NATIONAL Assessment Centre Services. [wef 1 Jan'03]. MNA(200)8747

Date In: 05/03/2020 15:04	Job description	Date & Time Completed	Done by
Ref No: KBO/B/G/20003637/Y	SAS e-filling		
Veh No: GBC 1791L	E-mail (Ifj/dis 8hrs, AIC 2hrs)		
D.O.A: 02/03/2020 11:55	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: GBC 2424E 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%. F: 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: ( )

Follow-up (INC Claims Only)		Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost> $3000] ( )		

Injury :

Other Remarks:

N19200 1810

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Invoice Particulars (INC Claims)		Fee(\$)	Paid/Bill
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($80)	$40/$45	
3) TF : Towing Fee			
4) FT : Follow-Through Survey		$110	
5) FT : Follow-Through Survey (Resurvey)		$30	
For claiming against INC Only (wef 10 Jan 2003)			
6) TR : Re-inspection		$75	
7) NI : Idac DA + SMRT Survey		$160	
8) NTUC Additional Services:			
OD:			
*N5: Courtesy Car / Tpt Allowance		$5	
*N6: Repair Co-ordination		$10	
*N7: Post Repair Inspection		$25	
*N8: DV / Collect Excess Coordination		$5	
TP (N11) : TP (Non INC) against INC		$30	
9) N12: Idac Mobile		30	
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Sal. 1:

2/3

MNA420028747 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 05/03/2020 15:04
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 05/03/2020 15:42

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	05/03/2020 15:04
Date Of Accident	02/03/2020 11:55
Exact Location Of Accident	JUNCTION OF PIONEER ROAD AND BENOI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1791L
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96869812
Alternative Phone No	OFFICE-96869812
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NO
Policy Number	999994187/100880517-00024
Cover Note Number	
Driver	
Name of Driver	QUEK CHEE PENG (GUO ZHIPING)
NRIC No	SXXXX534I
Date Of Birth	16/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1994
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96869812
Fax Number	
Contact Number	OTHERS-96869812
EMail Address	NOEMAIL

Address	BLK 535 JURONG WEST STREET 52 #08-487
Postcode	640535
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	GBC2425E
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YANG JIAN
NRIC/Passport Number	SXXXX778F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF156D

Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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 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 assessed 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 to 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 frauds, 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.

GOLDBELL

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 03/3/2020 1806 hrs

05/03/2020

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

A) GBK 1791L
B) GBC 2425E
C) GBF 156D

05/03/2020

SKETCH PLAN

Please see attached sketch.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Pioneer Rd @ a speed of 60 km/hr when the van in front of me (GBE 2425E) had suddenly jam-braked, because of the van in front of him (GBF 156D). Apparently, a vehicle in front of (GBF 156D) had suddenly make a right turn towards Benoi Rd. This had thus, caused the collision of the 3 named vehicles in this report.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 05/03/2020
1800 p.m.

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

05/03/2020

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 Traffic Police Department for investigation.

ACCIDENT STATEMENT		
Date and Time of Accident	Date: 07/03/2020	Time: 1150 - 1200 pm.
Exact Location of Accident	PIONEER RD	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBK 1791 L	
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)		
Personal Identification - NRIC (Singaporean/PR)	S 7628534 I.	
- 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	delivery.	
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	QUEK CHEE PENG.	
Personal Identification - NRIC (Singaporean/PR)	S7628534I.	
- FIN/Passport Number		
Date of Birth	16 /dd 09 /mm 1976 /yy	
Driving Date Pass	19 /dd 10 /mm 1994 /yy	
Year of Driving Experience	Year(s) Month(s) Month(s)	
Occupation	DRIVER & STORE ASSISTANT ⊘ Indoor ⊘ Outdoor	
Gender	✓ Male ○ Female	
Contact Number / Mobile Phone / Fax No.	96869812	

Address of Driver	Blk 175 B, Yung Kuang Rd, #10-33, Singapore 612175.
Email Address	
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	
Tyre 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	GBL 2425 E
Vehicle Make/ Model/ Colour	NISSAN (VAN) WHITE
Details of Properties	
Name of Driver	YANG JIAN
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	S8064778F
Contact Number	
Vehicle Make/ Model/ Colour	NISSAN (WHITE)
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	1

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

am 05/05/2020

05/03/2020

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.2 400

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994187/100880517-00024

OV [illegible] EXC
WINDSCREEN EXCESS S$100.00
(for policies with effect from 1st November 2002)
SUM INSURED S$1.00
INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO. GBK1791L

2) NAME OF INSURED Goldbell Car Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 13 Feb 2020

4) DATE OF EXPIRY OF INSURANCE 31 Mar 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 $3000 applies to all claims for Drivers below 23 years old and/or with Driving Experiance less than 12 months.
Additional excess of $500 applies to all claims for accident outside Singapore.

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 *

Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired. This 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; and 3)use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.
In the event of accident claim, the repairs to the Vehicle must be carried out by one of our AIG Authorized Repairers or Esteem Performance Pte Ltd or Sng Ah Tee Motor & Panel Service Pte Ltd or Megacity Automotive Engineering.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY UNITED OVERSEAS 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 5 Mar 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD

030123-870
ACORN INTERNATIONAL - FLEET
167 GEYLANG ROAD #04-01 SINGAPORE 389242

Authorised Representative

ORIGINAL

SSCANA

AIG

HOTLINE TEL: (65) 6419 3000

COVER NOTE

Cover Note No. 100880517 **Date** 10 Feb 2020

The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder.

SCHEDULE

Policyholder	Goldbell Car Rental Pte Ltd		
Age Condition	N/A	Registration No	TBA GBK1791L
Policy Type	COMPREHENSIVE COMMERCIAL MOTOR	Make/Model	MITSUBISHI CANTER ~~FEA01BR1SDEK~~ FEA01BR2SDEK
Effective Date	13 Feb 2020	CC/Tonnage	1.74
Expiry Date	12 Feb 2021	Engine No	4P10D76614
Hire Purchase Company	UNITED OVERSEAS BANK LTD	Chassis No	FEA01BA30354
		Year of Registration	2020

This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.

Usage of vehicle only for the following purposes:

1. Use only for social, domestic and pleasure purposes and for the Policyholder's business.
2. Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes.

Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.

The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.

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)

CERTIFICATE OF INSURANCE

I/We hereby certify that this cover note 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 at SINGAPORE

AIG ASIA PACIFIC INSURANCE PTE. LTD.

IMPORTANT NOTICE
THIS COVER NOTE IS VALID FOR 60 DAYS FROM THE FIRST DAY OF THE POLICY PERIOD.

Authorised Representative

SSPYTP