

NATIONAL Assessment Centre Services.

(ver 1 Jan'00)

NA479170305

Date In: 27/12/2019 14:51	Job description	Date & Time Completed	Done by
Ref No: NA479170305/2772/4	SAS e-filing		
Veh No: PC 4859 H	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 24/12/2019 14:00	I-Motor Claim Form		
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pnx / Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJV 7730X	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: (\$	Landing: \$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: ()	
Location: ()	
Weather: ()	
Road Conditions: ()	
Witness: ()	
Signature: ()	

NA1909590	1) AIR: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$75
Architect Comments:	6) TR: Re-inspection	\$160
Date:	7) NI: Idao DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TE (N11) / TP (N12) against INC	\$20
	9) NI2: Idao Mobile	\$0
	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	27/12/2019 14:51
Date Of Accident	24/12/2019 14:00
Exact Location Of Accident	BLK 122 BUKIT BATOK CENTRAL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4859H
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90842976
Alternative Phone No	OFFICE-90842976

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE HIGHROOF
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	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994313
Cover Note Number	

Driver

Name of Driver	ENDERA BONGSU BIN JOHARI
NRIC No	SXXXX710B
Date Of Birth	21/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2006
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90842976
Fax Number	
Contact Number	OTHERS-90842976
Email Address	NOEMAIL

Address	BLK 37 MARSILING DRIVE #04-415
Postcode	730037
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	SJV7730X
Vehicle Make/Model/Colour	AUDI A3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG MAE LING
NRIC/Passport Number	SXXXX317A
Contact Number	97991760
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 willful 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.

B. 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 firm/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' 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

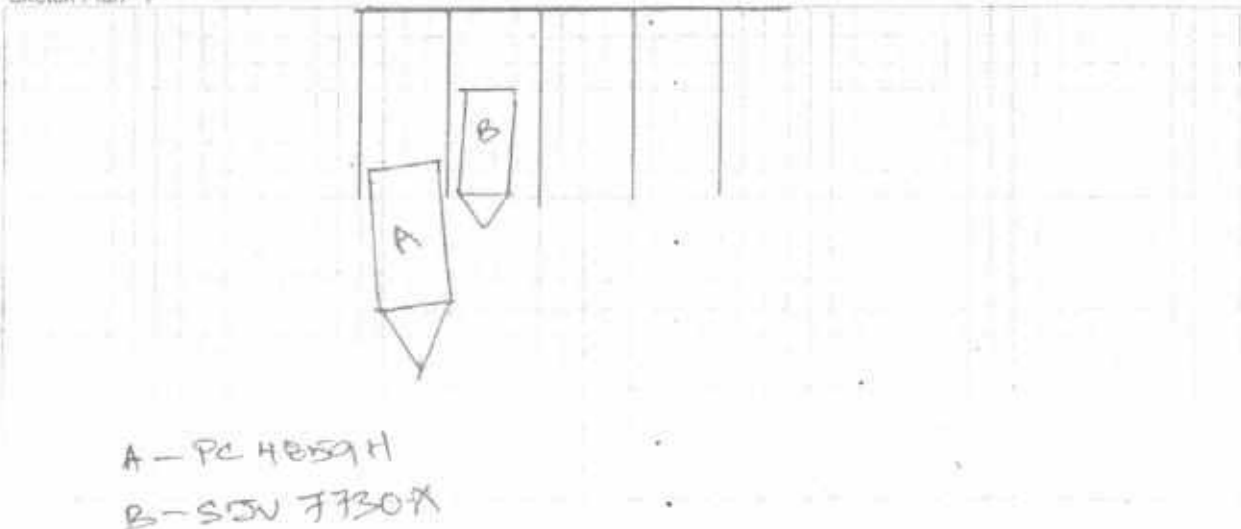
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

 25/12/19 0930WS
Driver's Signature (If driver is not the policyholder) / Date & Time

 22/12/2019
Witnessed by Reporting Centre Personnel

Sketch Plan *



Describe Circumstance of the Accident *


On the 24/12/19 at about 2pm, I was about to leave the carpark near B1K 122 Bukit Batok Central. As I was driving out of the carpark lot after checking left and right, I moved my vehicle (PC#859H) slowly out of the lot and turned left, while making that left turn out of the carpark lot with half of the vehicle length already out of the lot, I felt that my vehicle had hit something from the rear left. I checked my left mirror & saw that the rear left side of my vehicle had hit a black car (SVV 7730X) front right side bumper. I stopped my vehicle & went down to check. The driver of the other vehicle also came down. I realized that the other vehicle engine was on; both of us checked the collision damages caused by the collision. As I could not move my vehicle, the other vehicle lady driver volunteered to reverse her car backwards. I did not manage to take a picture during that collision. Only after she reversed her car, we further assessed the damages on both vehicles, took pictures & exchanged particulars.

Declaration

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


Policyholder's Signature (If driver is not the policyholder)

*

 25/12/19
09:30hrs
Driver's Signature (If driver is not the policyholder) / Date & Time

 27/12/2019
Witnessed by Recording Centre 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 wilful 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 24/12/19 Time 1400 HRS
 Exact Location of Accident * BLK 122 BUKIT BATOK CENTRAL CARPARK

DETAILS OF OWN VEHICLE

Vehicle Registration Number * PC 4859 H

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 Model HIACE (HIGH ROOF)

Type of Vehicle*

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

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

WORK RELATED

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 *

ENDERA BONGGU BIN JOHARI

Personal Identification - NRIC (Singaporean/PR) *

S1449710B

- FIN/Passport Number *

Date of Birth *

21 dd/ 06 mm/ 1960 /yy

Driving Date Pass *

10 Jul/ 5 mm/ 2006 /yy

Year of Driving Experience *

13 Year(s) 7 Month(s)

Occupation *

☐ Indoor ☒ Outdoor

Gender *

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No. *

90842976

Address of Driver *	BLK 37 MARSILING DRIVE H04-H15 Postcode (730037)		
Email Address *			
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured:			
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes	<input type="radio"/> 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	SIDE SWIPE		
Weather Conditions *	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others _____
Road Surface *	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Others _____
OTHER INFORMATION			
a. Was anybody injured in the accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
b. Was any other vehicle or property damaged? (Including Witness)	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police? *	<input type="radio"/> Yes	<input type="radio"/> 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?	<input type="radio"/> Yes	<input type="radio"/> No (If Yes, against whom?) _____	
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number *	SSV 7730X		
Vehicle Make/ Model/ Colour	BLACK AUDI A3		
Details of Properties	CAR		
Name of Driver	NG MAE LING		
Personal Identification - NRIC (Singaporean/PR)	S7217317A		
- FIN/Passport Number			
Contact Number	97991760		
Address			
Name of Insurance Company			
No. of Passenger (Including Driver)			
(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.Z.405

Comprehensive Commercial Auto Plus

CERTIFICATE NO. 999994313

(The below excess is subject to GST)

POLICY EXCESS S\$2,500.00 (I)**WINDSCREEN EXCESS** S\$100.00**SUM INSURED** Market Value**INSURING WITH COE/PARF** Yes

PC4859H

Goldbell Car Rental Pte Ltd

1) VEHICLE REGISTRATION NO.**2) NAME OF POLICYHOLDER****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 \$3,000 applies to drivers between below 23 years of age and/or with driving experience of less than 12 months.

Additional excess of \$500 applies to all claims for accident outside Singapore.

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 in connection with the Insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

3) Use for social, domestic or pleasure purposes of any person to whom the vehicle is hired.

The Policy does not cover

a) Use for racing, pace-making, reliability trial or speed-testing.

b) Use for the carriage of passengers for hire or reward

c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

LOSS OF USE Not Included**HIRE PURCHASE COMPANY** Hong Leong

*Limitations rendered inoperative by Section 5 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 28 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Acom International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPTKY