plan



Describe Circumstance of the Accident *

I WAS DRIVING ALONG LENTON AVENUE HAVING LEFT THE
SLE. I WAS IN THE MIDDLE LANE.

A VEHICLE IN FRONT OF THE CAR I HAD TURNED LEFT
SUDDENLY INTO A DRIVEWAY CAUSING THE CAR IN
FRONT OF ME TO BRAKE HARD TO AVOID HITTING THE
VEHICLE.

I DID NOT REACT IN TIME TO THE CAR IN FRONT
BRAKING. I BRAKED AND HIT THE REAR OF THE
CAR IN FRONT.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature



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

Witnessed by Reporting Officer / Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
5. The issue and acceptance of this Form by insurance companies is not an admission of 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: 25/10/19 Time: 11-07

Exact Location of Accident * Lentor Avenue

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SLG 2767 D

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

Personal Identification - NRIC (Singaporean/PR) G3440165P

- FIN/Passport Number

- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer NISSAN Model QASHQAI

Type of Vehicle*

☐ Saloon ☒ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ Motorcycle ☐ Others

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

WORK

Are you claiming under your own insurance policy for repair to your vehicle?

☒ Yes ☐ No (If No, Pls select: ☐ Third Party ☐ Reporting)

Vehicle Category*

☒ Private ☐ Commercial ☐ Motorcycle

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

* DAVID RESENDEZ

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

Date of Birth

* 11 dd/ 06 mm/ 65 yy

Driving Date Pass

* dd/ mm/ yy

Year of Driving Experience

* 30 Year(s) Month(s)

Occupation

* EH5 DIRECTOR ☐ Indoor ☐ Outdoor

Gender

* ☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

* 92366770

Address of Driver	4	65 CHILSTON AVE, 60 SAKETWARY 17#14	Postcode (679523)
Email Address	4	dave.rosende2@tanyeng.com.sg	
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		☐ Yes ☐ 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)	4	FRONT TO REAR	
Weather Conditions	4	☒ Clear ☐ Raining ☐ Others	
Road Surface	4	☒ Dry ☐ Wet ☐ Others	
OTHER INFORMATION			
a. Was anybody injured in the accident?	3	☐ Yes ☒ No	
b. Was any other vehicle or property damaged? (Including Witness)	4	☒ Yes ☐ No	
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?	4	☐ 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 1			
Vehicle Registration Number	4	SJV 4535 M	
Vehicle Make/ Model/ Colour		KIA PICANTO	
Details of Properties			
Name of Driver		JIM ZHENH XIN	
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number			
Contact Number		98272403	
Address			
Name of Insurance Company			
No. of Passenger (Including Driver)		1	
(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, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.2.400

Comprehensive Commercial Motor		(The below excess is subject to GST)	
CERTIFICATE NO.	999994316	POLICY EXCESS	S\$1,000.00 ** (1)
		WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
		SLG2767D	
		Goldbell Car Rental Pte Ltd	
1) VEHICLE REGISTRATION NO.		01 January 2019	
2) NAME OF POLICYHOLDER		31 March 2020	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			
4) DATE OF EXPIRY OF INSURANCE			
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		DBS Bank Ltd	
*Limitations rendered inoperative by Section 9 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 486130

AUTHORISED REPRESENTATIVE

SSPKWJ

ORIGINAL