

NATIONAL Assessment Centre Services

(Print & Forward)

MAIA18010802

Date In: 22/01/2018 11:26	Job Description	Date & Time Completed	Done by
Ref No: NBA/LIP/18001245/Y	S&S e-illing		
Veh No: SKW 9353X	E-mail (with photo, AIO form)		
D.O.A: 15/01/2018 1700	E-Motor Claim Form		
OD / TP: Reporting Only	E-Motor W/O (with photo, AIO form)		
	E-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Pass/culprst	Yell No: SJA 4692C	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 repair.

() 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: _____

N/A1800545 Driver/Owner: Contact No: Damaged Portion: Checked by (Sign-In-Charge): Comments: Date: 2/2	Invoice Preparation Checklist		Y/N	Amount
	1) AR: Accident Reporting (\$20)			
	2) DA: Damage Assessment (\$100)	INC (\$50)		
	3) TP: Towing Fee	\$50/\$10		
	4) PT: Follow-Through Survey	\$10		
	5) PT: Follow-Through Survey (Resurvey)	\$10		
	Excluding against INC Only (Ref to Job 2100)			
	6) TR: Re-inspection	\$10		
	7) NI: Adv DA + SMRT Survey	\$100		
	8) NTUC Additional Services			
G11				
NI: Courtesy Car / TP Allowance		\$5		
NI: Repair Coordination		\$10		
NI: Post Repair Inspection		\$10		
NI: DY / Collier's Unass. Coordination		\$5		
TZ (NI) / TP (Non-INC) against INC		\$10		
8) NTUC (one mobile)				
Invoice Sent		File Closed		
Invoice Filed		File Closed		

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	22/01/2018 10:41
Date Of Accident	15/01/2018 17:00
Exact Location Of Accident	TTP1 CONSTRUCTION SITE ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW9353X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	KELVIN.ANG@DD-TTC.COM
Mobile Phone No	(LOCAL) +65-87980125
Alternative Phone No	OFFICE-87980125
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	SD18V00030/VPZ/R03
Cover Note Number	
Driver	
Name of Driver	ANG SOON KWONG(HONG SHUNQIANG)
NRIC No	S8236684I
Date Of Birth	21/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	29/09/2010
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87980125
Fax Number	
Contact Number	OTHERS-87980125
Email Address	KELVIN.ANG@DD-TTC.COM

Address	BLK 449 BUKIT PANJANG ROAD #11-567
Postcode	670449
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	RAINING
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?	
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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA4692C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

* 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 reputate 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.

B. 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:

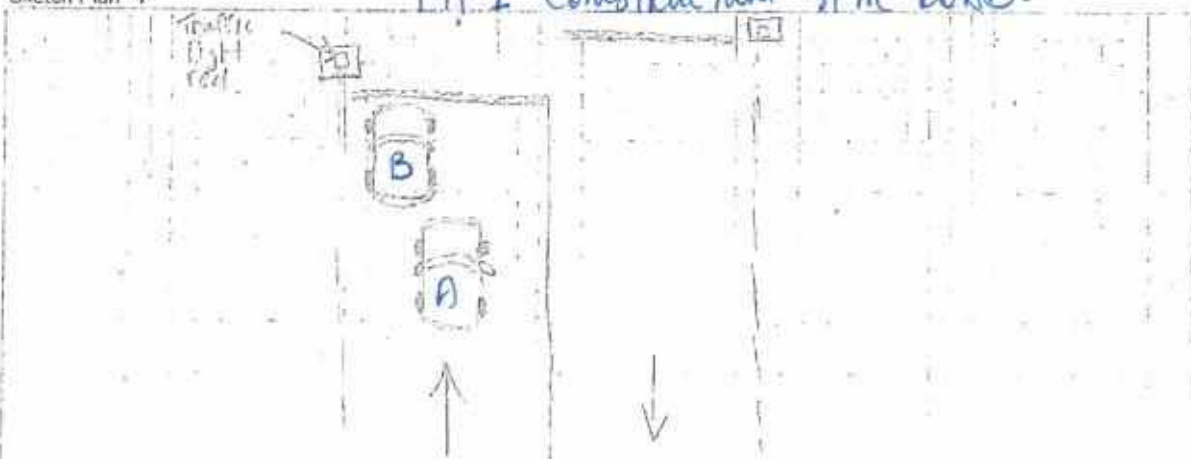
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

 Policyholder's Signature & Date	 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan *



A) SKW 9353X

B) SJA 4692C


Describe Circumstance of the Accident *

SKW 9353X


My vehicle and front vehicle (SJA 4692C) was waiting for the portable traffic light to turn green. I thought the traffic light is going to turn green so I release my brake, But the front vehicle remain position because the traffic light still not yet change. In the end I bump into the right back of the front vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature



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

 22/01/2018
Witnessed by Reporting Centre Personnel

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: 15/1/2018 Time: 5:00 pm
 Exact Location of Accident * TTP 1 Construction Site road.

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SKW 9353X

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
 Type of Vehicle*
 Exact Purpose for which vehicle was being used at time of accident *
 Are you claiming under your own insurance policy for repair to your vehicle?
 Vehicle Category*

Manufacturer Model
☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ Motorcycle ☐ Others, _____
☐ Yes ☐ No (If No, Pls select ☒ Third Party ☐ Reporting)
☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *
 Type of Policy
 Fleet Policy
 Policy Number
 Motor CI

☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
☐ Yes ☐ No

DRIVER

Name of Driver * Ang Soon Kwong
 Personal Identification - NRIC (Singaporean/PR) * S82366841
 - FIN/Passport Number *
 Date of Birth * 21 dd/ 10 mm/ 1982/yy
 Driving Date Pass * 29 dd/ 09 mm/ 2010/yy
 Year of Driving Experience * 5 Year(s) Month(s)
 Occupation * facilities officer Indoor ☒ Outdoor
 Gender * ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No. * 8798 0125

Address of Driver	* BIK 449 Bukit Panjang Ring Road #11-567	Postcode (670449)
Email Address	* Kelvin.ang @ dd-hc.com	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No	
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> 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 collision, Head-On collision, Side Swipe, Front to Rear)	* Front to Rear	
Weather Conditions	* <input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others,	
Road Surface	* <input type="radio"/> Dry <input checked="" 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 type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	* SJA 4692C	
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. **S8236684I**



 **ANG SOON KWONG**
(HONG SHUNQIANG)
洪 順 強

Race
CHINESE

Date of birth
21-10-1982

Sex
M

Country/Place of birth
SINGAPORE

58236684I

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S8236684I**

 **ANG SOON KWONG**
HONG SHUNQIANG

Birth Date 21 Oct 1982

Issue Date 09 Jun 2015

 **00242862XH**



SS

5212930



NRIC No: S8236684



Date of issue
03-09-2013

Address
APT BLK 449 BUKIT PANJANG RING ROAD
#11-567
SINGAPORE 670449

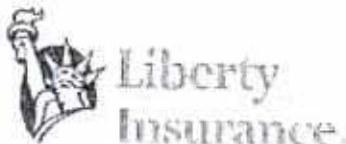
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	15 Dec 2004
Class 2A Motorcycles between 201 cc and 400 cc	01 Jul 2006
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	29 Sep 2010

NP 428A

Licence No: S8236684





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	SD18V00030 /VPZ /R03
Form	MZ406
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SKW9353X
2.Chassis number of Vehicle:	JMYXTGF3WGWZ002042
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.	
(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:	SING INVESTMENTS & FINANCE LTD
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/27-DEC-17

S1_C1_T1_T3_OE_Template2-Ver1

27-DEC-17

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SMIA18010302 Vehicle Registration No: SKW 9353X

Name (as shown in NRIC): Ang Soon Kwong NRIC/FIN/Passport No: S8236884 I

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore()

Contact (Tel): _____ Mobile No.: 87980125

Email Address: _____

Date of Accident: 15/01/2018 Time of Accident: 17:00

Place of Accident: TTP 1 CONSTRUCTION SITE ROAD

Insurance Company: LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE NUMBER TO SKW 9353X

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rishi Wopars
NRIC/FIN No.:
Date: 22/01/2018