NATIONAL Assessment Centre Services. (Part 1 Invoice) MNA1715765

Date In: 29/11/2017 17:22	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP1702273817	SAS e-filing		
Veh No: GBE 4138K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/11/2017 14:30	1-Motor Claim Form		
OD / TP / Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-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: — 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: (UNO borline, 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	Action:

NB1707389

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Invoice Preparation Checklist	Amount($)	Add'l Bill
1) AR: Accident Reporting ($30):		
2) DA: Damage Assessment ($100): INC ($50)	$40/$45	
3) TP: Towing Fee	$120	
4) FT: Follow-Through Survey	$120	
5) NT: Follow-Through Survey (Resurvey)	$120	
For claiming against INC Only (w.e.f 10 Jan 2010)	$75	
6) TR: Re-Inspection	$150	
7) N1: New DA + SMRT Survey		
8) NTUC Additional Services:		
Q1):	$5	
*N5: Courtesy Car / Taxi Allowance	$10	
*N6: Repair Co-ordination	$20	
*N7: Post Repair Inspection	$5	
*N8: DY / Collect Excess Coordination	$20	
TP (N11): TP (Non-INC) applies: INC	$0	
9) N12: New Mobile		
Invoice dated: Fee Charged:		
Invoice dated: Fee Charged:		

1/2

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 29/11/2017 18:01

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 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	29/11/2017 17:22
Date Of Accident	25/11/2017 14:30
Exact Location Of Accident	WOODLANDS CAUSEWAY POINT BASEMENT CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE4138K
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	RAJ.KUMAR@GCPAT.COM
Mobile Phone No	(LOCAL) +65-96655083
Alternative Phone No	OFFICE-96655083
Vehicle Particulars	
Manufacturer	FIAT
Model	DABLO
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD1616557/VCZ/R02
Cover Note Number	
Driver	
Name of Driver	RAJ KUMAR S/O RAJAH
NRIC No	S1478690B
Date Of Birth	30/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2003
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96655083
Fax Number	
Contact Number	OTHERS-96655083
EMail Address	RAJ.KUMAR@GCPAT.COM

Address	BLK 611 WOODLANDS RING ROAD #03-201
Postcode	760611
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	CLEAR
Road Surface	DRY

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?	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?	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

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 reports 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 as aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer [illegible] and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process the personal [illegible] information set out in this [form] and any other personal information provided by me or [illegible] 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 "Insurer(s)"), 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 [illegible] (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

RAJ KUMAR

29/11/2017

Policyholder's Signature [illegible] & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Reporting Centre Personnel

Sketch Plan: 4 WOODLANDS CAUSEWAY POINT BASEMENT CARPARK

Describe Circumstance of the Accident *

Driver was driving toward the basement 2 level looking out for a carpark lot. Due to negligence, he mis-judged the sharp turning angle and side swipe the left rear against the left sided wall at the corner. No one was injured in the accident.

Declaration

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

Policyholder's Signature

* RAJ KUMAR

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

29/11/2017

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to ____ Authorised Reporting Centre ("ARC") for offline.
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: 25 Nov 17 Time: 1430 hrs
Exact Location of Accident *	Woodlands Causeway Point Basement Carpark
DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	GBE 4138 K
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 *	Work-related
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	RAJ KUMAR S/O RAJAH
Personal Identification - NRIC (Singaporean/PR) *	S1478690B
- FIN/Passport Number *	
Date of Birth *	30 dd/ 09 mm/ 60 /yy
Driving Date Pass *	16 dd/ 12 mm/ 03 /yy
Year of Driving Experience *	14 Year(s) 0 Month(s)
Occupation *	◯ Indoor ✓ Outdoor
Gender *	✓ Male ◯ Female
Contact Number / Mobile Phone / Fax No. *	96655083

Address of Driver	4	611 Woodlands Ring Road #03-201 Postcode (730611)
Email Address	4	Raj.Kumar@gcpat.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 Swipe, Front to Rear)	3	Side Swipe Against the Wall
Weather Conditions	4	✓ Clear ○ Raining ○ Others
Road Surface	4	✓ Dry ○ Wet ○ Others

OTHER INFORMATION

a. Was anybody injured in the accident?	5	○ Yes ✓ No
b. Was any other vehicle or property damaged? (Including Witness)	4	○ Yes ✓ No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	10	○ 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	4	N.A.
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. S1478690B

RAJ KUMAR S/O RAJAH

Race
INDIAN

Date of Birth
30-09-1960

Sex
M

Country of Birth
SINGAPORE

2253140

NRIC No S1478690B

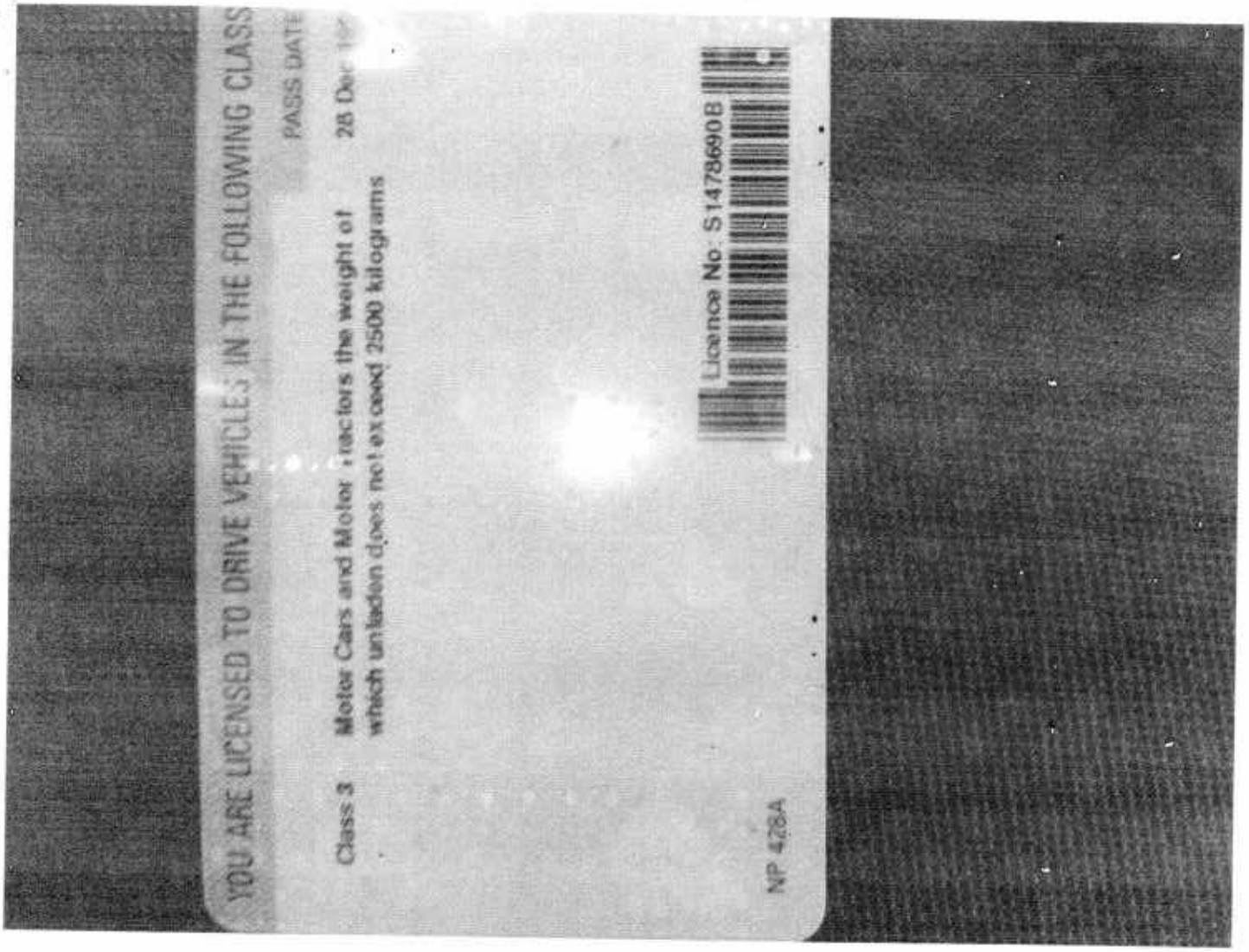
Blood Group
O+

Date of issue
07-08-1994

Address

HRIC No: Date: No: 2640528

REPUBLIC OF SINGAPORE DRIVING LICENC
Licence Number S1478690B
KUMAR S/O RAJAH
Birth Date 30 Sep 1960
Issue Date 16 Dec 2003
001052332G


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS
PASS DATE
Class 3 Motor Cars and Motor tractors the weight of which unladen does not exceed 2500 kilograms
28 Dec
Licence No: S1478690B
NP 428A

Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 9611 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	SD16V16557 /VCZ /R02
Form	MZ407
Date Of Issue	16-DEC-2016
1.Index Mark and Registration No. of Vehicle:	GBE4138K
2.Chassis number of Vehicle:	ZFA26300006B18133
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 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 and pleasure purposes and business purposes of any person to whom the vehicle is hired.

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.
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,Geographical Area: Singapore only
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S$1000,Additional Excess for Young & Inexperienced Drivers S$3000,Windscreen Excess S$100
FINANCE COMPANY:	MAYBANK
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD