

Date In: 05/02/2018 15:08	Job Description	Date & Time Completed	Done by
Ref No: NBA/KIP/800228/Y	SAS e-illing		
Veh No: 8LS 1525D	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 03/02/2018 11:45	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (within 24 hrs, TP 2hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

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

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

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

Removals: ()	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

NAI800784	Invoice Preparation Checklist	Amount (\$)	Added Bill
1) AR: Accident Reporting (\$20)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$20		
Excess/Line apply INC Only (over 10 hrs 200)			
6) TR: Re-inspection	\$25		
7) NI: IDA + SMRT Survey	\$100		
8) NTUC Additional Services			
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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	05/02/2018 15:08
Date Of Accident	03/02/2018 11:45
Exact Location Of Accident	W RESIDENCES AT BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1525D
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91254693
Alternative Phone No	OFFICE-91254693

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
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	PRIVATE HIRE

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	XU JUN
NRIC No	G3344112L
Date Of Birth	01/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91254693
Fax Number	
Contact Number	OTHERS-91254693
Email Address	NOEMAIL

Address	5 OCEAN DRIVE #01-18 W RESIDENCES SENTOSA COVE
Postcode	098369
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	1
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.	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 PLAN

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 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 the copies of this report will be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, hereby consent to the archiving of this report at the centre and the 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, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurers (collectively the "Personal Information") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurer 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 or 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 in 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 insurer's lawyer/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 situated outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Print & Stamp

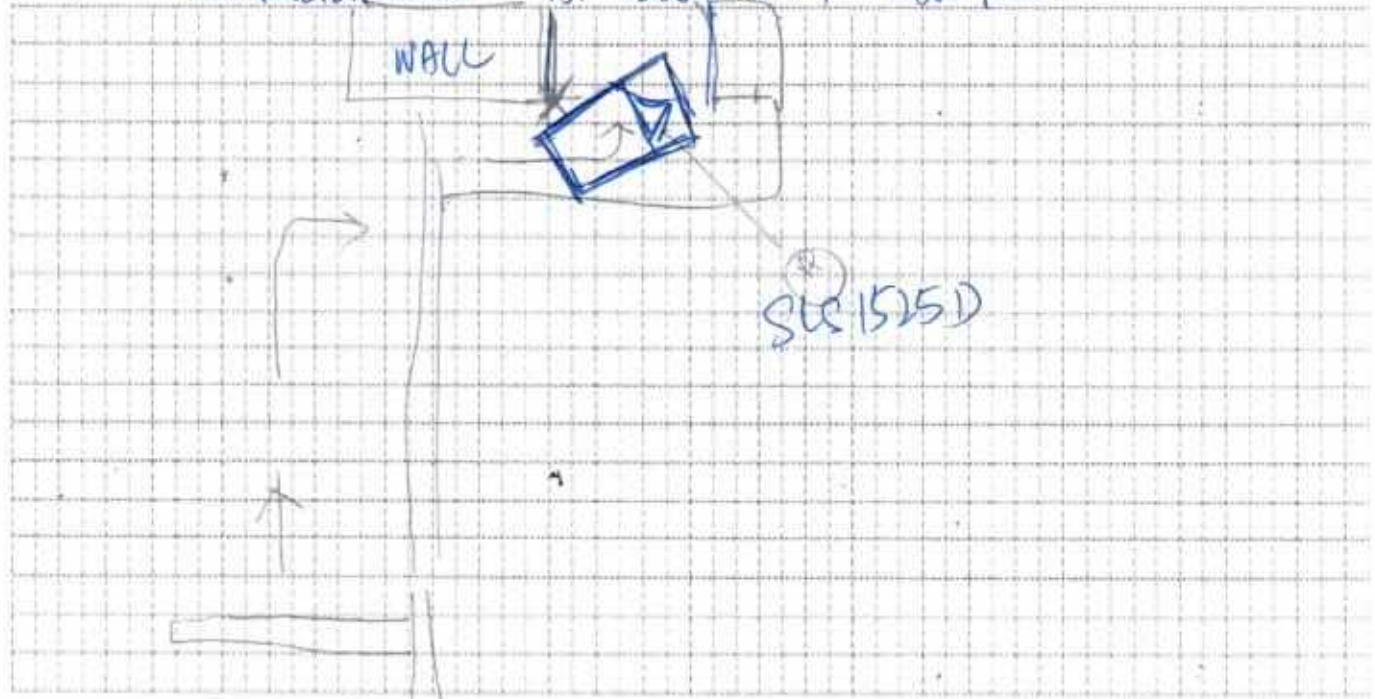


Driver's Signature (If driver is not the Policyholder) Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

W. RESIDENCES AT BASEMENT CAR PARK



Describe Circumstances of the Accident

while driving towards basement carpark

Mr. Xu Jun hit the pillar of the turning on the left

Declaration

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

Police Officer's Signature / Date & Stamp

(f) 

Driver's Signature (if driver is not the Policyholder), Date & Time

 05/02/2018

Witnessed by Reporting Centre Personnel

Address of Driver	W Residences 5 Ocean Way #01-18 W Singapore Sentosa Cove S(098369)	
Email Address		
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 Collision, Head-On Collision, Side Swipe, Front to Rear)	Side swipe	
Weather Conditions	☒ Clear	☐ Raining ☐ Others _____
Road Surface	☒ Dry	☐ Wet ☐ Others _____
OTHER INFORMATION		
a. Was anybody injured in the accident?	☐ Yes	☒ No
b. Was any other vehicle or property damaged? (Including Witness)	☐ Yes	☒ No
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	☐ 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		
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Vehicle Make/ Model/ Colour		
Address of Driver		
Name of Insurance Company		
No. of Passenger (including Driver)		
[Note - Please use page 6 if you need to add more vehicles]		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for e-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 insurance and acceptance of this Form by insurance companies is an admission of the 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: 3/2/2018	Time: 11:45 AM
Exact Location of Accident	W Residences at Buxton Grange	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SL51525D	
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)		
Personal Identification - NRIC (Singaporean/PR)	S	
- FIN/Passport Number		
- Not Applicable		
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model	Manufacturer: Toyota	Model: Alphard
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	
Are you claiming under own insurance policy for repair to your vehicle?	☐ Yes ☐ No (If No, Pls select ☐ Third Party ☒ Reporting)	
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	Xu Jun	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	G3344112L	
Date of Birth	01 /dd 06 /mm 1972 /yy	
Driving Date Pass	13 /dd 03 /mm 2017 /yy	
Year of Driving Experience	Year(s) Month(s) Month(s)	
Occupation	☒ Indoor ☐ Outdoor	
Gender	☒ Male ☐ Female	
Contact Number / Mobile Phone / Fax No.	91254693 (Jashua)	



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

Employer
SHANGHAI PUDONG DEVELOPMENT BANK CO., LTD. SINGAPORE BRANCH



Name
XU JUN
Occupation
BRANCH GENERAL MANAGER
FIN
Q3344112L
Date of Application
28-12-2016
Date of Issue
06-02-2017
Date of Expiry
06-02-2019





L7613964

VISIT PASS
Immigration Regulations

Name
XU JUN



Date of Birth **Sex** **Nationality**
01-08-1972 M CHINESE
FIN **Date of Issue** **Date of Expiry**
Q3344112L 06-02-2017 06-02-2019
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.



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg 13-Mar-2017

NP 428A



Licence No: G3344112L

REPUBLIC OF SINGAPORE - DRIVER'S LICENSE

Licence Number: **G3344112L**

Name: **XU JUN**

Birth Date: 01 Jun 1972

Issue Date: 13 Mar 2017

Valid Till: 12/03/2022



002665254F



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6850
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:	SLS1525D
2.Chassis number of Vehicle:	JTNGF3DH008011818
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\$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

PLASH/27-DEC-17.

S1_Cl_T1_T3_OE_Template2-Ver1.

27-DEC-17