

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MAIA 20023682

Date In: 17/03/2020 16:15	Job description	Date & Time Completed	Done by
Ref No: X1BA/17620004142/4	SAS e-filing		
Veh No: SMQ 1631D	E-mail (to/for, AIC, etc)		
DOA: 14/03/2020 16:00	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSN		

Preferred Wkep / INC Assign Wkep / 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 ()	

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: ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____
 Date: _____
 Time: _____
 Location: _____
 Description: _____
 Signature: _____
 Stamp: _____

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
Author's Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30
Tel: 1:	For claiming against INC Only (ver 10 Jan 2005)	
2 / 3:	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$23
	*N8: DV / Collect Excess Coordination	\$3
	TE (N11): TP (N5) INC against NTUC	\$20
	9) N12: Idea Mobile	\$0
	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	17/03/2020 16:15
Date Of Accident	14/03/2020 16:00
Exact Location Of Accident	AT NO.1 NEWTON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ1631D
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD.
Co Reg No	2XXXXX651D
Email Address	FARCHAD.KAVIANI@SUEZ.COM
Mobile Phone No	(LOCAL) +65-90885416
Alternative Phone No	OFFICE-90885416

Vehicle Particulars

Manufacturer	MAZDA
Model	CX-5
Exact Purpose for which vehicle was being used at time of accident	RETURN HOME
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	99999188/100878982-00116
Cover Note Number	

Driver

Name of Driver	KAVIANI DEHKORDI FARCHAD
NRIC No	GXXXX731R
Date Of Birth	22/06/1965
Occupation	INDOOR
Date Of Driving Pass	09/10/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90885416
Fax Number	
Contact Number	OTHERS-90885416
Email Address	FARCHAD.KAVIANI@SUEZ.COM

Address	1 NEWTON ROAD
Postcode	407943
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 BY FALLEN TREE / OTHER OBJECTS
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)	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

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' 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.

Policyholder's Signature / Date & Time



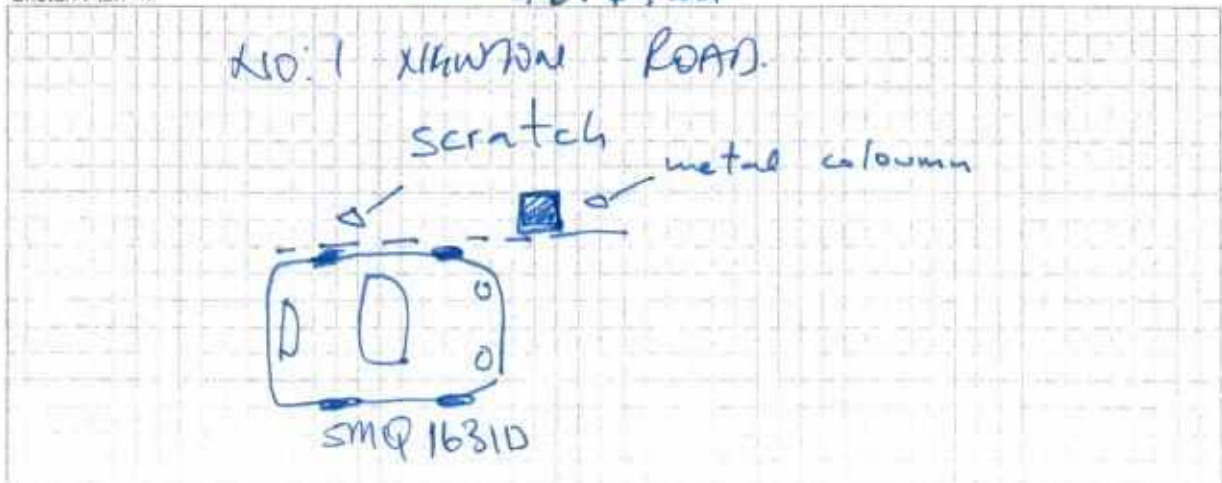
Driver's Signature (if driver is not the policyholder) / Date & Time

16 March 2020
12:45 am

Witnessed by Reporting Centre Personnel

17/03/2020

Sketch Plan



Describe Circumstance of the Accident *

I was returning to my condo and
scratched my car against a metal
column at the entrance of the building.

Declaration

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



Policyholder's Signature / Date

*

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

March 16th 2020

11 am

Witnessed by Reporting Centre Personnel

17/03/2020

Reda HASSAN

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to 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 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: March 14 ²⁰²⁰ Time: 4 PM
 Exact Location of Accident ☒ 1 NEWTON ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number ☒ SMQ 1631D
 INSURED / POLICYHOLDER (OWN VEHICLE)
 Name of Registered Owner (See Insurance Cert.) KAVIANI FARCHAD
 Personal Identification - NRIC (Singaporean/PR) G-3804731R
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer MAZDA Model CX-5
 Type of Vehicle* ☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ -Bus ☐ Motorcycle ☐ Others SUV
 Exact Purpose for which vehicle was being used at time of accident ☒ Return home
 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 NA
 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 ☒ KAVIANI FARCHAD
 Personal Identification - NRIC (Singaporean/PR) G-3804731R
 - FIN/Passport Number
 Date of Birth ☒ 22 dd / 06 mm / 1965 yy
 Driving Date Pass ☒ 8 dd / 10 mm / 24 yy
 Year of Driving Experience ☒ 30 Year(s) Month(s)
 Occupation ☒ Indoor ☐ Outdoor
 Gender ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No 90 885416

Address of Driver	1 NEWTON ROAD	
Email Address	FARHAD KAVIANI @ SUEZ.COM	
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	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	SMR 1431D	
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)	Side swipe	
Weather Conditions	☐ Clear ☐ Raining ☐ Others Sunny	
Road Surface	☒ Dry ☐ Wet ☐ Others	
OTHER INFORMATION		
a. Was anybody injured in the accident?	☐ Yes ☒ No	
b. Was any other vehicle or property damaged? (Including Witness)	☒ Yes ☐ No the metal column at the entrance of the Condo.	
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	NA	
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)		
(Note: Please use page 6 if you need to add more vehicles.)		



HOTLINE TEL: (65) 6418-3000

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)

W 2.400

COMPREHENSIVE COMMERCIAL MOTOR

✓ **CERTIFICATE NO.** 999994188/100878982-00116**OWN DAMAGE EXCESS** S\$1,000.00 (1)**WINDSCREEN EXCES** 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.**

SMQ1631D

2) NAME OF INSURED

Goldbell Car Rental Pte Ltd

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

31 Oct 2019

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 \$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.

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 to whom the Vehicle is hired; or 4) Use for any purpose in connection with Motor Trade.
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 Mega City.

LOSS OF USE NOT INCLUDED*** NAMED DRIVER** N/A**HIRE PURCHASE COMPANY** SING INVESTMENTS & FINANCE 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: 8 Nov 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

030123-870

ACORN INTERNATIONAL - FLEET

167 GEYLANG ROAD #04-01 SINGAPORE 389242.


Authorized Representative

ORIGINAL

SSICANA