NATIONAL Assessment Centre Services. (wef 1 Jan'05). MMA419156615

Date In: 27/11/2019 12:43	Job description	Date &Time Completed	Done by
Ref No: N/BA/BG/19/0/09881/Y	SAS e-filing		
Veh No: SLR 8065Z	E-mail (Within 8hrs, AIC 2hrs)		
DOA 21/11/2019 12:25	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: YP 2283P 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 ( )

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: ( )

Claimant's Request / Follow Up	Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Action

N/19/09032

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Invoice / Billing Charges		Amount	Addt'l bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($10)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)	$75		
6) TR : Re-Inspection			
7) NI : 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	$30		
	30		
9) N12: Idea Mobile			
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Cal. I:

2/3

MNA419158615 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 27/11/2019 12:43
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 27/11/2019 13:00

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	27/11/2019 12:43
Date Of Accident	21/11/2019 12:25
Exact Location Of Accident	LOADING/UNLOADING BAY OUTSIDE STATE COURTS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR8065Z
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	ANDYKOH.SPIRE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87200145
Alternative Phone No	OFFICE-87200145
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	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	KOH XUAN HAO ANDY
NRIC No	S9407192E
Date Of Birth	25/02/1994
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2015
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87200145
Fax Number	
Contact Number	OTHERS-87200145
EMail Address	ANDYKOH.SPIRE@GMAIL.COM

Address	BLK 645 PUNGGOL CENTRAL #15-338
Postcode	820645
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	2
Passenger 1	NAME: : COLLEGUE GENDER: : MALE

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 STATEMENT 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	YP2283P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DHARMALINGAM POOVALINGAM
NRIC/Passport Number	G5271949L
Contact Number	90812024
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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 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 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 insurers) 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 purposes) of :

(i) processing, handling and/or dealing w ith 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 the disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external court of an independent contractor); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

Policyholder's Signature / Date & Time

GOLDBELL INSURANCE PTE LTD * CLAIMS DEPARTMENT

21/11/2019 16:15HRS

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

27/11/2019

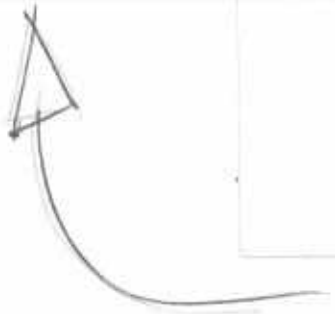
Acknowledged by Reporting Centre Personnel

Sketch Plan *

REFER TO ATTACHMENT

State Counts

Loading / Unloading Bay



Hawclock Road

Describe Circumstance of the Accident *

On 21/11/2019 At 1225HRS, I, LCP (APF) T1250 Andy Koh And My Partner CPL (APF) Thean Herman Firdaus Were Utilizing Vehicle No. SLK 8065 And Were On Standby Inside The Vehicle At The Loading Bay Outside Of State Courts Along Havelock Road. Me And My Partner Were Having Lunch Inside The Vehicle When Beside Our Vehicle There Was A Lorry Vehicle No. YP 2283 G Parked Next To Us. As We Were Eating Halfway, The Driver Of The Lorry And His Colleagues Were Loading And Unloading When The Rear Right Side Of The Lorry Barricade Was Not Locked Properly And Fell Onto Our Vehicle Causing Some Damages. Particulars Were Exchanged And OC Team Leader Was Informed Accordingly.

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

(signature) (stamp: ... LTD & GOLDBELL ...) (signature) 21/11/2019 1515HRS (signature) 27/4/2019

Policyholder's Signature / Company Stamp | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel

...PORE ACCIDENT STATEMENT

...RTANT NOTICE

1. Complete and submit this Form to ... 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 wilful misrepresentation or withholding of ... erial 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 report/claim may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT	
Date and Time of Accident *	Date: 21/11/2018 Time: 1235HRS
Exact Location of Accident *	LOADING BAY OUTSIDE STATE COURTS
DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SLR 8065 Z
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*	✓ Saloon ○ MPV ○ CRV ○ Van ○ Lorry ○ Bus ○ Mtcycle ○ Others _____
Exact Purpose for which vehicle was being used at time of accident *	WARRANT ENFORCEMENT DUTIES
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	○ Comphensive ○ Third Party Fire & Theft ○ TP Only
Fleet Policy	○ Yes ● No
Policy Number	
Motor OI	
DRIVER	○ Same as Insured above
Name of Driver *	KOH YUAN HAO DANN
Personal Identification - NRIC (Singaporean/PR) *	S9407832E
FIN/Passport Number *	
Date of Birth *	dd/ 25 mm/ 07 yy/ 1994
Driving Date Pass *	dd/ mm/ yy/
Year of Driving Experience *	4 Year(s) 11 Month(s)
Occupation *	○ Indoor* ✓ Outdoor
Gender *	✓ Male ○ Female
Contact Number / Mobile Phone / Fax No *	8720 0445

Address of Driver	*	BK 645 Punggol Central # 15-355 Postcode : 820 645
Email Address	*	andytan.spire@gmail.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		○ 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 collison, Head-On collision Side Swipe, Front to Rear)	*	SIDE COLLISION
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 Witness)	*	○ 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 1

Vehicle Registration Number	*	YP 2783 G
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		DHARMALINGAM POOVALINGAM
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		G6271949L
Contact Number		90912024
Address		TAI HUAN PRINTE LIMITED
Name of Insurance Company		
No. of Passenger (including Driver)		

(Note - Please use page 9 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

(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
1) VEHICLE REGISTRATION NO.	SLR8065Z
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*

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	UOB

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 96 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.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ