

NATIONAL Assessment Centre Services (wef 1 Jan 2005) **ML14420036610**

Date In: 21/02/2000 15:24	Job description	Date & Time Completed	Done by
Ref No: NBA/AG 20004499/Y	SAS e-filing		
Veh No: PC 3817K	E-mail (within 2hrs, AOC 2hrs)		
D.O.A: 23/03/2000 19:00	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OI 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: **GBJ 6253X** 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: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engi-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30			
Est 1:	For claiming against INC Only (wef 10 Jan 2005)			
Est 2-3:	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QN:			
	*N5: Courtesy Car / Tpl 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 \$20			
	N13: Idac Mobile \$0			
	Invoice date:	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	25/03/2020 15:24
Date Of Accident	23/03/2020 17:00
Exact Location Of Accident	AYE TOWARDS TUAS NEAR LAMP POST 87
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC3817K
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	PERIYARPIRIYAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82456675
Alternative Phone No	OFFICE-82456675
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE VAN TURBO 4 DR AUTO
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	RAJAMANICKAM GOPALAKRISHNAN
NRIC No	GXXXX701K
Date Of Birth	30/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82456675
Fax Number	
Contact Number	OTHERS-82456675
EMail Address	PERIYARPIRIYAN@GMAIL.COM

Address	28, WESTLITE DORMITORY #17-03 TOH GUAN ROAD EAST
Postcode	608596
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	RAINING
Road Surface	WET

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	GBJ6253X
Vehicle Make/Model/Colour	KIA/K2500
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PERIYASAMY MANIMARAN
NRIC/Passport Number	GXXXX339Q
Contact Number	85397060
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

6. 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/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

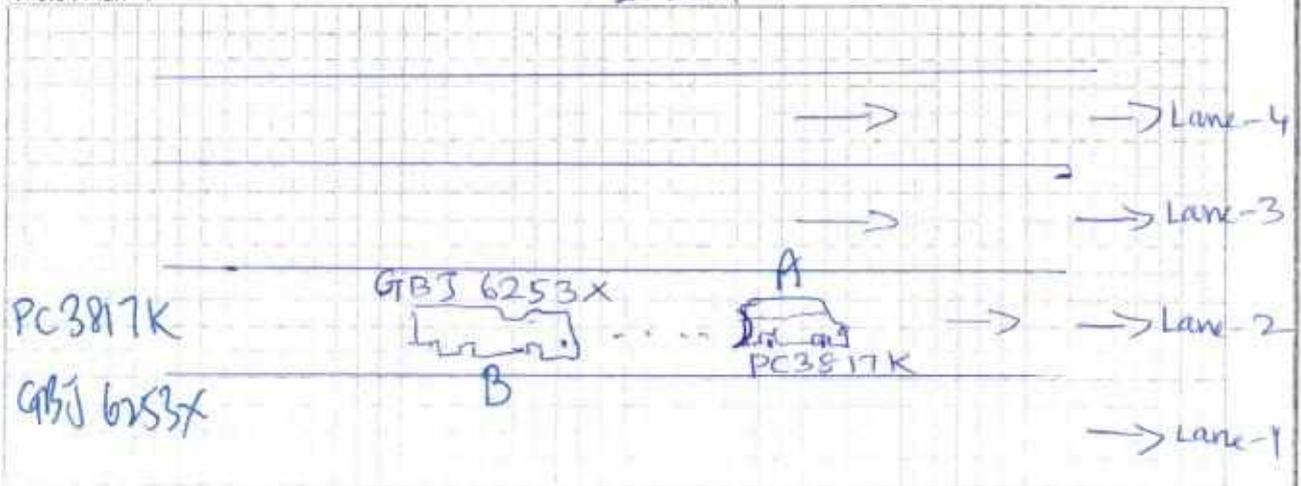
Witnessed by Reporting Centre Personnel

R. Lim

25/03/2020

24/03/2020
2:33 PM

Sketch Plan



A) PC3817K
B) GBJ 6253X

AYE Towards Tuas.
Lamp Post NO: 87

Describe Circumstance of the Accident *

ON 23RD MARCH 2020 AT ABOUT 1705HRS, DUE TO LIGHT RAIN AND WET ROAD CONDITION, THE TRAFFIC WAS SLOW MOVING AT 'AYE' TOWARDS TUAS. WHILE I (MR GOPAL FIN. G-7249701K) WAS DRIVING ON THE 2ND LANE AT THE SPEED OF ABOUT 60KM/H, I TAP ON THE BRAKE TO SLOW DOWN MY VEHICLE DUE TO THE TRAFFIC IN FRONT WAS SLOWING DOWN. WHILE DOING SO AND FOLLOWING THE SLOW TRAFFIC SPEED AFTER ABOUT 3-4 SECONDS, THE REAR OF MY VAN WAS COLLIDED BY ANOTHER VEHICLE (VAN NO. GBJ 6253X). I IMMEDIATELY BRAKE MY VEHICLE AND STOP AT THE INCIDENT LOCATION AT LANE 2 NEAR TO LAMP POST 87. NOBODY WAS INJURED AND BOTH VEHICLES PROCEED TO THE ROAD SHOULDER TO EXCHANGE PARTICULARS. THE DRIVER OF THE VAN NO. GBJ 6253X CLAIMED/INFORMED ME THAT HIS BRAKE WAS IN ^{NOT} GOOD CONDITION AND HE COULD NOT BRAKE ON TIME. THAT IS ALL.

Declaration

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



Policyholder's Signature

*

R. [Signature]

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

& Time

24/03/2020
2:33 PM

Witnessed by Reporting Centre Personnel

[Signature] 24/03/2020

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorized 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 Authorized 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: 23RD MAR 2020 Time: 1700hrs
 Exact Location of Accident * AYE TOWARDS TUS NEAR LAMP POST 87

DETAILS OF OWN VEHICLE

Vehicle Registration Number * PC3817K

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) GOLDBELL CAR RENTAL PTE LTD
 Personal Identification - NRIC (Singaporean/PR)
 - FIN/Passport Number G7249701K
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer TOYOTA Model HIACE VAN TURBO 4 DE APTC
 Type of Vehicle* Saloon MPV CRV Van Lorry
 Bus M/cycle Others _____
 Exact Purpose for which vehicle was being used at time of accident * TRANSPORTATION OF STAFF/WORKERS
 Are you claiming under your own insurance policy for repair to your vehicle? Yes No (If No, Ple select Third Party Reporting)
 Vehicle Category* Private Commercial Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * AIG
 Type of Policy Comprehensive Third Party Fire & Theft TP Only
 Fleet Policy Yes No
 Policy Number 999994314
 Motor CI

DRIVER

Same as Insured above
 Name of Driver * RAJAMANICKAM GOPALAKRISHNAN
 Personal Identification - NRIC (Singaporean/PR) *
 - FIN/Passport Number * G7249701K
 Date of Birth * 30 dd / 07 mm / 1976yy
 Driving Date Pass * 26 dd / 09 mm / 2013yy
 Year of Driving Experience * 7 Year(s) 6 Month(s)
 Occupation * DRIVER Indoor Outdoor
 Gender * Male Female
 Contact Number / Mobile Phone / Fax No * 82456675

Address of Driver	* 28, WESTLITE DORMITORY, # 17-03 TAN HUAN RD EAST Postcode: 608598
Email Address	* Periyarpiriyah@gmail.com
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:	
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)	* FRONT TO REAR
Weather Conditions	* <input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others _____
Road Surface	* <input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others _____
OTHER INFORMATION	
a. Was anybody injured in the accident?	* <input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (including Witness)	* <input type="radio"/> Yes <input checked="" 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 checked="" type="radio"/> No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	* GBJ6253X
Vehicle Make/ Model/ Colour	KIA/K2500
Details of Properties	
Name of Driver	PERIYASAMY MANIMARAN
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	G7689339Q
Contact Number	85397060
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	Est. 10 PASSENGER.
(Note - Please use page 6 if you need to add more vehicles)	

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.2.409

(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

PC3817K

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*

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 in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- 3) Use for social, domestic or pleasure purposes of any person to whom the vehicle is hired

The Policy does not cover

- a) Use for racing, pace-making, reliability trial or speed-testing.
- b) Use for the carriage of passengers for hire or reward
- c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

LOSS OF USE Not Included**HIRE PURCHASE COMPANY** NA

*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 28 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Acorn International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPTKY