NATIONAL Assessment Centre Services. [wef 1 Jan'05]. NMA419/63716

Date In: 12/12/2019 15:38	Job description	Date & Time Completed	Done by
Ref No: [illegible]	SAS e-filing		
Veh No: SGJ 2848D	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 10/12/2019 16:10	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: YM6615Y. 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 [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] Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

[illegible]

NA1909454

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

Cat. 1:

[illegible]		[illegible]
1) AR : Accident Reporting ($30);		
2) DA : Damage Assessment ($100);	INC ($10)	
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 2005)	$75	
6) TR : Re-inspection	$160	
7) N1 : Idea DA + SMRT Survey		
8) NTUC Additional Services-		
OR!		
*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	

2/3

MNA419163716 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 12/12/2019 15:39
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 12/12/2019 16:09

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	12/12/2019 15:39
Date Of Accident	10/12/2019 16:10
Exact Location Of Accident	JURONG PORT RD TURN INTO JLN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ2848A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	JACKSON.LIM@SG.YAKOGAWA.COM
Mobile Phone No	(LOCAL) +65-96424671
Alternative Phone No	OFFICE-96424671
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	LIM SIAN MENG (LIN XIANGMING)
NRIC No	S1792544Z
Date Of Birth	12/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2002
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96424671
Fax Number	
Contact Number	OTHERS-96424671
EMail Address	JACKSON.LIM@SG.YAKOGAWA.COM

Address	BLK 652 PUNGGOL CENTRAL #08-320
Postcode	820652
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	SIDE SWIPE
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	YM6615Y
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHOW GUAN CHEW
NRIC/Passport Number	S7345084E
Contact Number	96289890
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 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 Traffice Police Department for investigation.**
6. This report will be forwarded by the insurer 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 made available upon application by interested parties.
7. [illegible]
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer ... and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process ... (the "**Personal Information**") ... (the "**Insurers**") ... [illegible]

(i) processing, handling and/or dealing with ... claims ... [illegible]

(ii) investigating the accident and/or any claims [illegible]

(iii) [illegible]

(iv) [illegible]

(v) [illegible]

(collectively the "**Purposes**");

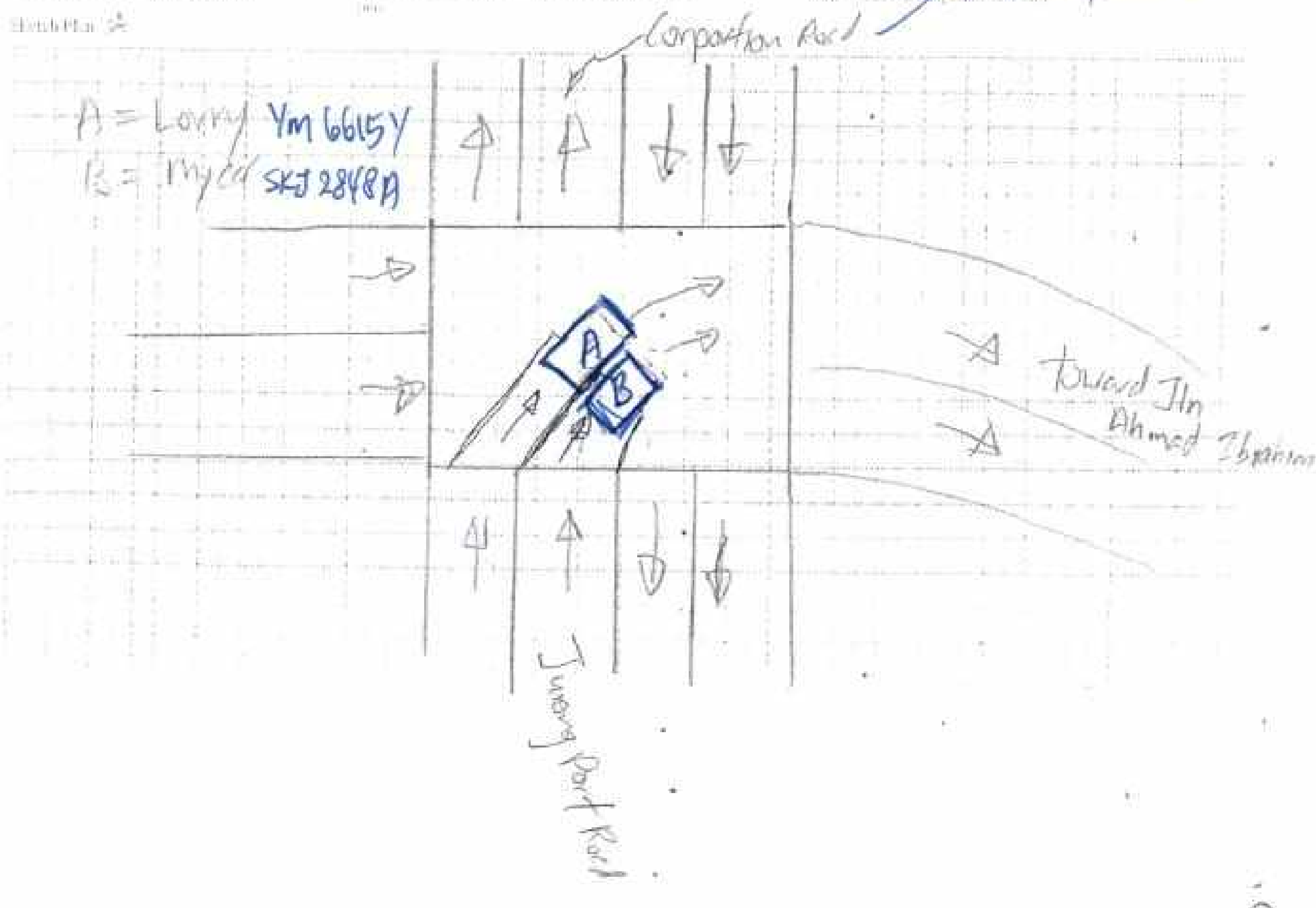
(b) [illegible]

(c) [illegible]

10/12/19/15:00hr

17/12/2019

Sketch Plan



7

Describe Circumstance of the Accident *

Road Accident happens at Jurong Port Road junction turn right to Jln Ahmad Ibrahim.

Both lorry (A) and my car (B) half body are outside Turn right lane (Box). The turn right traffic light is still in "Red".

Lorry (A) is on my left hand side and my car (B) is on right hand side.

Lorry (A) driver checks no vehicle from the straight road (Corporation Road) and starts to turn right to Jln Ahmad Ibrahim.

He turns his lorry (A) and keep too near to my car (B).

Lorry (A) hit my car (B) front-left bumper.

My car (B) front-left bumper is seriously damaged.

* 12/12/19/1900hrs

12/12/2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the 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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
5. The submission and acceptance of this Form by any insurance company is not an admission of the policy liability on the part of the insurance company.
6. Any false reporting may be referred to the Traffice Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	*	Date: 10/12/19 Time: 16:10 Hrs
Exact Location of Accident	*	At Tuas Port Road junction turn to Jln Ahmad Ibrahim
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	*	SKJ2848A
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: Toyota Corolla Model:
Type of Vehicle		○ Saloon ○ MPV ○ CRV ○ Van ○ Lorry ○ Bus ○ M/cycle ○ Others
Exact Purpose for which vehicle was being used at time of accident	*	TPC1 DCS Routine Maintenance
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	*	Lim Sien Meng (Jackson)
Personal Identification - NRIC (Singaporean/PR)	*	S1792542Z
- FIN/Passport Number	*	
Date of Birth	*	12 /dd 02 /mm 1967 /yy
Driving Date Pass	*	28 /dd 03 /mm 02 /yy
Years of Driving Experience	*	18 Year(s) Month(s) Month(s)
Occupation	*	Service Engineer ○ Indoor ✓ Outdoor
Gender	*	✓ Male ○ Female
Contact Number / Mobile Phone / Fax No	*	96426671

Address of Driver *	Blk 652, Punggol Central, #08-320 Singapore 820652
Email Address *	[illegible] @ sg.[illegible].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
Vehicel 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) *	Front
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 porperty 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 *	YM 6615 Y (Lorry)
Vehicle Make/ Model/ Colour	Blue Isuzu 18 foot Cez Camel Lorry.
Details of Properties	
Name of Driver	Chow Guan Chew
Personal Identification - NRIC (Singaporean/PR)	S7345084E
FIN/Passport Number	
Contact Number	96289890
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	0 pax

(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$800.00 ** (I)
WINDSCREEN EXCESS	S$100.00
SUM INSURED	Market Value
INSURING WITH COE/PARF	Yes

1) VEHICLE REGISTRATION NO. SKJ2848A

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 6 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