

NATIONAL Assessment Centre Services

Date In: 18/01/2018 14:10	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP18001113.1.K4	SAS e-Milling		
Veh No: SLJ9277P	E-mill (with 3 hrs, A/C 3 hrs)		
D.O.A: 14/01/2018 18:00	E-Motor Claim Form		
OD / TP / Reporting Only	E-Motor W/O (with 3 hrs, TP 3 hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yell No: WALL INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%) (Note: Est. Status (WO): NI: 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 repeller.

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

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

Remarks: INC online: 6788 0015	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

<p>NA1800511</p> <p>Human's Address:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>Wife's Comments:</p> <p>2/3:</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$300)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$30)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$100/\$12</td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$130</td> </tr> <tr> <td>5) XT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">Excludes excess INC Only (w/ 10 Jan 2018)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: 144 DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td> Oil</td> <td></td> </tr> <tr> <td> NI: Courtesy Car / Tpl Allowance</td> <td>\$5</td> </tr> <tr> <td> NI: Repair Coordination</td> <td>\$10</td> </tr> <tr> <td> NI: Post Repair Inspection</td> <td>\$15</td> </tr> <tr> <td> NI: DV / Collision Excess Coordination</td> <td>\$5</td> </tr> <tr> <td> TP (NI) / TP (Non-INC) against INC</td> <td>\$20</td> </tr> <tr> <td>9) NI: 144 Mobile</td> <td>\$0</td> </tr> </table> <p>Invoice dated: 18/01/2018</p> <p>File Charged: 18/01/2018</p> <p>18/01/2018</p>	1) AR: Accident Reporting (\$300)		2) DA: Damage Assessment (\$100)	INC (\$30)	3) TP: Towing Fee	\$100/\$12	4) PT: Follow-Through Survey	\$130	5) XT: Follow-Through Survey (Resurvey)	\$30	Excludes excess INC Only (w/ 10 Jan 2018)		6) TR: Re-inspection	\$75	7) NI: 144 DA + SMRT Survey	\$160	8) NTUC Additional Services:		Oil		NI: Courtesy Car / Tpl Allowance	\$5	NI: Repair Coordination	\$10	NI: Post Repair Inspection	\$15	NI: DV / Collision Excess Coordination	\$5	TP (NI) / TP (Non-INC) against INC	\$20	9) NI: 144 Mobile	\$0
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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	18/01/2018 14:10
Date Of Accident	14/01/2018 18:00
Exact Location Of Accident	CARPARK HEATHY NAFA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9277P
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83395573
Alternative Phone No	OFFICE-83395573

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	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	SD18V00034/VPZ/R03
Cover Note Number	

Driver

Name of Driver	LIN YING
Passport No/FIN	G3343737X
Date Of Birth	15/01/1976
Occupation	INDOOR
Date Of Driving Pass	15/10/2004
Driving Experience	13 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83395573
Fax Number	
Contact Number	OTHERS-83395573
EEmail Address	NOEMAIL

Address	22 ST THOMAS WALK #2402
Postcode	238107
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	COLLIDED INTO PROPERTY
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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

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 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: <u>14 Jan 2018</u> Time: <u>6 PM</u>
Exact Location of Accident *	<u>Car park nearby Kafa</u>
DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	<u>SLJ 9277P</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 _____ Model _____
Type of Vehicle *	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____
Exact Purpose for which vehicle was being used at time of accident *	<u>Work</u>
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input type="radio"/> Third Party <input checked="" type="radio"/> Reporting)
Vehicle Category *	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	
Motor Cl	
DRIVER	<input type="radio"/> Same as Insured above
Name of Driver *	<u>Linying</u>
Personal Identification - NRIC (Singaporean/PR) *	
- FIN/Passport Number *	<u>6334 3 737X</u>
Date of Birth *	<u>15</u> dd/ <u>01</u> mm/ <u>1976</u> yy
Driving Date Pass *	dd/ mm/ yy
Year of Driving Experience *	Year(s) Month(s)
Occupation *	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender *	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No. *	<u>8339 5573</u>

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 yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
 - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

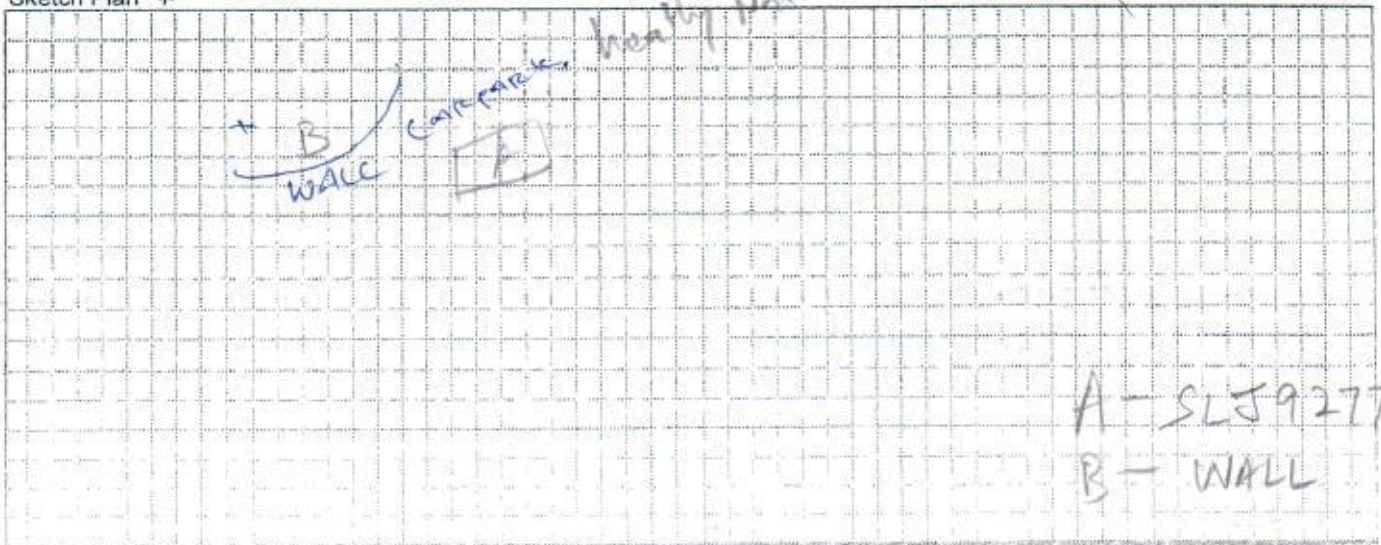


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan *



Describe Circumstance of the Accident *

Going inside the carpark. Can't see the blind spot,
hit the wall at the side

Declaration

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



Policyholder's Signature / Date & Time

*

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

14 Jan 2018. 8:10 PM

Witnessed by Reporting Centre Personnel

18/1/2018

TRANSLATION

DRIVING LICENCE OF THE PEOPLE'S REPUBLIC OF CHINA

LICENCE No. 420111197601155644

Name **LIN YING** Sex Female Nationality Chinese National

Address Room 601, Block 47, Huagong Nanxiu Hamlet, No. 381, Wushan Road, Tianhe District, Guangzhou City (Minhang)

TRAFFIC POLICE CORPS,
PUBLIC SECURITY BUREAU OF
SHANGHAI MUNICIPALITY

Date of Birth

15 January 1976

Date When Licence First Obtained

15 October 2004

Licensed To Drive Vehicles in Code

C 1

Valid from

15 October 2010

Valid for

10 years

[Photograph Affixed]

Translated by:

dfj

LUKE TEO

Certified Translator

Maxplus Consulting Pte Ltd

www.maxplus.com.sg

Co. Reg. No: 200822017E

HP: 98623043

20 JAN 2017

CODE OF VEHICLES LICENSED TO DRIVE

A1	Large Coaches and A3, B1, B2	C4	Tri-wheel Vehicles
A2	Towing Vehicles and B1, B2	C5	Small-sized Automatic Transmission Cars Designed for Disabled People
A3	Urban Public Transport and C1	D	Ordinary 3-wheel motorcycles and E
B1	Medium Bus and C1, M	E	Ordinary 2-wheel motorcycles and F
B2	Large Trucks and C1, M	F	Light Motorcycles
C1	Small Cars and C2, C3	M	Wheeled Automated Mechanical Vehicle
C2	Small Automatic Cars	N	Trolleybuses
C3	Low-speed Goods Vehicles and C4	P	Tramcars

Except for the Public Security Traffic Control Authority, no other unit or person is allowed to retain this Licence.

Translated by:

FLP

LUKE TEO
 Certified Translator
 Maxplus Consulting Pte Ltd
 www.maxplus.com.sg
 Co. Reg. No: 200822017E
 HP: 98623043

26 JAN 2017

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

Employer
TYCO ELECTRONICS SINGAPORE PTE LTD

Name
LIN YING

Occupation
STRATEGIC SOURCING MANAGER

PRN
03343737X

Date of Application
23-12-2016

Date of Issue
25-01-2017

Date of Expiry
25-01-2019

03343737X

L7610175




VISIT PASS
Immigration Regulations

Name
LIN YING

Date of Birth
15-01-1976

Sex
F

Nationality
CHINESE

PRN
03343737X

Date of Issue
25-01-2017

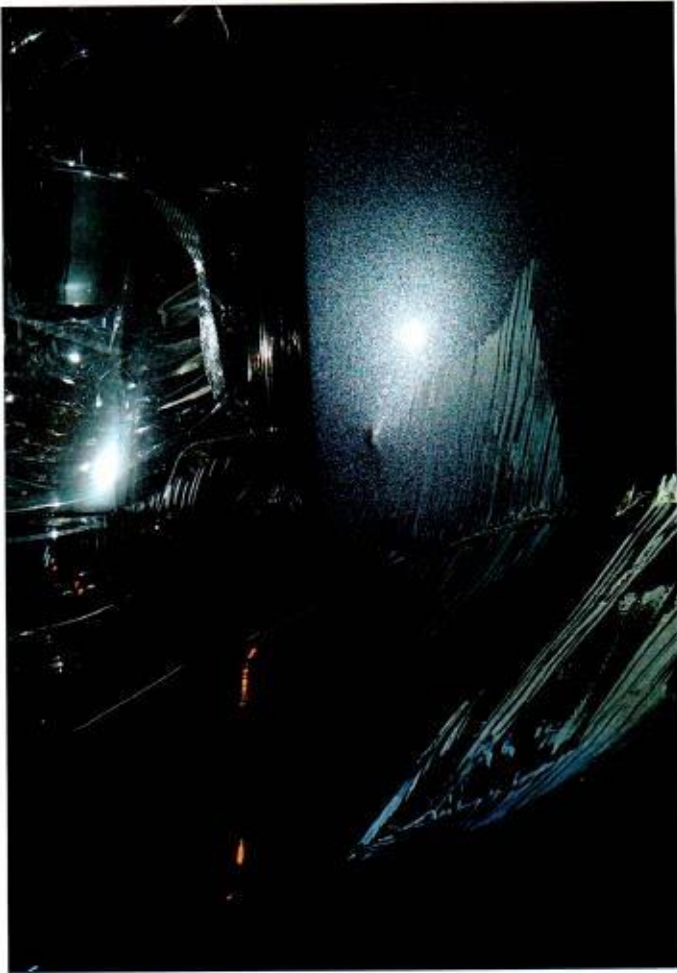
Date of Expiry
25-01-2019

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.








Liberty
Insurance



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	SD18V00034 /VPZ /R03
Form	MZ406
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SLJ9277P
2.Chassis number of Vehicle:	MR053REH104555035
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.
*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, Uber/Grabcar Extension
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I -Singapore S\$850 / Outside Singapore S\$1350, Additional Excess for Young & Inexperienced Drivers S\$1500, Windscreen Excess S\$100
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/-/02-JAN-18

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02-JAN-18