

NATIONAL Assessment Centre Services. (001 1 2000)

Date In: 17/01/2018 1301	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP18001025/K4	SAS e-illing		
Veh No: PC 45694	E-mail (within 3hrs, A103hrs)		
D.O.A: 11/01/2018 08:30	I-Motor Claim Form		
OD TP / Reporting Only	I-Motor W/O (within 100 hrs, TP check)		
	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: Yeh No: SHA8416G INC () / Non-INC ()		
Owner / Drivers: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % (Note: Est. Status (WO): N: 0-20%; P: 21-79%; P: 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 repeler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks	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

<p>NA1800507</p> <p>Customer's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Ungr-In-Charge):</p> <p>Notes/Comments:</p> <p>L1:</p> <p>L2/3:</p>	<p>Invoice Breakdown Checklist:</p> <p>1) AR: Accidental Reporting (\$20):</p> <p>2) DA: Damage Assessment (\$100): INC (\$30)</p> <p>3) TP: Towing Fee: \$40/\$40</p> <p>4) FT: Follow-Through Survey: \$120</p> <p>5) XT: Follow-Through Survey (Resurvey): \$30</p> <p>Excludes apply to INC Only (wef 10 Jan 2018)</p> <p>6) TR: Re-inspection: \$75</p> <p>7) NTUC: DA + SMRT Survey: \$160</p> <p>8) NTUC Additional Services:</p> <p>9) NTUC: Courtesy Car / Tpl Allowance: \$5</p> <p>10) NTUC: Repair Coordination: \$10</p> <p>11) NTUC: Post Repair Inspection: \$25</p> <p>12) NTUC: Collect Excess Coordination: \$5</p> <p>13) TP (NII) / TP (NIN INC) against INC: \$70</p> <p>14) NTUC: Mobile: \$10</p> <p>Invoice dated: _____</p> <p>Invoice paid: _____</p> <p>File Charged: _____</p> <p>File Charged: _____</p>
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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 13:01
Date Of Accident	11/01/2018 08:30
Exact Location Of Accident	PIE TWDS TUAS @ JALAN BAHAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4569U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	-
Email Address	JONBONJALI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82827392
Alternative Phone No	OFFICE-82827392

Vehicle Particulars

Manufacturer	TOYOTA
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	THIRD PARTY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00031/VBZ/R03
Cover Note Number	

Driver

Name of Driver	MADJALI BIN AHAMADI
NRIC No	S7415431Z
Date Of Birth	15/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1995
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82827392
Fax Number	
Contact Number	OTHERS-82827392
Email Address	JONBONJALI@GMAIL.COM

Address	BLK 557 HOUGANG ST 51 #02-358
Postcode	530557
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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	SHA8416G
Vehicle Make/Model/Colour	HYUNDAI SONATA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO CHIN AIK
NRIC/Passport Number	S6926403D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 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.

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' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

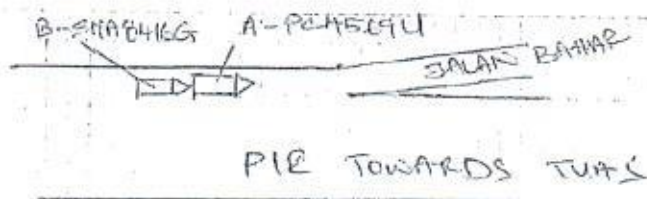
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstance of the Accident *


On the 11/1/18 @ around 8:30^{am} I was travelling along PIE towards Tuarua on the left lane about to exit Jalon Baker. Vehicles in front of me was travelling slowly at the exit and at times it came to a stop. I slowed down my vehicle (PC 4569U) and came to a stop. Seconds later I felt a jerk and at the same time heard a loud sound. My vehicle was rear hit by another vehicle from the rear. I came down and saw a taxi (SHA 84166) behind my van. Upon checking I make sure that my passengers was not hurt, I continue to take pictures of both damaged vehicle & the taxi driver's identification card. My vehicle suffered some damages on the rear bumper & rear door.

Declaration

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


Policyholder's Signature (Date) 11/1/18


Driver's Signature (if driver is not the policyholder) / Date & Time 11/1/18 11:00 AM


Witnessed by Reporting Centre Personnel 17/1/2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to 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 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: 11/1/18 Time: 0830 hrs
 Exact Location of Accident * PIE TOWARDS TUAS @ JALAN BAHAR EXIT

DETAILS OF OWN VEHICLE

Vehicle Registration Number * PC 45694

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 TOYOTA Model HINCE (TH-200)

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

☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☐ No

Policy Number

Motor CI

DRIVER

☐ Same as Insured above

Name of Driver

MADJALI BIN AHMADI

Personal Identification - NRIC (Singaporean/PR)

S7H15431/2

- FIN/Passport Number

Date of Birth

15 dd/ 05 mm/ 1974 /yy

Driving Date Pass

25 dd/07 mm/1995 /yy

Year of Driving Experience

22 Year(s) 6 Month(s)

Occupation

☐ Indoor ☒ Outdoor

Gender

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

82827392

@

Email: tyccsey@gmail.com

Address of Driver Email Address Was driver an employee of the Insured's Company? If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Registration Number of Driver's Own Vehicle (if applicable) Insurance Company of Driver's Own Vehicle (if applicable)	BLK 557 HAWKING ST. 51 #02-358 Postcode (520551) jontanjali@gmail.com <input type="radio"/> Yes <input checked="" type="radio"/> No HUSBAND <input type="radio"/> Yes <input type="radio"/> No
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GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain collision, Head-On collision, Side Weather Conditions Road Surface	FRONT TO REAR <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others <input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others

OTHER INFORMATION	
a. Was anybody injured in the accident? b. Was any other vehicle or property damaged? (Including Witness)	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

DETAILS OF POLICE ACTION	
Was the Accident reported to the Police? Police Station Name Police Station Address Police Station Contact Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.) Tel No. Fax No. <input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number 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)	SHA 2416G (TAXI) HYUNDAI SONATA TEO CHIN AIK 66926403D 1 Pax

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

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554261

7415431Z

05-05-2004

APT. BLK 557 HOUGANG STREET 51 #02-358
SINGAPORE 530557

Date: 05/05/2017 No: 6967916

REPUBLIC OF SINGAPORE

IDENTITY CARD NO S7415431Z

MADJALI BIN AHAMADI

دجالي بن احامادي

Malay

Date of birth: 15-05-1974 Sex: M

Country of birth: SINGAPORE

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

Class 2 Motor Cars and Motor Tractors the weight of which (including load) does not exceed 2500 kilograms

Issue Date: 25 Jul 1995

Licence No: 57415431Z

HP 425A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S7415431Z

MADJALI BIN AHAMADI

Date of Birth: 15 May 1974

Issue Date: 12 Sep 2003

000826576F

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VI	27/10/2006
04	BUS ATTENDANT	27/10/2006

Land Transport Authority

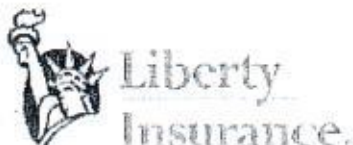
VOCATIONAL LICENCE

Licence No: S7415431Z

Name: MADJALI BIN AHAMADI

Issue Date: 12/11/2009


Please visit www.lta.gov.sg to check the status of this vocational licence



Liberty Insurance Pte Ltd
Registration no.199002791D
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	SD18V00031 /VBZ /R03
Form	MZ603A
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	PC4569U
2.Chassis number of Vehicle:	KDH2230025964
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 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 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,Airside of Singapore Changi Airport,Personal Accident Benefit,Third Party Property Damage,Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$2250,Additional Excess for Young & Inexperienced Drivers S\$3000,Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS-/26-DEC-17

S1_CL_T1_T3_OE_Template2-Ver1.

26-DEC-17