

NATIONAL Assessment Centre Services.

[Ref: 1 Jan 2020]

MAA420008918

Date In: 17/01/2020 15:17	Job description	Date & Time Completed	Done by
Ref No: N/A 2000109314	SAS e-filing		
Veh No: SKK 7057J	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 16/01/2020 19:55	I-Motor Claim Form		
OID: 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/VKSP		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SW 7618H	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 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	Notes

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ref 10 Jan 2020)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$3	
	TE (NI) / TP (Non-INC) against INC \$20	
	9) NI: Idas Mobile \$6	
	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	17/01/2020 15:17
Date Of Accident	16/01/2020 19:55
Exact Location Of Accident	PIE TOWARDS TUAS AFTER STEVEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE7057J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96441177
Alternative Phone No	OFFICE-96441177

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	DANES HO WAI MUN
NRIC No	SXXXX577A
Date Of Birth	23/03/1969
Occupation	INDOOR
Date Of Driving Pass	01/03/1996
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96441177
Fax Number	
Contact Number	OTHERS-96441177
Email Address	NOEMAIL

Address	BLK 46 CHOA CHU KANG STREET 64 #07-22
Postcode	689106
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	CHAIN COLLISION
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	3
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	SJW7618H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOGANATHAN S/O GANESAN
NRIC/Passport Number	
Contact Number	96402779
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB2039X
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

ABDUL SALAM BIN ABDUL

NRIC/Passport Number

SXXXX542E

Contact Number

90123913

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:

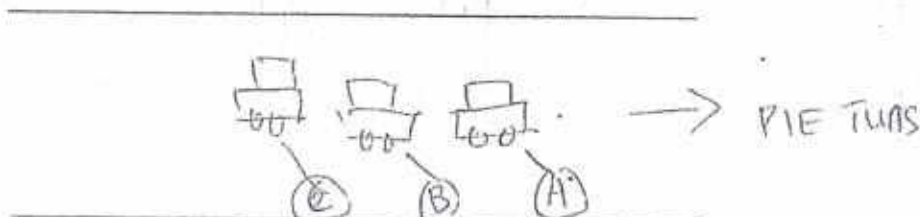
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firms/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' law firms/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 & Time  Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan

PIE (TUAS)
Expressway after Stevens Entrance
toward to Tuas

A SKE 7057 J
B SJN 7618 H
C SHB 2089 X



Describe Circumstance of the Accident *

A car accident in which were involved on 16/1/2020
I was on my way back driving to PIE (Tuas) and
were slow & heavy traffic, drive on land & towards
PIE (Tuas) after Stevens Road suddenly came in a rush -
sudden a vehicle hit me from behind, my car were
damage brutally behind.

When the incident took place, I quickly took picture
and the particulate of the other driver.


Declaration

(We declare the foregoing particulars are true in every respect.


Policyholder's Signature



*


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


Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorized Reporting Centre ("ARC") for filling.
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 Authorized 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: 14/1/2020 Time: 7:55 pm

Exact Location of Accident

*

PIE (Tuas) after Steven entrance

DETAILS OF OWN VEHICLE

Vehicle Registration Number

*

SKE 7057J

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

Toyota Corolla

Manufacturer

Model

Type of Vehicle*

1.6 Auto

☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry

☐ Bus ☐ M/cycle ☐ Others

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

*

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

Danes Ho Nai Mun

Personal Identification - NRIC (Singaporean/PR)

S6909577A

- FIN/Passport Number

Date of Birth

dd/ 23 mm/ 03 yy 1969

Driving Date Pass

dd/ 01 mm/ 03 yy 1996

Year of Driving Experience

Year(s)

Month(s)

Occupation

Gender

Male ☒ Female

☒ Indoor ☐ Outdoor

Contact Number / Mobile Phone / Fax No

96441177

Address of Driver	46. Choa Choo Kang St 64
Email Address	#07-22 The Quarter Postcode (689106)
Was driver an employee of the Insured's Company?	<input checked="" type="radio"/> Yes <input 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 Swipe, Front to Rear)	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others _____
Road Surface	<input 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 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 checked="" 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	SJW 7618 T
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	Liaarothan S/O Ganesan
- FIN/Passport Number	S8318861
Contact Number	96402779
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	2

(Note - Please use page 6 if you need to add more vehicles)

DETAILS OF OTHER VEHICLE / PROPERTY 2

Vehicle Registration Number

SHB 2039X

Vehicle Make/ Model/ Colour

Details of Properties

Name of Driver

Abdul Salam Bin Abdul
S 1292542-E

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

Contact Number

90123913

Address

Name of Insurance Company

No. of Passenger (Including Driver)

Name of Insurance Company

DETAILS OF OTHER VEHICLE / PROPERTY 3

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties

Name of Driver

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

Contact Number

Address

Name of Insurance Company

No. of Passenger (Including Driver)

Name of Insurance Company

DETAILS OF OTHER VEHICLE / PROPERTY 4

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties

Name of Driver

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

Contact Number

Address

Name of Insurance Company

No. of Passenger (Including Driver)

Name of Insurance Company



1/17/2020



Jan 17/1/2020



1/16/2020



as 17/01/2020



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968
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 ** (1)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SKE7057J

Goldbell Car Rental Pte Ltd

01 January 2019

31 March 2020

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE
FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

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

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