

# NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

Date In: 18/02/2020 15:06	Job description	Date & Time Completed	Done by
Ref No: 18/02/2020 20007544/Y	SAS e-filing		
Veh No: GHS 5257	E-mail (4 jobs 3hrs, AIC 2hrs)		
D.O.A: 18/02/2020 00:00	I-Motor Claims Form		
OD TP: Reporting Only	I-Motor W/O (W/dln: OD 2hrs, TP 4hrs)		
	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 ( )	

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of rapair.

( ) 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: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

182001462

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

QC Checked by (Engr-In-Charge): \_\_\_\_\_

Auditor's Comments: \_\_\_\_\_

Fee 1: \_\_\_\_\_

2/3

1) AIC: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$73
For claim against INC Only (ver 10 Jan 2005)	\$160
6) TR: Re-inspection	
7) NI: Idea DA + SMRT Survey	
8) NTUC Additional Services:	
OD:	\$3
*N5: Courtesy Car / Tpl Allowance	\$10
*N6: Repair Co-ordination	\$23
*N7: Post Repair Inspection	\$3
*N8: DV / Collect Throess Coordination	\$30
TE (N11): TP (5-hr INC) against INC	\$0
9) N12: Idea Mobile	
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	13/02/2020 15:06
Date Of Accident	04/02/2020 00:00
Exact Location Of Accident	CARPARK NEAR BLK 731 JURONG WEST STREET 72
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF535T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	R.SINGH@MANITOU-GROUP.COM
Mobile Phone No	(LOCAL) +65-98259230
Alternative Phone No	OFFICE-98259230

### Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

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	RANJEET SINGH
Passport No/FIN	GXXXX209M
Date Of Birth	12/12/1984
Occupation	INDOOR
Date Of Driving Pass	28/07/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98259230
Fax Number	
Contact Number	OTHERS-98259230
Email Address	R.SINGH@MANITOU-GROUP.COM

Address	BLK 739 JURONG WEST STREET 73 #06-118
Postcode	640722
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200204/7009

#### 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 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:

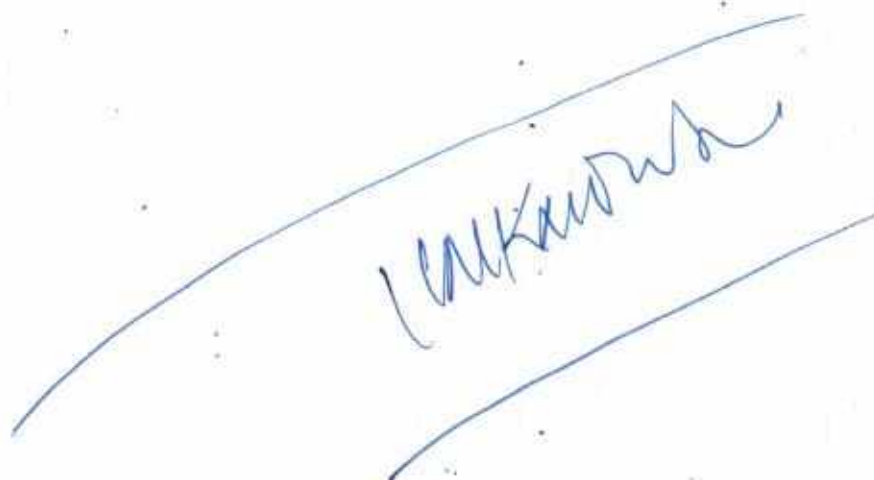
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

13/08/2020  
[Signature]



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Yesterday on 03/02/2020 at around 18:45 I have parked my van at J73 open car park near BLK 737 Jurong West Street 72 safely in parking space S13.

Today 04/02/2020 morning around 08:15, I came and check my van then came to know that someone hit my car from front side, lower bumper came down and found damaged, Number plate also found at parking space S14 under another parked van.

I do not know who or when someone hit my van.

morning I took photographs and report to goldbelt executive.

Police Report T/2000004/2009

DECLARATION

I/We declare the foregoing 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.:



04/02/2020  
11:30 AM

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this form to the 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 insurance and acceptance of this Form by insurance companies is 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: 04/02/2020	Time:
Exact Location of Accident	J73 Car Park Near Blk 731 Jurong West Street	

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	G8BF 555 T
-----------------------------	------------

## 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: Fiat	Model: Double
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	Vehicle was Parked at Parking place.	
Are you claiming under own insurance policy for repair to your vehicle?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input type="radio"/> Third Party <input type="radio"/> Reporting)	

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company	
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	
Motor CI	

## DRIVER

Name of Driver	Ranjee Singh	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	G13321209M	
Date of Birth	12 /dd	12 /mm 1984/yy
Driving Date Pass	28 /dd	07 /mm 2017 /yy
Year of Driving Experience	17 Year(s)	Month(s)
Occupation	<input type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	98259230	

Address of Driver	03 #56, BIK 739, Jurong West Street 73
Email Address	R. SINGH@maridon-group.com
Was Driver An Employee of the Insured's Company?	<input 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)	
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	Front Bumper & number plate damaged.
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
<b>OTHER INFORMATION</b>	
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 type="radio"/> Yes <input type="radio"/> No
<b>DETAILS OF POLICE ACTION</b>	
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (if Yes, please state which Police Station.)
Police Station Name	Traffic police Ubi
Police Station Address	10 Ubi Ave 3 S 408865
Police Station Contact	Tel No. 65476144 Fax No.
Was notice of Intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (if Yes, against whom?)
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>	
Vehicle Registration Number	<del>6BJ 5351</del>
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)	





# SINGAPORE POLICE FORCE



T/20200204/7009

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200204/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/02/2020 11:34	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: RANJEET SINGH			Address: APT BLK 722 JURONG WEST AVENUE 5 #06-118 SINGAPORE 640722		
ID Type / ID No.: FIN NO / G3321209M			Contact No.: Home/Office: Mobile: 98259230		
Nationality: INDIAN			Email: r.singh@manitou-group.com		
Sex: Male	Age: 35	Date of Birth: 12/12/1984	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Customer service manager			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/02/2020 00:00	Type of Location: Car Park
Location: JURONG WEST STREET 72				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF535T	Van					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20200204/7009

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200204/7009

**CONTINUATION OF REPORT**

Driver			
Name	RANJEET SINGH	ID No.	G3321209M
Related Vehicle	GBF535T (Van)	Contact No.	98259230
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.

Yesterday on 03/02/2020 at around 18:45 i have parked my Van at J73 open car park near Block 731 Jurong West Street 72 safely in parking space 513,

Today 04/02/2020 morning around 08:15 i came and check my van then came to know that someone hit my car from front side, lower bumper came down and damage, number plate also found at parking space 514 under one another van, my van was parked at same place where i park last evening (03/02/2020),

I do not know who & when someone hit my Van,

Morning i took some photographs & report to Goldbell (Van owner)



**SINGAPORE  
POLICE FORCE**



T/20200204/7009

3 of 3

Report No. T/20200204/7009

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG  
Contact No.: 65476144

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
04/02/2020 11:34

Classification Of Case:





MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 183)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M 2400

(The below excess is subject to GST)

WINDSCREEN EXCESS	S\$100.00
-------------------	-----------

INSURING WITH COE/PARF Yes

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\*

6) LIMITATION AS TO USE\*

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired

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;

HIRE PURCHASE COMPANY Hong Leong Finance Ltd

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).

AIG Asia-Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPTKY