

NATIONAL Assessment Centre Services (NAC) (N11 1/2/100)

Date In: 17/01/2018 09:06	Job description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: NBA/LPI18001022/K4	E-mail (within 2hrs, AIO only)		
Veh No: SKP 7423 C	Motor Claim Form		
D.O.A: 08/01/2018 12:35	Motor VVO (within 24 hrs, TP only)		
OD / TP / Reporting Only	Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'n Report by Fax/Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yeh No: SKZ 931X, INC () / Non-INC ()		
Owner / Driver:	Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: () Date: () Time: ()		
Insured/Driver Liability: () % (Note: BSL Status (WO): NI: 0.20%; PI: 21.79%; PI: 80.100M)		
Year of Registration: () Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		

General Remarks:

() Work-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 up line: 5788/0016	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

NA 1800508	Invoice Preparation Checklist	Amount	Mod Bill
1) AR: Accident Reporting (\$50)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$70		
Forfeiture against INC Only (wef 10 Jan 2008)			
6) TR: Re-inspection	\$75		
7) NI: IDA + SMRT Survey	\$180		
8) NTUC Additional Services			
Q11:			
NI: Courtesy Car / Tpl Allowance	\$5		
NI: Repair Coordination	\$70		
NI: Post Repair Inspection	\$75		
NI: DY / Collect Excess Coordination	\$5		
TP (NI): TP (NI) INC against INC	\$70		
NI: IDA Mobile	\$70		
Invoice dated	File Charged		
Invoice No:	File Charged		

C. Checked by (Bgr-In-Charge):

2/2:

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 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	17/01/2018 09:06
Date Of Accident	08/01/2018 12:35
Exact Location Of Accident	HOLLAND VILLAGE CARPARK LOT 137
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP7423C
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	-
Email Address	COLINTANBH@GBCR.COM.SG
Mobile Phone No	(LOCAL) +65-98190153
Alternative Phone No	OFFICE-98190153

Vehicle Particulars

Manufacturer	HONDA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00030/VPZ/R03
Cover Note Number	

Driver

Name of Driver	LAKDAWALLA PERCY NOSHIR
Passport No/FIN	G3082812M
Date Of Birth	13/05/1965
Occupation	INDOOR
Date Of Driving Pass	11/08/2015
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98190153
Fax Number	
Contact Number	OTHERS-98190153
Email Address	COLINTANBH@GBCR.COM.SG

Address	DNV GL BUSINESS ASSURANCE SINGAPORE PTE LTD
Postcode	
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKZ931X
Vehicle Make/Model/Colour	HONDA CITY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANU RAMESH
NRIC/Passport Number	S7466463F
Contact Number	94572645
Address	8 ALEXANDRA VIEW 19-07 METROPOLITAN (S158747)
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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 willful 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. The 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 lodgment 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' 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 or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

17/1/2018

SKETCH PLAN

Carports

Holland Village Carports Lot 137



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened while the car was stationary and parked. After parking the car, the back sliding door was opened by my son to get out. He did not realise that the adjacent car was parked very close. While opening the door, the adjacent car got scraped and the paint peeled off. However there was no damage to the door of my car.

DECLARATION

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

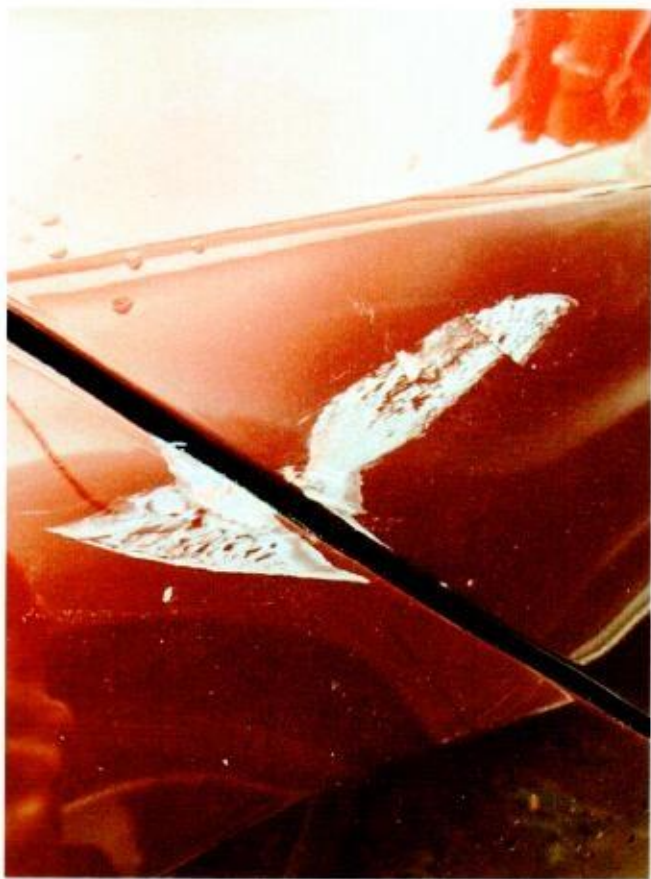


Reporting Centre's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

17/1/2018



*

V

Reported on 15/1/2018

@1605HRS

SINGAPORE ACCIDENT STATEMENT**IMPORTANT NOTICE**

1. Complete and submit this Form to the Authorised 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 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: 8th January 2018 Time: 12.35 PM. ✓
 Exact Location of Accident * Holland Village Carpark

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SKP7423C ✓

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)
 Personal Identification - NRIC (Singaporean/PR)
 - FIN/Passport Number G3084767P
 - 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 * Personal
 Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☐ No (If No, Pts select: ☐ Third Party ☒ Reporting)
 Vehicle Category* ☐ Private ☐ Commercial ☒ Motorcycle

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 * Lakdawalla Christina Percy
 Personal Identification - NRIC (Singaporean/PR) *
 - FIN/Passport Number * G3084767P
 Date of Birth * dd/ 07 mm/ 12 /yy 1971
 Driving Date Pass * dd/ 16 mm/ 08 /yy 2013
 Year of Driving Experience * Year(s) 4 Month(s) 4
 Occupation * ☒ Indoor ☐ Outdoor
 Gender * ☐ Male ☒ Female
 Contact Number / Mobile Phone / Fax No. * 98190153

HIRER

tjccser@gmail.com

Colintanbh@gbc.com.sg

tjccser@gmail.com ✓

Colintanbh@gbc.com.sg ✓

Driver 1
 Passenger 2
 NIL Female
 NIL Male

Address of Driver *	#08-01 Fontana Heights, 39 Mount Sinai Rise, Singapore Postcode (276957)
Email Address *	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	Wife
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	N.A.
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) *	In stationery position. While opening the back sliding door to get out, the adjacent car got scraped and got damaged.
Weather Conditions *	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface *	<input checked="" type="radio"/> Dry <input 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 checked="" 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 checked="" type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number *	SKZ931X
Vehicle Make/ Model/ Colour	Honda City
Details of Properties	
Name of Driver	Anu Ramesh
Personal Identification - NRIC (Singaporean/PR)	S7466463F
- FIN/Passport Number	
Contact Number	94572645
Address	8 Alexandra view 19-07 Metropolitan Singapore 158747
Name of Insurance Company	AXA Insurance
No. of Passenger (Including Driver)	2

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

Driver




EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


Employer
DNV GL BUSINESS ASSURANCE SINGAPORE PTE. LTD.

Name
LAKDAWALLA PERCY NOSHIR
Occupation
REGIONAL MANAGER

FIN
Q3082812M

Date of Application
03-06-2016
Date of Issue
09-06-2016
Date of Expiry
14-06-2018



 **L6895569**

VISIT PASS
Immigration Regulations

Name
LAKDAWALLA PERCY NOSHIR



Date of Birth
13-05-1965 Sex
M Nationality
INDIAN

FIN
Q3082812M Date of Issue
09-06-2016 Date of Expiry
14-06-2018


MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**





Driver

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number: **G3082812M**
Name: **LAKDAWALLA PERCY NOSHIR**

Birth Date: **13 May 1965**
Issue Date: **11 Aug 2015**
Valid Till: **10/08/2020**

 002460312K



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

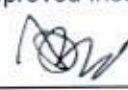
		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	11 Aug 2015
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	11 Aug 2015

NP 428A



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	SD18V00030 /VPZ /R03
Form	MZ406
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SKP7423C
2.Chassis number of Vehicle:	JHMRC1890EC203490
3.Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-JAN-2018 00:00 AM
5.Date of Expiry of Insurance:	31-DEC-2018 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.	
<small>*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.</small>	
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\$1050 / Outside Singapore S\$1550,Additional Excess for Young & Inexperienced Drivers S\$1500,Windscreen Excess S\$100 FINANCE COMPANY: MAYBANK PRODUCER NAME: ACORN INTERNATIONAL NETWORK PTE LTD	

PLAS/-/27-DEC-17

S1_CL_T1_T3_OE_Template2-Ver1.

27-DEC-17