

NATIONAL Assessment Centre Services.

(last 1 Jan 05)

2/1/14 200/6653

Date In: 06/01/2020 12:10/	Job description	Date & Time Completed	Done by
Ref No: X/BA/17/620002076/4	SAS e-filing		
Veh No: GBA 2169X	E-mail (to Jada, AIC, etc)		
DDA: 03/03/2020 09:50	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SRA 9009X	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 ()	
() 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: ()	
Damage: ()	
Other: ()	

Driver/Owner:	1) ARI: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damage Portion:	3) TP: Towing Fee \$120	
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey (\$30)	
	5) PF: Follow-Through Survey (Resurvey) Foralms only INC Only (over 10 Jan 2010)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services	
	9) NI: Idea Mobile	
	10) NI: Idea Mobile	
	11) NI: Idea Mobile	
	12) NI: Idea Mobile	
	13) NI: Idea Mobile	
	14) NI: Idea Mobile	
	15) NI: Idea Mobile	
	16) NI: Idea Mobile	
	17) NI: Idea Mobile	
	18) NI: Idea Mobile	
	19) NI: Idea Mobile	
	20) NI: Idea Mobile	
	21) NI: Idea Mobile	
	22) NI: Idea Mobile	
	23) NI: Idea Mobile	
	24) NI: Idea Mobile	
	25) NI: Idea Mobile	
	26) NI: Idea Mobile	
	27) NI: Idea Mobile	
	28) NI: Idea Mobile	
	29) NI: Idea Mobile	
	30) NI: Idea Mobile	
	31) NI: Idea Mobile	
	32) NI: Idea Mobile	
	33) NI: Idea Mobile	
	34) NI: Idea Mobile	
	35) NI: Idea Mobile	
	36) NI: Idea Mobile	
	37) NI: Idea Mobile	
	38) NI: Idea Mobile	
	39) NI: Idea Mobile	
	40) NI: Idea Mobile	
	41) NI: Idea Mobile	
	42) NI: Idea Mobile	
	43) NI: Idea Mobile	
	44) NI: Idea Mobile	
	45) NI: Idea Mobile	
	46) NI: Idea Mobile	
	47) NI: Idea Mobile	
	48) NI: Idea Mobile	
	49) NI: Idea Mobile	
	50) NI: Idea Mobile	
	51) NI: Idea Mobile	
	52) NI: Idea Mobile	
	53) NI: Idea Mobile	
	54) NI: Idea Mobile	
	55) NI: Idea Mobile	
	56) NI: Idea Mobile	
	57) NI: Idea Mobile	
	58) NI: Idea Mobile	
	59) NI: Idea Mobile	
	60) NI: Idea Mobile	
	61) NI: Idea Mobile	
	62) NI: Idea Mobile	
	63) NI: Idea Mobile	
	64) NI: Idea Mobile	
	65) NI: Idea Mobile	
	66) NI: Idea Mobile	
	67) NI: Idea Mobile	
	68) NI: Idea Mobile	
	69) NI: Idea Mobile	
	70) NI: Idea Mobile	
	71) NI: Idea Mobile	
	72) NI: Idea Mobile	
	73) NI: Idea Mobile	
	74) NI: Idea Mobile	
	75) NI: Idea Mobile	
	76) NI: Idea Mobile	
	77) NI: Idea Mobile	
	78) NI: Idea Mobile	
	79) NI: Idea Mobile	
	80) NI: Idea Mobile	
	81) NI: Idea Mobile	
	82) NI: Idea Mobile	
	83) NI: Idea Mobile	
	84) NI: Idea Mobile	
	85) NI: Idea Mobile	
	86) NI: Idea Mobile	
	87) NI: Idea Mobile	
	88) NI: Idea Mobile	
	89) NI: Idea Mobile	
	90) NI: Idea Mobile	
	91) NI: Idea Mobile	
	92) NI: Idea Mobile	
	93) NI: Idea Mobile	
	94) NI: Idea Mobile	
	95) NI: Idea Mobile	
	96) NI: Idea Mobile	
	97) NI: Idea Mobile	
	98) NI: Idea Mobile	
	99) NI: Idea Mobile	
	100) NI: Idea Mobile	

Fee Charged	Fee Charged
Invoice dated	Invoice dated
Invoice dated	Invoice dated

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	06/02/2020 12:10
Date Of Accident	03/02/2020 09:50
Exact Location Of Accident	ALONG BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3469X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	PURCHASING@PESTBUSTERS.COM.SG
Mobile Phone No	(LOCAL) +65-81386213
Alternative Phone No	OFFICE-81386213

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	999994313
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AS-SYAYUTI BIN SELAMAT
NRIC No	SXXXX939J
Date Of Birth	14/03/1997
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81386213
Fax Number	
Contact Number	OTHERS-81386213
Email Address	PURCHASING@PESTBUSTERS.COM.SG

Address	BLK 531 BUKIT BATOK STREET 51 #07-130
Postcode	650531
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)	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	SKA9409K
Vehicle Make/Model/Colour	SUBARU FORESTER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD REEZAL BIN SUBHAN
NRIC/Passport Number	SXXXX105A
Contact Number	98922782
Address	BLK 174C HOUGANG AVE 1 #09-1591
Postcode	533174
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 Police for investigation.
6. The 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 lodgment 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:

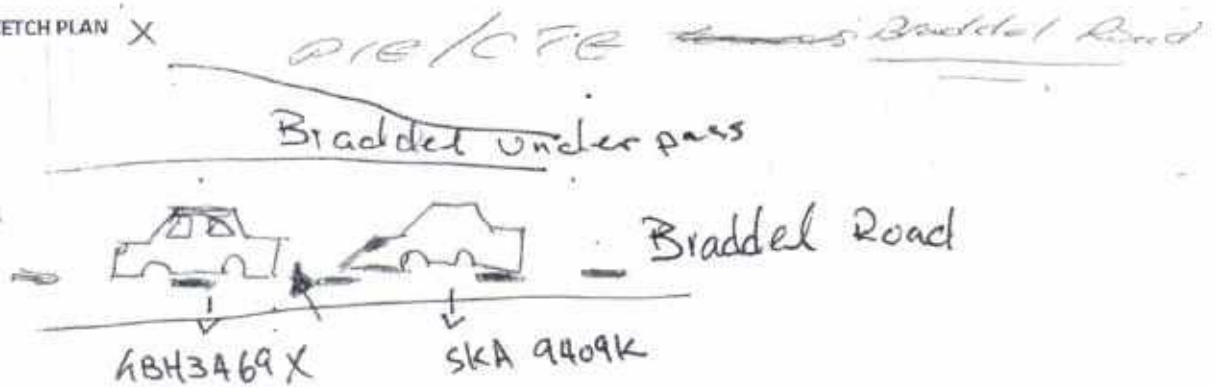
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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' lawyers/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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT X

As I was driving at P1E. The truck
 was from behind. I was slowing down
 to exit and he was about to change
 lane behind me. But not at the
 end he decided to stay on the
 lane behind me. So when we
 came back to the same lane
 he decided to take the front and
 he was busy looking at
 the side mirror. Then he hung
 into me. The accident is at
 8.02 in the morning.

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



X 4/2/2020

06/02/2020

John Watson

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for chline.
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 insurance 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 Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 08/02/2020 (Monday) Time: 0949
Exact Location of Accident	Braddell Road
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH 3469 X
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Goldbell Car Rental Pte Ltd
Personal Identification - NRIC (Singaporean/PR)	-
- FIN/Passport Number	-
- Not Applicable	200710651D
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer: Nissan Model: NV200, 1.5 MT
Type of Vehicle	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input checked="" type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others
Exact Purpose for which vehicle was being used at time of accident	Work
Are you claiming under own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company	AIG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	999994313
Motor CI	-
DRIVER	
Name of Driver	Muhammad Afiqyuti Bin Delamat
Personal Identification - NRIC (Singaporean/PR)	9404939J
- FIN/Passport Number	-
Date of Birth	14 /dd 03 /mm 1997 /yy
Driving Date Pass	12 /dd 10 /mm 2019 /yy
Year of Driving Experience	Year(s) Month(s) 04 Month(s)
Occupation	<input type="radio"/> indoor <input checked="" type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	8138 6213

Address of Driver	Block 531 Bukit Batok Street 51
Email Address	#09-130, Singapore 650531
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	Hirer
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" 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)	Third Party Front to Hirer's Rear
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 checked="" 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	SKA 9409 K
Vehicle Make/ Model/ Colour	Subaru Forester, White with Black Bonnet
Details of Properties	
Name of Driver	Muhammad Reza / Bin Subhan
Personal Identification - NRIC (Singaporean/PR)	99103105A
- FIN/Passport Number	-
Contact Number	9892 2782
Vehicle Make/ Model/ Colour	
Address of Driver	Block 174C Hougang Avenue 1 #09-1591, (S) 533174
Name of Insurance Company	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles)	



aw/ab/01/2020



on/oclos 2000



gn/ 06/01/2020



06/02/2020

**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

(The below excess is subject to GST)

Comprehensive Commercial Auto Plus

CERTIFICATE NO. 999994313**WINDSCREEN EXCESS** S\$100.00**SUM INSURED** Market Value**INSURING WITH COE/PARF** Yes

GBH3469X

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***6) LIMITATION AS TO USE***

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

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 driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 2) Use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle;
- 3) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and
- 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.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPTKY