NATIONAL Assessment Centre Services (wef 1 Jan 06) NMA1711152528

Date In: 17/11/2017 16:08	Job description	Date & Time Completed	Done by
Ref No: NBD/LP/17022005/Y	SAS e-filing		
Veh No: SLK8364Y	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 28/10/2017 00:00	I-Motor Claim Form		
(OD) / TP / Reporting Only	I-Motor W/O (within: OD 3hrs, TP 3hrs)		
	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: Unknown Van 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: 67886616	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

NA170713O

Insurance Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Surveyor's Comments:

Invoice Preparation Checklist		Amt($) Bill	Amt($) Add Bill
1) AR : Accident Reporting ($30):			
2) DA : Damage Assessment ($100); INC ($50)			
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$130		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : New DA + SMRT Survey	$160		
8) NTUC Additional Services:			
OW:			
*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	$20		
9) N13: Idea Mobile	$0		
Invoice dated	Fee Charges		
Invoice dated	Fee Charges		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 17/11/2017 16:24

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 ability.
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 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	17/11/2017 16:04
Date Of Accident	28/10/2017 00:00
Exact Location Of Accident	JALAN KAMPONG CHANTEK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8364Y
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	FRANS.EUSMAN@HEINEKEN.COM
Mobile Phone No	(LOCAL) +65-97823623
Alternative Phone No	OFFICE-97823623
Vehicle Particulars	
Manufacturer	AUDI
Model	A8 L-3.0 TFSI QU (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE PICKING UP SPOUSE FROM FRIEND'S HOUSE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD16V16618/VPZ/R02
Cover Note Number	
Driver	
Name of Driver	EUSMAN FRANS ERIK
Passport No/FIN	G3173319M
Date Of Birth	30/07/1962
Occupation	INDOOR
Date Of Driving Pass	20/09/2016
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97823623
Fax Number	
Contact Number	OTHERS-97823623
EMail Address	FRANS.EUSMAN@HEINEKEN.COM

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 Mangement 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 yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages), and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

GOLDBELL CAR RENTAL PTE LTD *

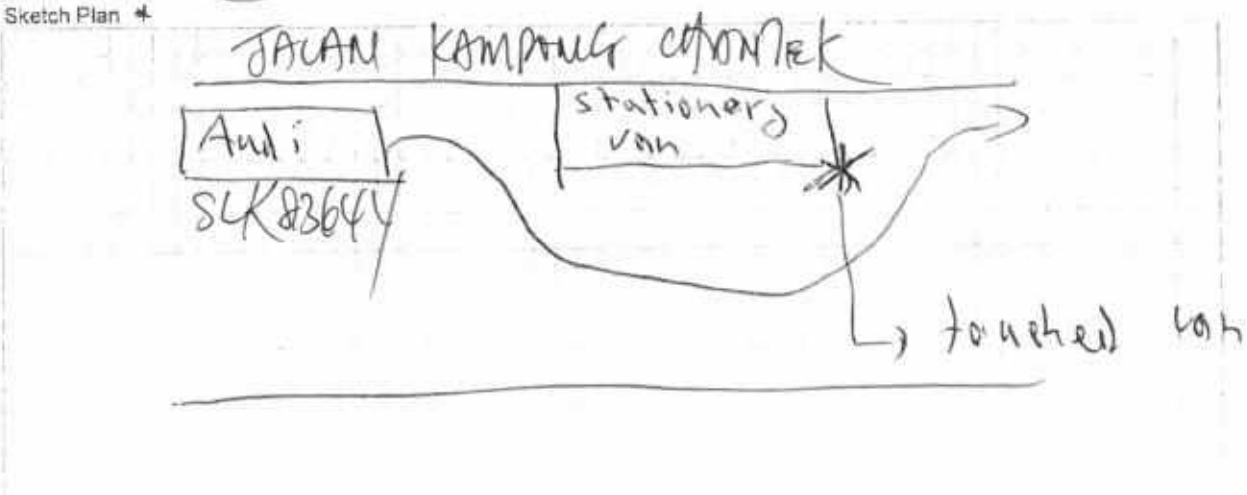
Policyholder's Signature / Date & Time

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

17/11/2017

Witnessed by Reporting Centre Personnel

Sketch Plan *



Describe Circumstance of the Accident *

In a narrow passage with a garbage car
I have to touched it with the left
mirror. The mirror didn't fold, so
I thought that everything was ok
In hindsight it appears that the
left side of the car is scratched

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

Policyholder's Signature / Company Stamp | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel

17/11/2017


REPUBLIC OF SINGAPORE
DRIVING LICENCE
G3173319M
EUSMAN FIRAS ERIK
30 Jul 1962
20 Sep 2016
Valid Till 19/09/2021


ASPOORT
MSSPORT
PASSEPORT
KONINKRIJK DER NEDERLANDEN
KINGDOM OF THE NETHERLANDS
ROYAUME DES PAYS-BAS
P NLD Nederlandse
BNP7611C2
Eusman
echtgenoot van/husband of/époux de Boersma
Frans Erik
30 JUL/JUL 1962
Zaandam
M/M
20 JUL/JUL 2017
1,85 m
20 JUL/JUL 2027
Minister van Buitenlandse Zaken
P<NLDEUSMAN<<FRANS<ERIK<<<<<<<<<<<<<<<<<<<<<<
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for efiling.
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: 28-10-2017 Time:
Exact Location of Accident	*	Jalan kampong Chantek

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	SCK 8364Y

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 Audi Model A8L
Type of Vehicle*		✓ Saloon ○ MPV ○ CRV ○ Van ○ Lorry ○ Bus ○ M/cycle ○ Others:_____
Exact Purpose for which vehicle was being used at time of accident	*	Private, picking up spare from friend's house
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)

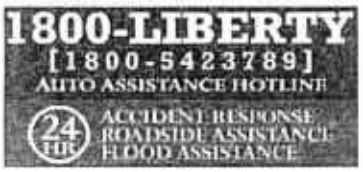
Name of Insurance Company *	
Type of Policy	○ Comphensive ○ Third Party Fire & Theft ○ TP Only
Fleet Policy	○ Yes ○ No
Policy Number	
Motor CI	

DRIVER

○ **Same as Insured above**

Name of Driver	*	Frans Eusman
Personal Identification - NRIC (Singaporean/PR)	*	
- FIN/Passport Number	*	G3873319M
Date of Birth	*	30 dd/ 07 mm/1962/yy
Driving Date Pass	*	20 dd/ 09 mm/2016/yy (in Singapore)
Year of Driving Experience	*	30 + Year(s) Month(s)
Occupation	*	Director ✓ Indoor ○ Outdoor
Gender	*	✓ Male ○ Female
Contact Number / Mobile Phone / Fax No	*	9782 3623

Liberty Insurance.



Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6830
Website: http://www.libertyinsurance.com.sg

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)

Certificate No	SD16V16618 /VPZ /R02
Form	MZ406
Date Of Issue	07-MAR-2017
1.Index Mark and Registration No. of Vehicle:	SLK8364Y
2.Chassis number of Vehicle:	WAUZZZ4H3HN011507
3.Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	31-JAN-2017 00:00 AM
5.Date of Expiry of Insurance:	31-DEC-2017 23:59 PM

6.Persons or Classes of Persons entitled to drive*:

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7.Limitations as to use*:

A) Use for carriage of passengers or goods in connection with the Policyholder's business.
B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.

8.Policy does not cover:

A) Use for racing, pace-making, reliability trial or speed-testing.
B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

*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).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

Authorised Signature

For Information only:

COVERAGE :	Comprehensive,Unlimited Windscreen,Personal Accident Benefit,Airside,Uber/Grabcar Extension
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I -Singapore S$800 / Outside Singapore S$1300,Additional Excess for Young & Inexperienced Drivers S$1500,Windscreen Excess S$100
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD