NATIONAL Assessment Centre Services. (wef 1 Jan'05). MNA2849857103

	Job description	Date & Time Completed	Done by
Date In: 28/11/2019 12:53	SAS e-filing		
Ref No: NBA/0119/902/055/Y	E-mail (Within 8hrs, AIC 2hrs)		
Veh No: SKN 2949 X	I-Motor Claim Form		
DOA: 24/11/2019 20.15	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh 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%. 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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

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

Injury :

NA1909056

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Invoicing			
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)			
6) TR : Re-Inspection	$75		
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		
9) N13: Idea Mobile	30		
Invoice dated Fee Charged			
Invoice dated Fee Charged			

MNA419157103 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 28/11/2019 12:53
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 28/11/2019 13:54

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	28/11/2019 12:53
Date Of Accident	24/11/2019 20:15
Exact Location Of Accident	43 REBECCA ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKN2949X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MAUD.MEIJBOOM@HEINEKEN.COM
Mobile Phone No	(LOCAL) +65-98327416
Alternative Phone No	OFFICE-98327416
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC90
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	MEIJBOOM MAUD HENRIETTE GRE
Passport No/FIN	G3395385U
Date Of Birth	18/08/1978
Occupation	INDOOR
Date Of Driving Pass	11/03/1997
Driving Experience	22 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98327416
Fax Number	
Contact Number	OTHERS-98327416
EMail Address	MAUD.MEIJBOOM@HEINEKEN.COM

Address	41 JALAN SAMPURNA
Postcode	268295
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	NO COLLISION
Weather Conditions	DARK
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 PLAN

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 receipt 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 the copies of this report will be [illegible] made available upon application by interested parties.
7. By the lodgement of this report to the insurers, I hereby consent to the archiving of this report in the centre and the 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) the insurers, workshops and General Insurance Association of Singapore ("GIA") is/are permitted to collect, use, disclose and/or process my personal (collectively the **"Personal Information"**) and any other personal information provided by me or [illegible] (collectively referred to as the **"Insurers"**), the insurer, surveyors, law firms, the Monetary Authority of Singapore and any relevant government agency/authority [illegible] 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 any connection or responding to any enquiries by me;

(iv) administering my claims (including the sending 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 insurer's lawyers/law firms may be 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 (or firms) which may be sited outside of Singapore, for one or more of the above Purposes.

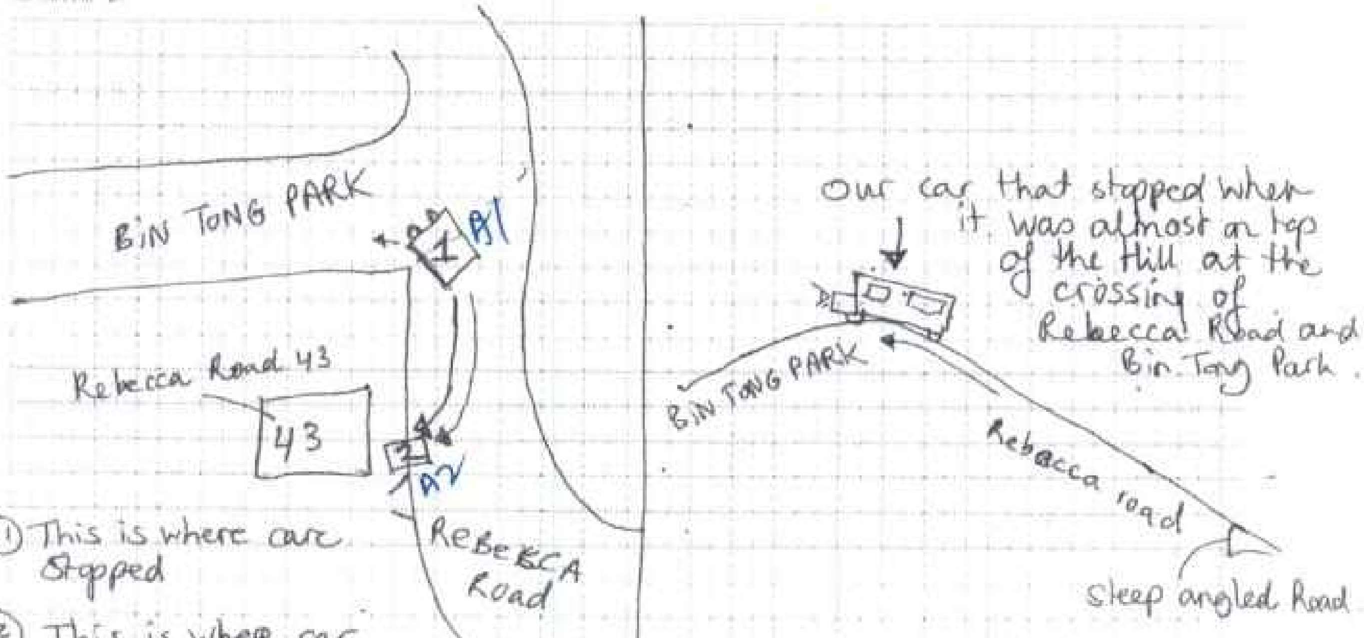
Policyholder's Signature / Company Stamp

Driver's Signature of driver named in the policy

28/11/2019

Signature of Reporting Authorised Driver

Sketch Plan



① This is where car Stopped

② This is where car ended after rolling down. The two arrows show how we rolled down the hill and stopped half on the pavement, half on the dark road.

A) SKN2849X

Regards Circumstance of the Accident *

I was driving and the petrol light was on - a sign that petrol levels are low.
But, normally (I have this car over 2 years) it says how far you can still drive with the car, but it didn't.
So I thought I'd drop of my child at home and get petrol around the corner later.
Suddenly, when we were almost on top of the hill at Rebecca Road, and on the crossing with Bin Tong Park, the car stopped entirely.
I put it on the handbreak to examine and put my warning signal lights on. Half of the car was over the hill. The other half needed 50 cm. I thought it was safest to get the car off the dark crossing, as in this position, it was a big hazard for traffic coming down Bin Tong Park. Rolling it to a safer area to park seemed the best idea.
So I put it in neutral. and tried to roll it down, but then it started rolling very fast and the hand break couldn't hold it. Since I got scared it took me a while to push in fully. I had to steer when driving (sliding) backwards and be careful not to hit anything.
I managed to get it on to stop at the pavement but the back wheels went onto the pavement and one wheel ended above the small water drain. The right back wheel stayed on the pavement. The two front wheels on the road. It stopped and didn't hit anything and no-one was hurt. The car was stable and not angled. We got out safely and the car stood in good balance on 3 wheels: two front ones and right back one. Pushed hand break in further and shut down car and called goldbell accident line. They arranged a tow away car.

28/11/2019

Address of Driver	41 Jalan Sampurna 268795 Singapore
Email Address	maud.meijboom@heineken.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 Collision, Head On Collision, Side Swipe, Front to Rear)	—
Weather Conditions	○ Clear ○ Raining ☒ Others dark
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	— No other car involved
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)

SINGAPORE ACCIDENT STATEMENT

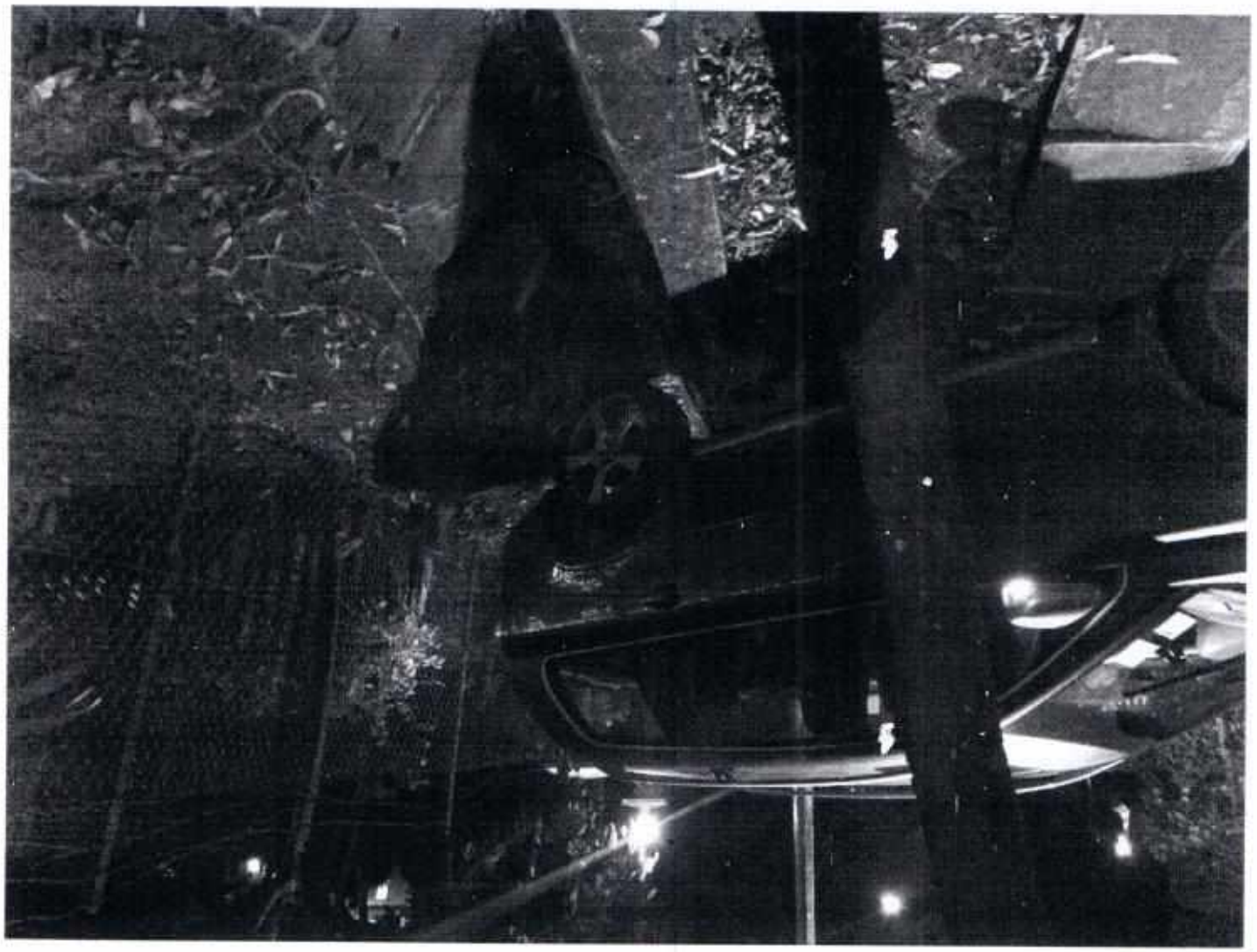
IMPORTANT NOTICE

1. Complete and submit this form to 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 wilful misrepresentation or withholding of material facts may allow **insurance companies to repudiate policy liability.**
5. The issuance 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: 24-11-2019 Time: 20:15 pm
Exact Location of Accident	*	43 Rebecca Road.
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	*	SKN2949X
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: VOLVO Model: XC90
Type of Vehicle		○ Saloon ○ MPV ○ CRV ○ Van ○ Lorry ○ Bus ○ M/cycle ○ Others
Exact Purpose for which vehicle was being used at time of accident	*	Driving home
Are you claiming under own insurance policy for repair to your vehicle?		○ Yes ○ No (If No, Pls select ○ Third Party ○ Reporting)
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	*	Maud Meijboom
Personal Identification - NRIC (Singaporean/PR)	*	G3395385U
- FIN/Passport Number	*	BJ[redacted]53U208 / G3395385U
Date of Birth	*	18 /dd 08 /mm 1978 /yy
Driving Date Pass	*	01 /dd 06 /mm 2019 /yy
Year of Driving Experience	*	22 Year(s) Month(s) 11 Month(s)
Occupation	*	Brand director ⊗ Indoor ○ Outdoor
Gender	*	○ Male ⊗ Female
Contact Number / Mobile Phone / Fax No	*	+6598327416

28/11/2019



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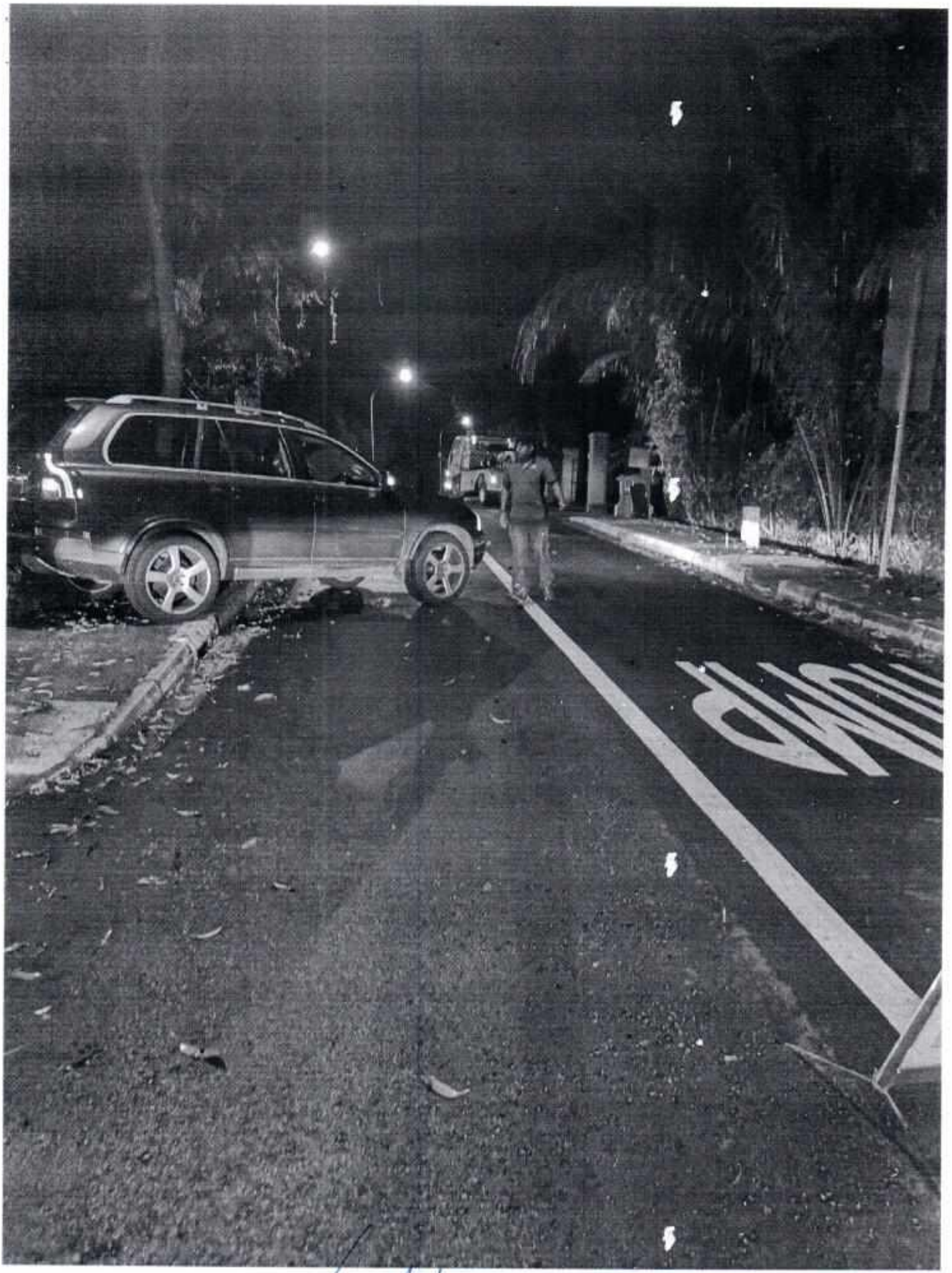

gd 28/11/2019.

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.2.400

Comprehensive Commercial Motor

CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS S$1,200.00 ** (I)

WINDSCREEN EXCESS S$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO. SKN2949X

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