NATIONAL Assessment Centre Services. (wef 1 Jan'08) . MNA419170341

	Job description	Date & Time Completed	Done by
Date In: 27/12/2019 15:32	SAS e-filing		
Ref No: NBD/A2819022860/4	E-mail (Within 8hrs, AIC 2hrs)		
Veh No: SLA 5624 U	I-Motor Claim Form		
D O A: 14/12/2019 00:00	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: ( )

Reminders	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

NA1902620

Customer Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments

Invoice Particulars		Amt ($)	Amt ($) / Paid/Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($40)	$40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2008)	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idea DA + SMRT Survey			
8) NTUC Additional Services:- OD:	$3		
• N5: Courtesy Car / Tpt Allowance	$10		
• N6: Repair Co-ordination	$23		
• N7: Post Repair Inspection	$3		
• N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against INC	30		
9) N12: Idea Mobile			
Invoice dated *Fee Charged*			
Invoice dated *Fee Charged*			

Cal. In:

2/2

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 27/12/2019 17:46

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	27/12/2019 15:32
Date Of Accident	14/12/2019 00:00
Exact Location Of Accident	29A HILLVIEW AVENUE (HILLVIEW HEIGHTS CARPARK)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA5624U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	GINA.SIM@MODEC.COM
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-64964397
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO PARK
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	SATEESH KUMAR DEV
NRIC No	SXXXX835A
Date Of Birth	23/03/1953
Occupation	INDOOR
Date Of Driving Pass	07/07/1990
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-64964397
EMail Address	GINA.SIM@MODEC.COM

Address	29A HILLVIEW AVENUE #10-10
Postcode	669562
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	COLLIDED INTO PROPERTY
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	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 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 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 a fee be made available upon available upon application by interested parties.
7. By the lodgement of this report to the insurers, here by consent to the archiving of this report at the centre and the 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, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurer (collectively the "**Personal Information**") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively refferd to as the "**Insurers**"), the insurer lawyers/ Law firms, the Monetary Authority of Singapore and any relevent 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 or 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 lawyer/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.

TOBUL CAR RENTAL PTE LTD

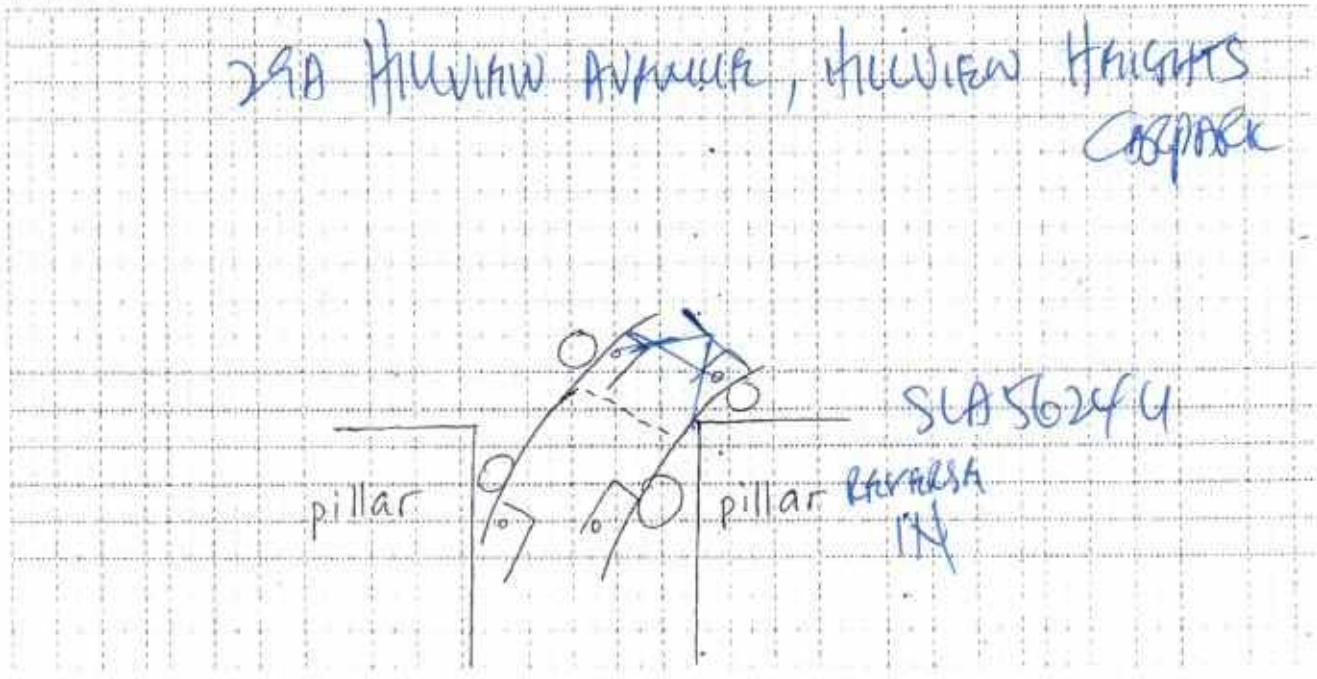
Policyholder's Signature / Company Stamp

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

27/12/2019

Witness' / GIA Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident *

On Saturday, 14th December, I tried to park in the only available slot at Hillview height. The time was around midnight. After parking in the slot, I realised that the space on my right was not sufficient for the door to open. The space on my left was very close to a pillar. I was not comfortable leaving the car in this manner, so I decided to move to the slots at the road level. While doing so, I came out of the slot & turned left. In this process, I ~~grazed~~ grazed the pillar on the left side. The damage was near the rear ~~wheel~~. Quarter of the car.

Declaration

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

GLOBAL CAR RENTAL PTE LTD

Policyholder's Signature / Company Stamp *

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

20 DEC 2019

27/12/2019

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for e-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 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 Traffice Police Department for investigation.

ACCIDENT STATEMENT		
Date and Time of Accident *	Date: 14 Dec 2019 *	Time: 00:00hrs
Exact Location of Accident *	29A Hillview Avenue Hillview Heights carpark	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number *	SLA 5624U	
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 ○ M/cycle ◉ Others _____	
Exact Purpose for which vehicle was being used at time of accident *	Driving to park	
Are you claiming under own insurance policy for repair to your vehicle?	○ Yes ○ No (If No, Pls select ○ Third Party ✓ Reporting) only	
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 *	Sateesh Dev	
Personal Identification - NRIC (Singaporean/PR) *	S2594835A	
- FIN/Passport Number *		
Date of Birth *	23 /dd 03 /mm 1953 /yy	
Driving Date Paw *	/dd /mm /yy	
Year of Driving Experience *	16 years Year(s) Month(s) Month(s)	
Occupation *	Executive ○ Indoor ○ Outdoor	
Gender *	✓ Male ○ Female	
Contact Number / Mobile Phone / Fax No. *	6496 4397	

Address of Driver *	29A Hillview Avenue #10-10 Hillview Heights S 669562
Email Address *	gina.sim@modec.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) *	
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?)

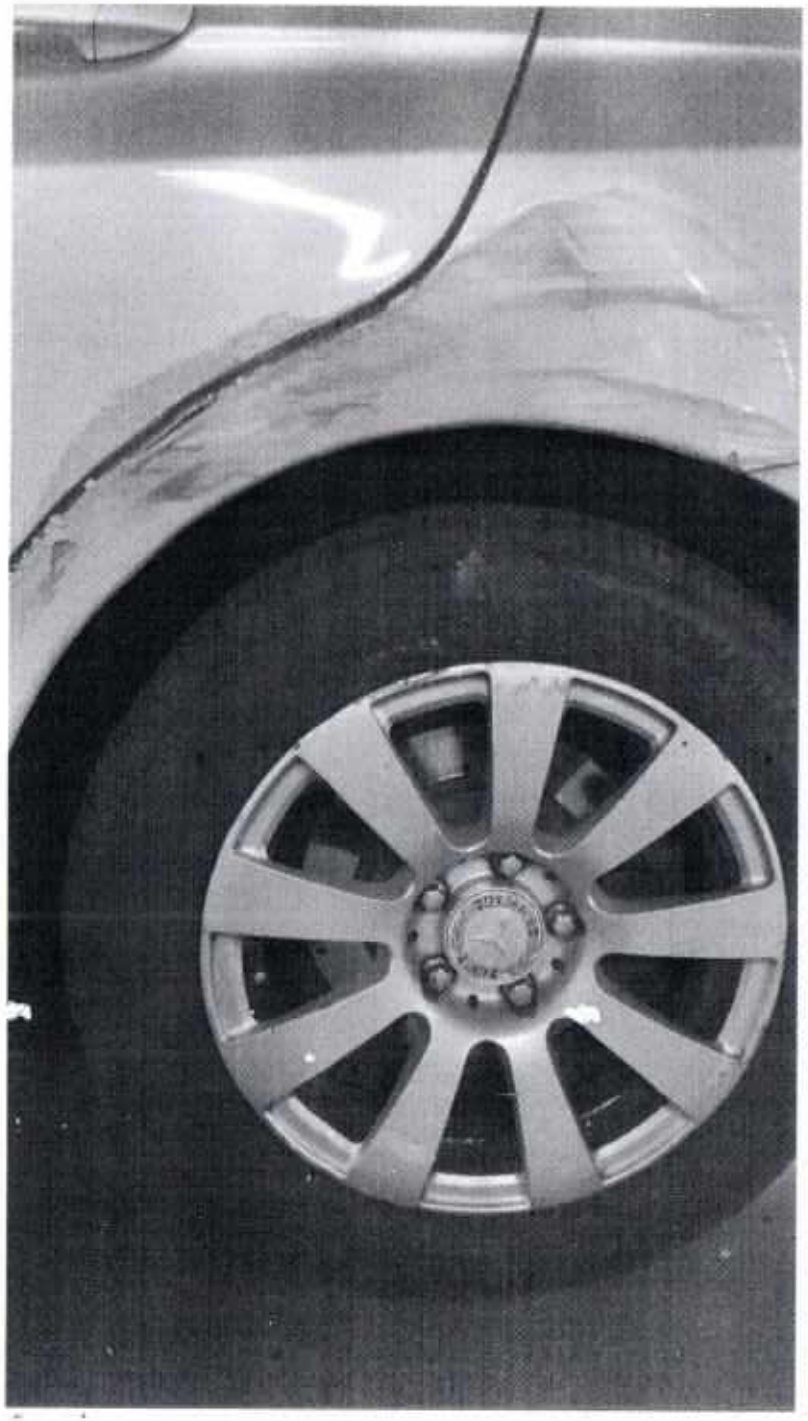
DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number *	
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)

27/12/2019

27/12/2019



27/12/2019

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.Z 400

Comprehensive Commercial Motor
CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS	S$1,000.00 ** (I)
WINDSCREEN EXCESS	S$100.00
SUM INSURED	Market Value
INSURING WITH COE/PARF	Yes

1) VEHICLE REGISTRATION NO. SLA5624U

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	DBS Bank Ltd

*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

AIG Asia Pacific Insurance Pte. Ltd.

030123-000
Acorn International Network Pte Ltd
48 Changi South St 1 Level 3
SINGAPORE 486130

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ