NATIONAL Assessment Centre Services (Ref: ) MNH1715291

| | | | |
|---|---|---|---|
| Date In: 28/11/2017 17:07 | Job description | Date & Time Completed | Done by |
| Ref No: MSIG/P1702266Y/Y | SAS e-filing | | |
| Veh No: PC 331 Z | E-mail (white: Shas, AIC Shas) | | |
| D.O.A: 24/11/2017 14:45 | i-Motor Claim Form | | |
| OD / TP / Reporting Only | i-Motor W/O (White: OD Shas, TP Shas) | | |
| | i-Photo Uploaded | | |
| TP Insured: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

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

TP Particulars: Veh No: GBC 6176Y 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 6016) | 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: |
|---|---|
| | |
| | |
| | |
| | |

MA1707367

Invoice Preparation Checklist:

| | Add'l Bill | Add'l Bill |
|---|---|---|
| 1) AR: Accident Reporting ($30) | | |
| 2) DA: Damage Assessment ($100) INC ($30) | | |
| 3) TF: Towing Fee | $40/$60 | |
| 4) FT: Follow-Through Survey | $120 | |
| 5) RT: Follow-Through Survey (Resurvey) | $70 | |
| For stolen/accident INC Only (w.e.f. 1/1/2010) | | |
| 6) TR: Re-Inspection | $75 | |
| 7) N1: Issue DA + SMRT Survey | $160 | |
| 8) NTUC Additional Services: | | |
| Q1): | | |
| *N5: Courtesy Car / Taxi Allowance | $5 | |
| *N6: Repair Coordination | $10 | |
| *N7: Post Repair Inspection | $15 | |
| *N8: DY / Collect Unused Cancellation | $5 | |
| TR(N11): TP (Non-INC) replace INC | $20 | |
| 9) N12: Idle Mobile | $7 | |

Humanis Participants:

Driver/Owner:

Contact No:

Damaged Portion:

Checked by (Supr-In-Charge):

Editor's Comments:

Invoice dated: Fee Charged:

Invoice No: Fee Collected:

**Your NCD will be affected due to late reporting**
**Actual e-Filling Submission Date & Time: 28/11/2017 17:57**

# 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 willful misrepresentation or witholding 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 | 28/11/2017 17:07 |
| Date Of Accident | 24/11/2017 14:45 |
| Exact Location Of Accident | NO:37 JURONG PORT ROAD |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | PC337Z |
| **Insured/Policyholder** | |
| Name Of Registered Owner | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No | 2007102651D |
| Email Address | NAZRUL01031982@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-94371055 |
| Alternative Phone No | OFFICE-94371055 |
| **Vehicle Particulars** | |
| Manufacturer | TOYOTA |
| Model | HIACE-3.0 D GL HIGH-ROOF COMMUTER (A) |
| Exact Purpose for which vehicle was being used at time of accident | ATTEND FIRE DRILL EXERCISE |
| 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 | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SD16V16401/VBZ/R02 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | NAZRUL BIN RAFFAT AFFANDI |
| NRIC No | S8207288H |
| Date Of Birth | 01/03/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/09/2002 |
| Driving Experience | 15 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94371055 |
| Fax Number | |
| Contact Number | OTHERS-94371055 |
| EMail Address | NAZRUL01031982@YAHOO.COM.SG |

## 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 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.

CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

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

28/4/2013

Witnessed by Reporting Centre Personnel

Sketch Plan :

REFER TO POLICE REPORT

certis CISCO

# INCIDENT REPORT FOR DUTY POST

Jurong Port

| Location of Duty Post | Type of Business (Bank/Kins/Embassy/Residence/Factory) | Date of Incident | Time of Incident | Weather Condition |
|---|---|---|---|---|
| No 37, Jurong Port Road | PORT | 24/NOV/2017 | 1145hrs | CLOUDY |

| Person(s) Involved | Particulars of Witness(es) |
|---|---|
| **NAME: MOHAMED RIZAL BIN IKHWAN**<br>**IC NO: S7801269B**<br>**COMPANY NAME: HOCK HUA HIN** | LCP 30893 NAZRUL<br>CPL 91058 MOHAN<br>LCP 39492 TERENCE CROSS (APF) |

Details of Incident (**W**ho,**W**hat,**W**hen,**W**here,**H**ow and Other Essential Details)

ON THE DATE AND TIME STATED ABOVE, TALON 2 LCP NAZRUL AND CPL MOHAN WENT TO JALAN BUROH WAREHOUSE FIRE DRILL EXERCISE AT ABOUT 1445 HRS. LCP NAZRUL WAS BEHIND THIS VEHICLE GBC 6176Y ( PICK UP), SUDDENLY STOP INFORNT OF WHITE VAN WHICH NAZRUL WAS DRIVING. THE PICK UP LORRY DRIVER SUDDENLY REVERSED THE VEHCLE WITHOUT GIVING ANY SINGNAL, WHERE LCP NAZRUL NOTICED THAT AND IMMEDIATELY HORN TO GET ATTENTION OF THE DRIVER TO STOP HIS VEHCLE, BUT UNFORTUNATELY THE PICK UP LORRY DRIVER FAIL TO NOTICE AND HIT THE WHITE VAN AND DAMAGE THE FRONT BUMPER. LCP NAZRUL REPORTED THE INCIDENT TO ON DUTY TL, KINS 2 OC, WINSP BERNICE, ADYOC SGT TOH. PARTICULARS HAD BEEN EXCHANGE WITH THE DRIVER AND VENDOR OF THE VAN, GOLDBELL. DASHCAM FOOTAGE FROM THE VAN HAD BEEN RETRIEVED AND ATTACHED WITH THE EMAIL. THAT'S ALL.


| Reported by (Name/Rank/Svc No) | Signature | Date | Time |
|---|---|---|---|
| LCP 39492 TERENCE CROSS (APF) | | 24/OCT/2017 | 1950 HRS |

28/11/2017
RSL ( WAH/AB

Describe Circumstance of the Accident *

On the date and time stated, myself Lcp Nazrul and Cpl Mohan went to Jalan Bunsh Warehouse for drill exercise at about 1445hrs. Myself Lcp Nazrul was behind this vehicle GBC 6176Y (Pick up truck), suddenly the vehicle stop in front of my van. The pick up lorry driver suddenly reversed the vehicle without giving any signal. Myself immediately horn to get attention of the driver to stop his vehicle but unfortunately the pick up driver failed to notice and hit the white van and damage the front bumper. Myself Lcp Nazrul reported the incident to on duty Team Leader Lcp Terence Cross and OC Wksp Bernice Ho. Particulars had been exchange with the driver and vendor of the van, Goldbell had been informed. Dashcam footage from the van had been retrieved. That's All.

Declaration

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

DW

Policyholder's Signature / Date & Time

* Nazrul

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

28/11/2018

Witnessed by Property Casualty Executive

WAH/BBS

# 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: 24/11/17 Time: 1145hrs |
| Exact Location of Accident | * | No 37, Jurong Port Road |

## DETAILS OF OWN VEHICLE

| | | |
|---|---|---|
| Vehicle Registration Number | * | PC 337 Z |

## 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 ○ Micycle ○ Others _____ |
| Exact Purpose for which vehicle was being used at time of accident | * | Attend Fire Drill exercise |
| 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 | * | Nazrul Bin Raffel Affandi |
| Personal Identification - NRIC (Singaporean/PR) | * | S8207298H |
| FIN/Passport Number | * | |
| Date of Birth | * | 01 dd/ 03 mm/ 1982 yy |
| Driving Date Pass | * | 19 dd/ 09 mm/ 2002 yy |
| Year of Driving Experience | * | 15 Year(s) 01 Month(s) |
| Occupation | * | APO ○ Indoor ○ Outdoor |
| Gender | * | ✓ Male ○ Female |
| Contact Number / Mobile Phone / Fax No. | * | 9437 1055 |

| | |
|---|---|
| Address of Driver * | Blk 409 Bukit Batok West Ave 4 #01-160 Postcode: 650409 |
| Email Address * | naz.ul01031982@yahoo.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 collison, Head-On collision, Side * | Rear to front |
| Weather Conditions * | ○ Clear ○ Raining ✓ Others: Cloudy |
| 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 | |
| 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 * | GBC 6176 Y |
| 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.)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8207288H

Name

NAZRUL BIN RAFFAT AFFANDI

Race

MALAY

Date of birth

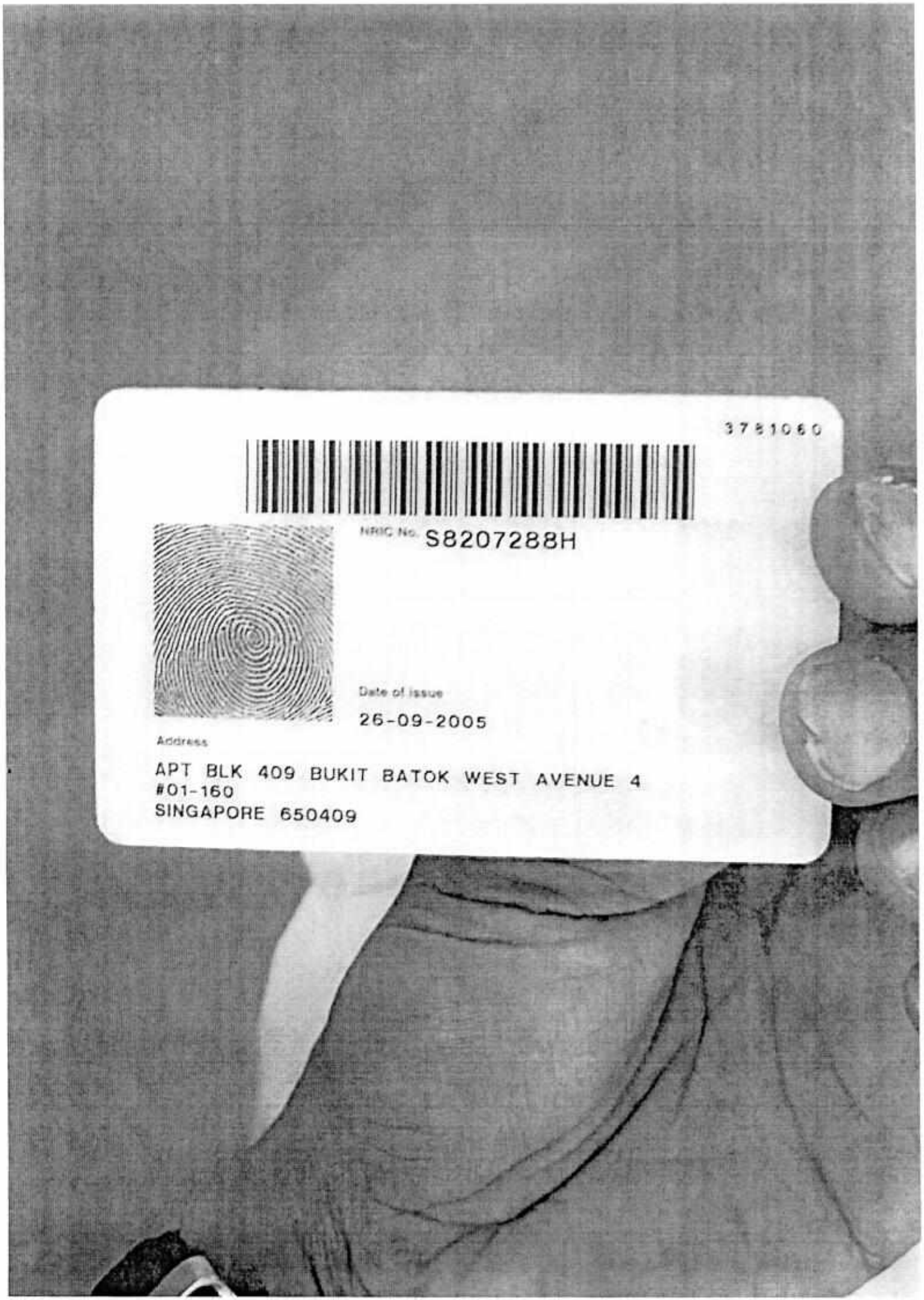
01-03-1982

Sex

M

Country of birth

SINGAPORE


3781060
NRIC No. S8207288H
Date of issue
26-09-2005
Address
APT BLK 409 BUKIT BATOK WEST AVENUE 4
#01-160
SINGAPORE 650409

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8207263H

NAZRUL BIN RAFFAT
AFFANDI

01 Mar 1982

26 Sep 2005

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | | PASS DATE |
|---|---|---|
| Class 3 | Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors vehicles =< 3500 kg | 19 Sep 2002 |

Licence No: 5[illegible]

NP 429A

Liberty Insurance

**1800-LIBERTY**
**[1800-5423789]**
AUTO ASSISTANCE HOTLINE
24 HR ACCIDENT RESPONSE
ROADSIDE ASSISTANCE
FLOOD ASSISTANCE

**Liberty Insurance Pte Ltd**
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8811 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** | SD16V16401 /VBZ /R02 |
| Form | MZ603A |
| Date Of Issue | 14-DEC-2016 |
| 1.Index Mark and Registration No. of Vehicle: | PC337Z |
| 2.Chassis number of Vehicle: | JTFST22P900009387 |
| 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*:

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

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 only for the carriage of passengers or goods in connection with the Policyholder's business.
B) Use only in the Republic of Singapore.

8.Policy does not cover:

A) Use for racing, pace-making, reliability trials or speed-testing.
B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*Limitations rendered inoperative by Section 6 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,Personal Accident Benefit,Third Party Property Damage,Unlimited Windscreen |
| SUM INSURED: | MARKET VALUE AT THE TIME OF LOSS |
| EXCESS: | Section I S$2000,Additional Excess for Young & Inexperienced Drivers S$3000,Windscreen Excess S$100 |
| FINANCE COMPANY: | DBS BANK LTD |
| PRODUCER NAME: | ACORN INTERNATIONAL NETWORK PTE LTD |