

NA17156860

Date In: 27/11/2017 19:13
 Ref No: NBA/LIP/17022585
 Veh No: SPD 2565 J
 DOA: 28/11/2017 16:55
 OD / TP / Reporting Only
 TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-billing		
E-mail (within 2hrs, A/C then)		
I-Motor Claim Form		
I-Motor W/O (within 20 hrs, TP then)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/ Hand to Owner/Wksp		

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

TP Particulars: Yeh No: SJJ6521C 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%; R: 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 repaler.
 () 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

NA1707338

Human's Particulars	Invoice Preparation Checklist	Amount (\$)	Unit (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)		
Emergency Position:	3) TP: Towing Fee \$40/\$40		
Checked by (Bug-in-Charge):	4) FT: Follow-Through Survey \$120		
Author's/Comments:	5) FT: Follow-Through Survey (Resurvey) \$20		
	For details please refer INC Only (max 10 Jan 2018)		
	6) TR: Re-inspection \$13		
	7) NI: DA + SMART Survey \$160		
	8) NTUC Additional Services:		
	Q11:		
	*ND: Courtesy Car/ Tpl Allowance \$3		
	*ND: Repal/ Coordination \$10		
	*ND: Post Repair Inspection \$12		
	*ND: DY / Collect Unworn Coordination \$3		
	TE (Nil) / TP (Nil) INC against INC \$20		
	* NTUC: Misc Mobile \$0		
	Invoice dated	File Charge	
	Invoice Paid	File Charge	

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	27/11/2017 19:13
Date Of Accident	23/11/2017 16:55
Exact Location Of Accident	ALONG RAEBURN PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD2565J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SHARONNGANKY@GBCR.COM.SG
Mobile Phone No	(LOCAL) +65-91463813
Alternative Phone No	OFFICE-91463813

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD16V16658/VPZ/R02
Cover Note Number	

Driver

Name of Driver	SHARON NGAN KAR YEE
NRIC No	S9320381Z
Date Of Birth	07/08/1993
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2011
Driving Experience	6 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91463813
Fax Number	
Contact Number	OFFICE-91463813
E-Mail Address	SHARONNGANKY@GBCR.COM.SG

Address	BLK 30 JALAN KLINIK #08-19
Postcode	160030
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	SIDE SWIPE
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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	SJJ6521C
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Name of Driver	OH KOK BOON
NRIC/Passport Number	S7716464B
Contact Number	94377087
Address	BLK 667C #03-141 JURONG WEST STREET 65
Postcode	643667
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

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 forwarded 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 application by interested parties.
7. By the lodgement of this report to the insurers, hereby consent to the archiving of this report at the centre and the copies of the report being made available aforesaid.

B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

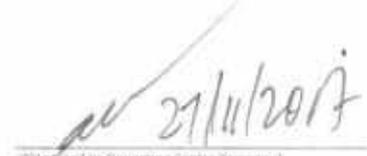
- (a) My insurer, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurers (collectively the "Personal Information") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(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 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 or 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 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 sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Stamp

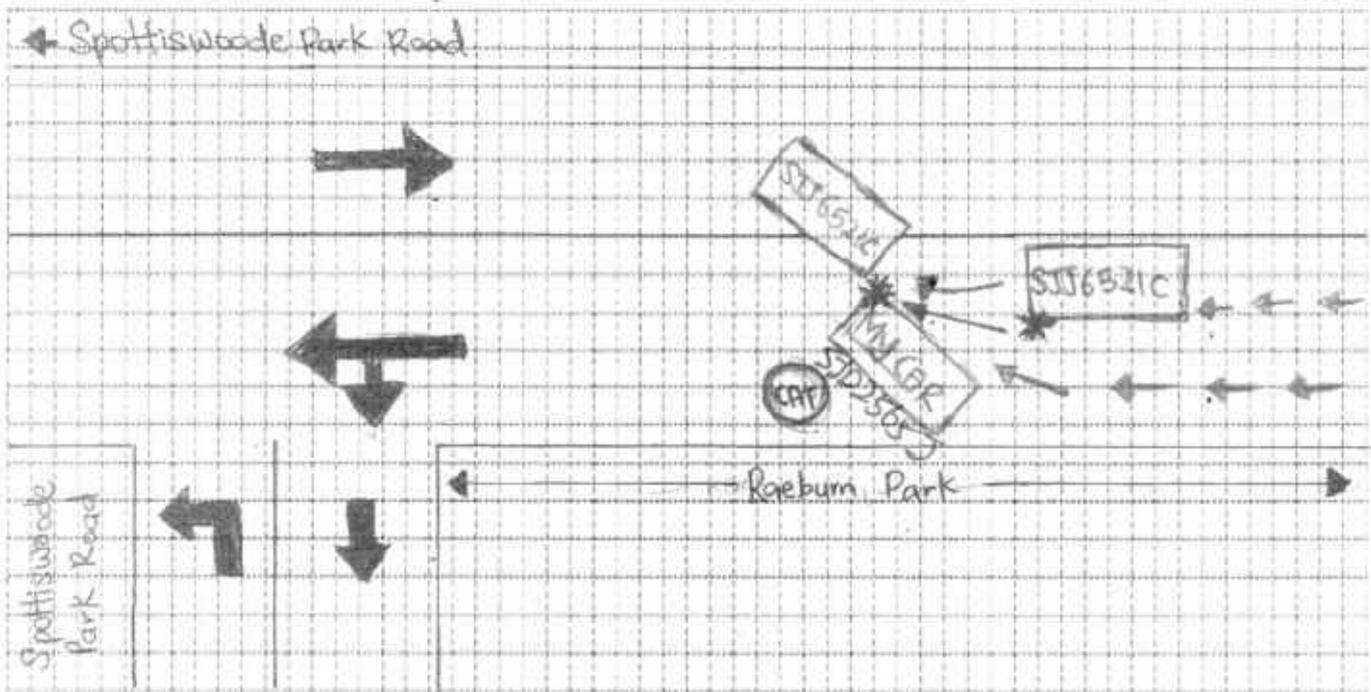


Driver's Signature (if driver is not the Policyholder) Date & Time



27/11/2017
 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

At 4.45pm, I left my office (10 Raeburn Park) to meet a client. I was driving a Toyota Altis and was travelling at about 20-30km/hour along that stretch of road. (Raeburn Park towards Spottiswoode Park Road).

As I was travelling at a slow speed, I noticed there was an obstacle (cat) at the left side of my lane. I slowed down, signalled right, check both my rear and side mirror and blindspot to exercise extra caution upon filtering out to avoid the cat.

While checking my rear mirror, I noticed a Toyota Camry had just exited the gantry of my office building. The distance between the Toyota Camry and my location was approximately 200-300m away. Therefore, I started filtering towards the right. The next moment, there was a sudden huge impact towards my car, causing me to jerk forward. I jammed break immediately. The Toyota Camry had hit the front right side of my car and he skidded forward.

After the accident, I alighted my car to assess the damages made. My car had slight scratches on the front right side and at the right headlight due to the Toyota Camry dragging/side swiping the front side of my car while the Toyota Camry had a huge dent and scratches in the left front side and the headlight was broken.

The driver of the Toyota Camry SJJ6521K, Mr. David Oh Kok Boon, was a Private Hired Driver and during the time of accident, he had 2 passengers in the car with him. As there was no injuries sustained to the passengers and the drivers, the both of us came to a conclusion not to file a police report and let our company handle the situation.

Declaration

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



Policyholder's Signature / Date & Stamp



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



27/4/2017

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 Policeholder and/or the Authorized Driver.
4. Information provided must be as truthful and accurate as possible. Any willful 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: <u>23/11/2017</u> Time: <u>4:55 pm</u>
Exact Location of Accident	* <u>Raffles Park</u>
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	* <u>SSD25653</u>
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 <u> </u> Model <u> </u>
Type of Vehicle*	<input checked="" type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others <u> </u>
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Pls select: <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting)
Vehicle Category*	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	
Type of Policy	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number	
Motor CI	
DRIVER	<input type="checkbox"/> Same as Insured Above
Name of Driver	* <u>SHARON NGAN KAR YEE</u>
Personal Identification - NRIC (Singaporean/PR)	* <u>S9320381Z</u>
- FIN/Passport Number	
Date of Birth	* <u>07 ddt 06 mm 03 yy</u>
Driving Date Pass	* <u>ddt mm yy</u>
Year of Driving Experience	* <u>6</u> Year(s) Month(s)
Occupation	* <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor
Gender	* <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No	* <u>91463813</u>

Address of Driver	* 30 Jalan Klinik, #08-19	Postcode (160030)
Email Address	* SharonNgank1@gbcr.com.sg	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No	
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input 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 Impact, T-bone, Rear)	*	
Weather Conditions	* <input type="radio"/> Clear <input type="radio"/> Raining <input checked="" type="radio"/> Others <u>After rain</u>	
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 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 type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	* SJJ6521C
Vehicle Make/Model/Colour	Toyota Camry
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number	OH KOK BOON S7716464B 94377087
Contact Number	
Address	Blk 667C, Jurong West Street 65, #03-141, (CS) 643667
Name of Insurance Company	
No. of Passenger (Including Driver)	2

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9320381Z



Name

SHARON NGAN KAR YEE

顏嘉儀

Race

CHINESE

Date of birth

07-06-1993

Sex

F

Country of birth

SINGAPORE

S9320381Z



4217933



NRIC No. S9320381Z

Date of issue

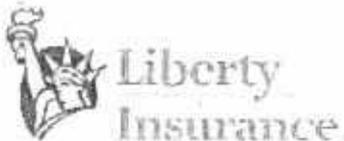
21-06-2008

APT. BLK 30 JALAN KLINIK #08-18
SINGAPORE 160030

NRIC No. S9320381Z

Date: 04/09/2011

No: 6793598



Liberty Insurance Pte Ltd
 Registration no. 199002701D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8611 Fax: (65) 6225 6890
 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	SD16V16658 /NPZ /R02
Form	MZ406
Date Of Issue	19-DEC-2016
1.Index Mark and Registration No. of Vehicle:	SJD2565J
2.Chassis number of Vehicle:	MR053ZEE106100742*
3.Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-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*:	<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>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.</p>
7.Limitations as to use*:	<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p>
8.Policy does not cover:	<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 55 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  <hr/> 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\$600 / Outside Singapore S\$1100, Additional Excess for Young & Inexperienced Drivers S\$1500, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/20-DEC-16

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20-DEC-16