NATIONAL Assessment Centre Services. (ref : Invoice) : NNA420041869

Date In: 08/04/2020 15:44	Job description	Date & Time Completed	Done by
Ref No: NBA/AIG2000508874	SAS e-filing		
Veh No: GBH 2885J	E-mail (Within 8hrs, AIC 2hrs)		
DOA: 30/03/2020 00:00	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 / OW: (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%, F: 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 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 :

NA2002597

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

			Add'l bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($10)	$40/$45		
3) TP : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2003)	$35		
6) TR : Re-Inspection	$160		
7) NI : Idea DA + SMRT Survey			
8) NIUC Additional Services-			
OD*	$5		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against INC	30		
9) N12: Idea Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Cat. 1:

1 2/2

MNA420041269 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 08/04/2020 15:44
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 08/04/2020 15:57

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	08/04/2020 15:44
Date Of Accident	30/03/2020 00:00
Exact Location Of Accident	ALONG KRANJI EXPRESSWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH2885J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	MOHAMADERMISHERWANI.OTHMAN@ECOLAB.COM
Mobile Phone No	(LOCAL) +65-87224300
Alternative Phone No	OFFICE-87224300
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	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	999994313
Cover Note Number	
Driver	
Name of Driver	MOHAMAD ERMI SHERWANI BIN OTHMAN
NRIC No	SXXXX885I
Date Of Birth	07/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87224300
Fax Number	
Contact Number	OTHERS-87224300
EMail Address	MOHAMADERMISHERWANI.OTHMAN@ECOLAB.COM

Address	BLK 635B SENJA ROAD #06-261
Postcode	672635
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	NO COLLISION
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	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?	YES
If Yes,Please state which Police Station	
Police Station Name	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	**ROAD**: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , **POSTCODE**: 689286 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT J/20200404/2018

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 PLAN

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 form archived by the insurers to the GIA Records Management Centre established by the General Insurance Association Of Singapore (GIA) for archiving and the copies of this report will be a fee be made available upon available upon application by interested parties.
7. By the lodgement of this report to the insurers, I/we by consent to the archiving of this report at the centre and the copies of the report being made available aforesaid.

Consent under the Personal Data Protection Act (PDPA)

I acknowledge, acknowledge, agree and consent that:

(a) My insurer, GoHelp and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data (collectively the "**Personal Information**") and any other personal information provided by me or other insured vehicle(s) involved in the accident (all insured(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the insurer 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 related to the claims;

(ii) investigating the accident and/or any claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the sending 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 insured(s) who have insured vehicle(s) involved in this accident and the insurer's lawyer/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 situated outside of Singapore, for one or more of the above Purposes.

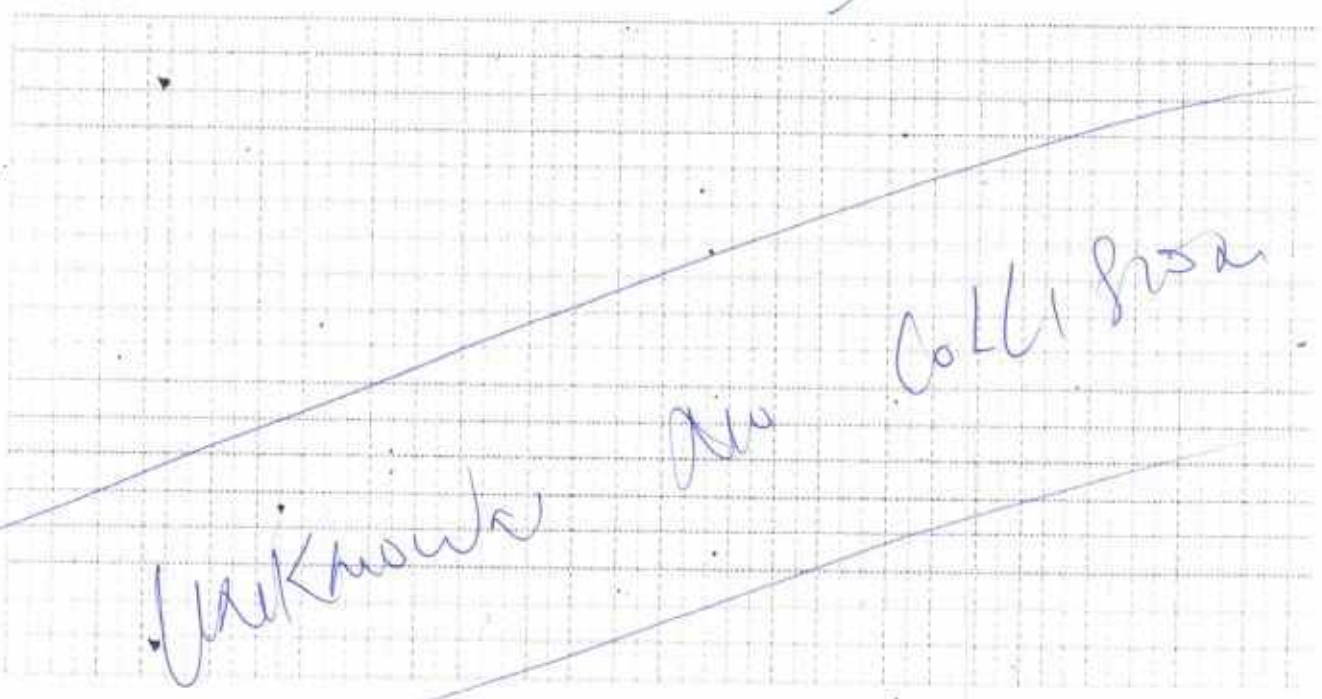
Signature / Company Chop & Name

Insurer's Signature (Where Not the Policyholder) Date & Time

08/04/2020

Witnessed By Reporting Centre Personnel

Sketch Plan



Brief Description of the Accident

On Monday, 30th of March 2020, I began my day's work by travelling to Seletar via KJE → BKE → SLE. I began my journey at estimated around 9:00am.

After finishing work, i proceed back to my office from Seletar via SLE → BKE → KJE → PIE towards Tuas. I arrived at my Gul Lare office at around 4.30pm.

After leaving my Gul office estimated around 5:30pm, I made my way home via ~~Bkt~~ PIE → KJE towards Woodlands. I was not aware of any accidents which had occured during the whole day journey.

POLICE REPORT J/20200404/2018

Declaration

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

Police Officer's Signature / Particulars

Driver's Signature or thumbprint of the Policeman's Date & Time

08/04/2020

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for editing.
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 acceptance and acceptance of this Form by insurance companies is not an admission of the policy liability on the part of the insurance company.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT		
Date and Time of Accident	Date: 30th March 2020	Time: Not stated
Exact Location of Accident	Along KJE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBH2885J	
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: _____ 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	For work purposes	
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	Mohd. Ermi Sherwani Bin Othman	
Personal Identification - NRIC (Singaporean/PR)	S8201885Z	
- FIN/Passport Number		
Date of Birth	07 /dd 01 /mm 1982 /yy	
Driving Date Pass	17 /dd 12 /mm 2004 /yy	
Year of Driving Experience	16 Year(s) Month(s) 4 Month(s)	
Occupation	Technician ○ Indoor ✓ Outdoor	
Gender	✓ Male ○ Female	
Contact Number / Mobile Phone / Fax No.	87224300	

Address of Driver	Block 635B, Senja Road, #06-241, S(672635)
Email Address	Mohamadermisherwani.othman@ecolab.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)	
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)	Not stated
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 property 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	Choa Chu Kang NPC
Police Station Address	20, Choa Chu Kang Street 52, #01-02
Police Station Contact	Tel No. 1800-7659999 Fax No.
Was notice of intended Prosecution given?	○ Yes ○ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	~~GBW2833J~~
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

J/20200404/2018

POLICE REPORT (NP299)

Report No. J/20200404/2018

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Date/Time Report Made	Vide Report No.	Station Diary No.
04/04/2020 12:59		82

Name Of Informant	Address
MOHAMAD ERMI SHERWANI BIN OTHMAN	APT BLK 635B SENJA ROAD #06-261 SINGAPORE 672635
ID Type / ID No. NRIC NO / S8201885I	Contact No. Home/Office: Mobile: 87224300
Nationality SINGAPORE CITIZEN	Email Address

Occupation	Sex	Age	Date of Birth	Race
TECHNICIAN	Male	38	07/01/1982	Malay

Institution/School Name	Language

Date/Time Of Incident	Location Of Incident
30/03/2020 00:00	KRANJI EXPRESSWAY SINGAPORE

Brief details.

On 4/4/2020 at around 11.15AM I received an email from my company informing me of an accident claim against me. I would like to state that the accident was claim to be on 30/3/2020 at an non specific timing along KJE. However, I am not aware of such incident and no traffic police had contacted me regarding the accident. I am now lodging this report for record purposes as advised from my company.

Signature Of Officer Recording The Report:	Signature Of Informant:
J / Sgt 3 YAO MING YANG, CASIMIR	
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2020 12:59
Officer In-Charge Of Case: J / Nanyang N.P.C / Insp ONG PEI QING JOLYNN Contact No.: 63167666	Classification Of Case:

Authentication Stamp

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 Auto Plus
CERTIFICATE NO. 999994313

(The below excess is subject to GST)

POLICY EXCESS	S$1,000.00 (I)
WINDSCREEN EXCESS	S$100.00
SUM INSURED	Market Value
INSURING WITH COE/PARF	Yes

1) VEHICLE REGISTRATION NO. GBH2885J

2) NAME OF POLICYHOLDER Goldbell Car Rental Pte Ltd

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*

Any person who is driving on the Insured's order or with their permission.
Additional Excess of $3,000 applies to drivers between below 23 years of age and/or with driving experience of 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 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 96 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.

030123-000
Acorn International Network Pte Ltd
48 Changi South St 1 Level 3
SINGAPORE 486130

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPTKY