NATIONAL Assessment Centre Services. [ref : Jardine] : MHA2000976C

Date In: 21/01/2020 11:45	Job description	Date & Time Completed	Done by
Ref No: NBO/AIG/2000123/19	SAS e-filling		
Veh No: SLR 9871L	E-mail (Mjola Mkt, AIC 2hrs)		
DOA 13/01/2020 09:10	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 / QW: (Tel: Fax:)

TP Particulars: Veh No: SJC 2462 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: ( )

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

Injury :

Date/Time	Remarks

NIA2000719

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Remarks

Ref 1:

Ref 2:

		Amt($) Payable
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100)	INC ($40)	
3) TF : Towing Fee	$40/$45	
4) FT : Follow-Through Survey	$120	
5) FT : Follow-Through Survey (Resurvey)	$30	
For claims against INC Only (w.e.f 10 Jan 2020)		
6) TR : Re-Inspection	$75	
7) N1 : Idea DA + SMRT Survey	$160	
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	
TF (N11) : TF (Non-INC) against INC	$30	
9) N12: Idea Mobile	$0	
Invoice dated	*Fee Charged*	
Invoice dated	*Fee Charged*	

MNA420009746 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 21/01/2020 11:45
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 21/01/2020 12:03

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	21/01/2020 11:45
Date Of Accident	13/01/2020 09:10
Exact Location Of Accident	JALAN BAHAR TOWARDS BOON LAY WAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR9887L
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	ZAHARYAHAYA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92474477
Alternative Phone No	OFFICE-92474477
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PREVIA
Exact Purpose for which vehicle was being used at time of accident	SEND OKAMOTO SAN TO SHIMANO HQ IN BENOI
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	ZAHAR BIN YAHAYA
NRIC No	SXXXX378A
Date Of Birth	25/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	24/03/2000
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92474477
Fax Number	
Contact Number	OTHERS-92474477
EMail Address	ZAHARYAHAYA@YAHOO.COM.SG

Address	BLK 131 SIMEI STREET 1 #2-202
Postcode	520131
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : OKAMOTO SAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	**ROAD**: 9 SIMEI STREET 2 , **POSTCODE:** 529914 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of Intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200113/2197

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC246Z
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHUN HWA DESMOND
NRIC/Passport Number	SXXXX801B

Contact Number	92474822
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT PLAN

1. Please report **correctly** the details of the incident 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 few be made available upon available upon application by interested parties.
7. By the lodgement of this report to the insurers, hereby consent to the archiving of this report at 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) 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 referred 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.

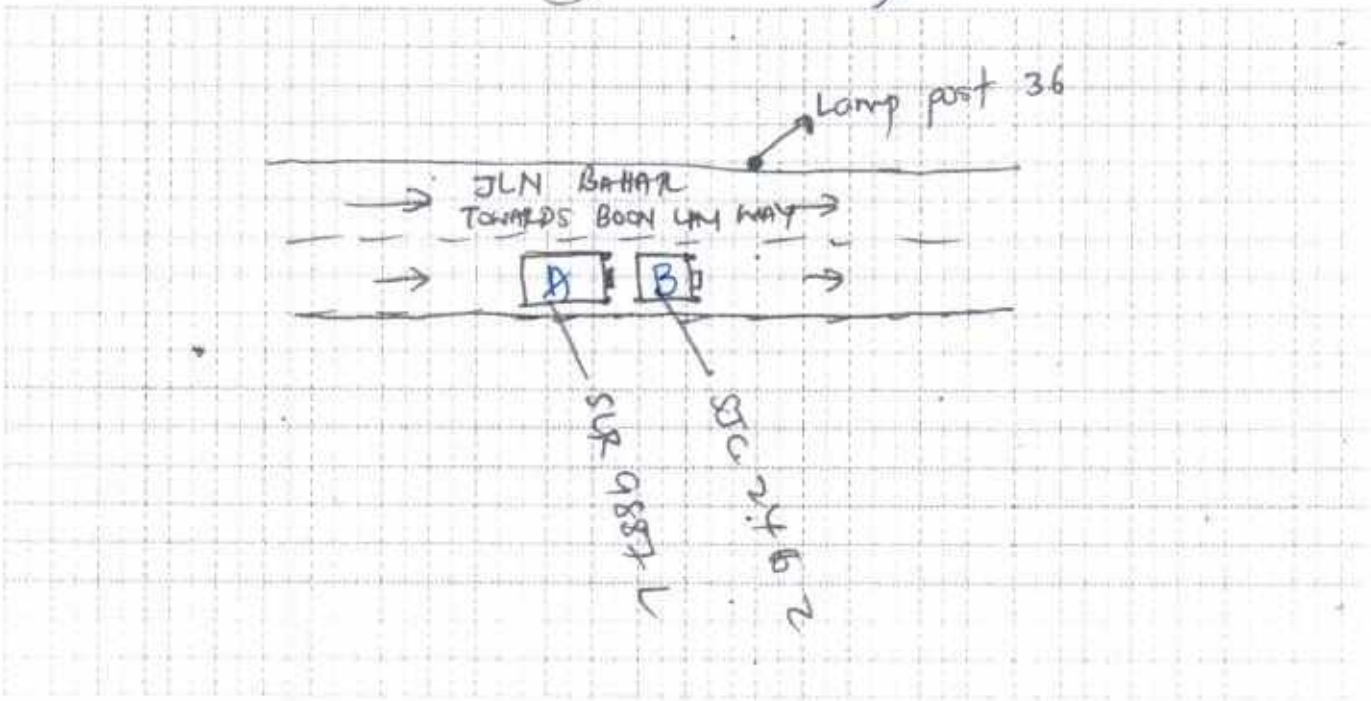
Police Officer's Signature / Police Stamp

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

21/01/2020

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident *

Pls. refer to police report attached statement.
T/20200113/297.

Declaration

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

Policyholder's Signature / Date

* Driver's Signature (if not the Policyholder) / Date & Time

Received by Reporting Centre (Personnel)

SINGAPORE POLICE FORCE

T/20200113/2197

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20200113/2197

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
13/01/2020 22:32		53

Informant's Particulars

Name of Informant: ZAHAR BIN YAHAYA			Address: APT BLK 131 SIMEI STREET 1 #02-202 SINGAPORE 520131	
ID Type / ID No.: NRIC NO / S6919378A			Contact No.: Home/Office: Mobile: 92474471	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 50	Date of Birth: 25/05/1969	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: COMPANY DRIVER			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2020 09:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BAHAR BOON LAY WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC246Z	Car	HONDA	FIT	Black	Slightly Damaged	0
SLR9887L	Car	TOYOTA	PREVIA	Silver	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20200113/2197

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20200113/2197

CONTINUATION OF REPORT

Driver			
Name	TAN CHUN HWA DESMOND	ID No.	S7413801B
Related Vehicle	SJC246Z (Car)	Contact No.	92474822
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Driver			
Name	ZAHAR BIN YAHAYA	ID No.	S6919378A
Related Vehicle	SLR9887L (Car)	Contact No.	92474471
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/01/2020 at about 0910hrs, I was travelling along Jalan Bahar, heading towards Boon Lay Way. I was on the right lane of the 2 lane road and was behind the vehicle SJC246Z. The vehicle in front of him jammed brake and he managed to stop in time. However, I did not manage to brake in time and my front bumper collided with his rear bumper. My license plate was slightly dented while the other vehicle had some dents to its rear bumper. We both alighted and exchanged particulars.

There were no injuries at the point of accident and after exchanging our particulars we left the area. On the same day at about 1330hrs, the other party messaged me and told me he experienced neck pains and will be heading to see a doctor.

I do have CCTV in my vehicle.

SINGAPORE POLICE FORCE

T/20200113/2197

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Staff Sgt WONG XINGYI, SEAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2020 22:32
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	

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 Traffice Police Department for investigation.

ACCIDENT STATEMENT	
Date and Time of Accident *	Date: 13/1/20 * Time: 0910
Exact Location of Accident *	Jalan Bakar towards Boon Lay Way
DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SLR 9887 L
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 *	send Okamoto San to Shimano Hq in Bedok
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 *	Zaka Bin Yataya
Personal Identification - NRIC (Singaporean/PR) *	S6919378A
- FIN/Passport Number *	
Date of Birth *	25 /dd 05 /mm 1969 /yy
Driving Date Pass *	24 /dd 03 /mm 2000 /yy
Year of Driving Experience *	20 Year(s) Month(s) Month(s)
Occupation *	Company Driver ○ Indoor ○ Outdoor
Gender *	● Male ○ Female
Contact Number / Mobile Phone / Fax No *	92474477

Address of Driver *	BIK 131 Simei St. 1 #10-202 (520131)
Email Address *	zakaryahaya@yahoo.com.sg
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 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 sta which Police Station.)
Police Station Name	Changi Simi NPC.
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 *	SJC 2462
Vehicle Make/ Model/ Colour	Honda Fit Black
Details of Properties	
Name of Driver	Desmond Tan Chu Hwa
Personal Identification - NRIC (Singaporean/PR)	S7413801B
- FIN/Passport Number	
Contact Number	92474822
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)

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$1,200.00 ** (I)
WINDSCREEN EXCESS	S$100.00
SUM INSURED	Market Value
INSURING WITH COE/PARF	Yes

1) VEHICLE REGISTRATION NO. SLR9887L

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	Maybank

*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.

Manila

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ