

NATIONAL Assessment Centre Services

Unit 1 (2000) **NA18018363**

Date In: **02/02/2018** 13:18
 Ref No: **NA18018363/1**
 Veh No: **SJW 5118R**
 D.O.A: **02/02/2018** 14:40
 OD / TP Reporting Only

| Job Description | Date & Time Completed | Done by |
|--|-----------------------|---------|
| SAS e-Milling | | |
| E-mail (with 3hrs, AIC 2hrs) | | |
| 1-Motor Claim Form | | |
| 1-Motor W/O (with 100 2hrs, TP 1hr) | | |
| 1-Photo Uploaded | | |
| Assessment/Survey Report | | |
| Ass't Report by Fax / Hand to Owner/Wksp | | |

TP Insured:

Preferred Wksp / INC Assign Wksp / OWs:

Tel: Fax:

TP Particulars: Yeh No: **SJ2 3896 G** INC () / Non-INC ()

Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note: Bst 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 repairer.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

| Date | Action |
|------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA1800814

Driver/Owner:
 Contact No:
 Damaged Portion:

| Invoice Preparation Checklist | Amount | Unit |
|---|------------|------|
| 1) AR: Accident Reporting (330) | | |
| 2) DA: Damage Assessment (\$100) | INC (\$50) | |
| 3) TP: Towing Fee | \$40/\$12 | |
| 4) TT: Follow-Through Survey | \$130 | |
| 5) RT: Follow-Through Survey (Resurvey) | \$30 | |
| Excluding against INC Only (w/ 10 Jan 2018) | | |
| 6) TR: Re-inspection | \$15 | |
| 7) NT: 140 DA + SMRT Survey | \$160 | |
| 8) NTUC Additional Services | | |
| 9) Bill | | |
| 10) NT: Courtesy Car / Tpl Allowance | \$3 | |
| 11) NT: Repair Coordination | \$10 | |
| 12) NT: Post Repair Inspection | \$15 | |
| 13) NT: DY / Collect Excess Coordination | \$1 | |
| 14) NT: (11) + TP (KIN INC) against INC | \$10 | |
| 15) NT: 140 Mobile | \$10 | |
| Invoice total | | |
| Invoice total | | |

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

Comments:

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 | 06/02/2018 13:18 |
| Date Of Accident | 02/02/2018 14:40 |
| Exact Location Of Accident | GLENNEAGLES HOSPITAL CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SJW5718R |
| Insured/Policyholder | |
| Name Of Registered Owner | HITACHI CAPITAL ASIA PACIFIC |
| Co Reg No | - |
| Email Address | DANNY_GERBER@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-83018316 |
| Alternative Phone No | OFFICE-83018316 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | VOLVO |
| Model | XC90 |
| 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 | SI17V05485/VPZ/R01 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | GERBER DANIEL MORRIS |
| Passport No/FIN | G3145739X |
| Date Of Birth | 27/06/1976 |
| Occupation | INDOOR |
| Date Of Driving Pass | 27/06/2016 |
| Driving Experience | 1 YEAR AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83018316 |
| Fax Number | |
| Contact Number | OTHERS-83018316 |
| E-Mail Address | DANNY_GERBER@HOTMAIL.COM |

| | |
|---|-----------------------------|
| Address | 33E CHANCERY LANE #01-05 |
| Postcode | 309555 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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 | DRY |

Other Information

| | |
|---|--|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| 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) | 3 |
| Passenger 1 | NAME: : MARIA NICOLA GENDER: : FEMALE |
| Passenger 2 | NAME: : OLIVIA SARA GENDER: : FEMALE |

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 | SJZ3896G |
| Vehicle Make/Model/Colour | MERCEDES BENZ |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TAN WAH TZE |
| NRIC/Passport Number | |
| Contact Number | 91156293 |
| Address | |
| Postcode | |

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 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.

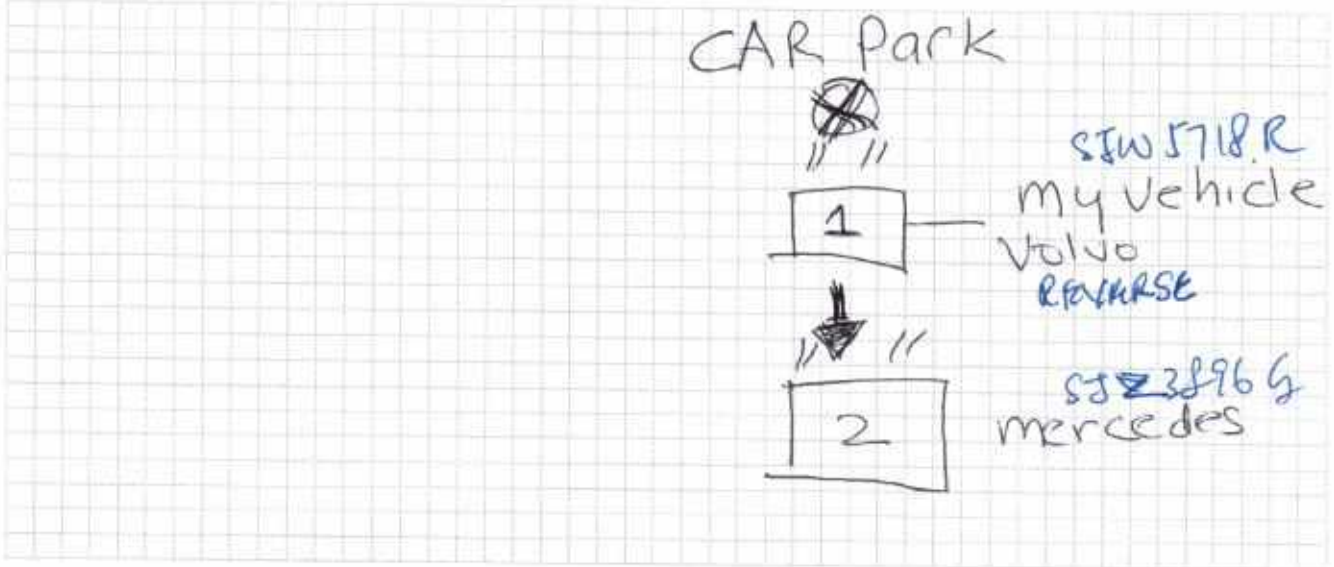
Policyholder's Signature
Date & Time:


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

6/2/18


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

SKETCH PLAN



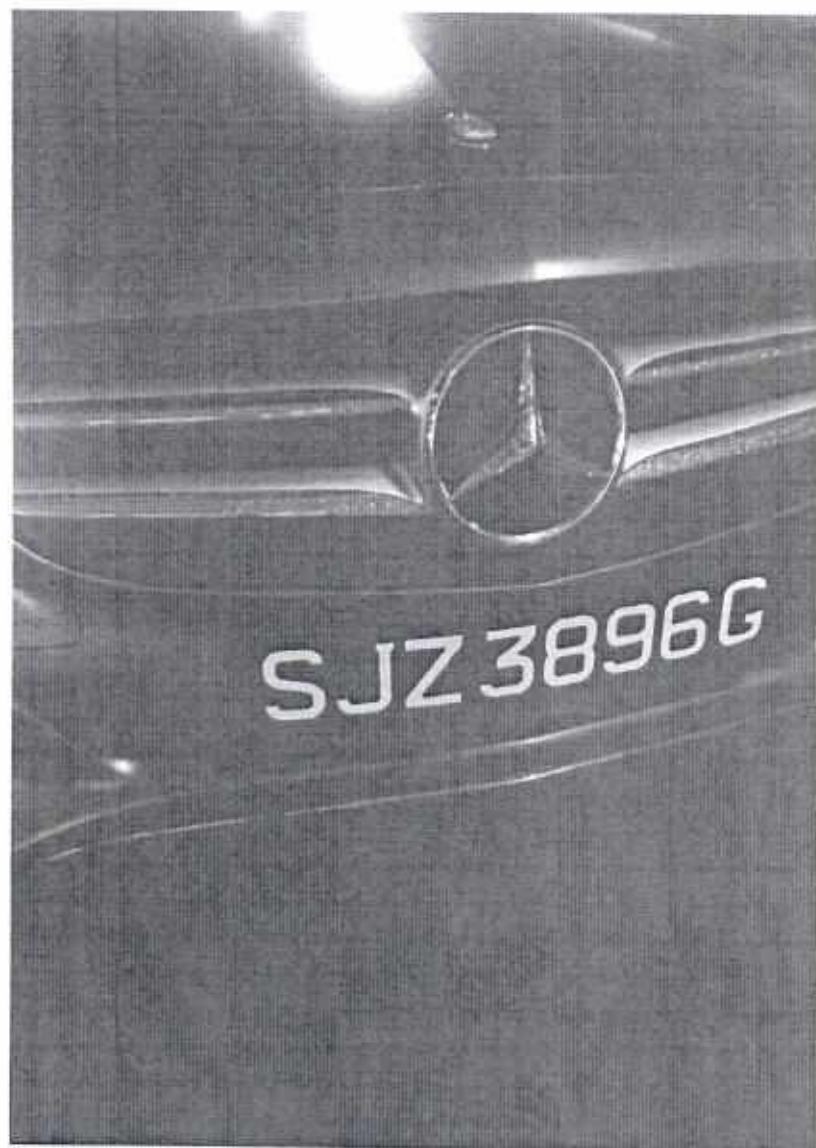
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

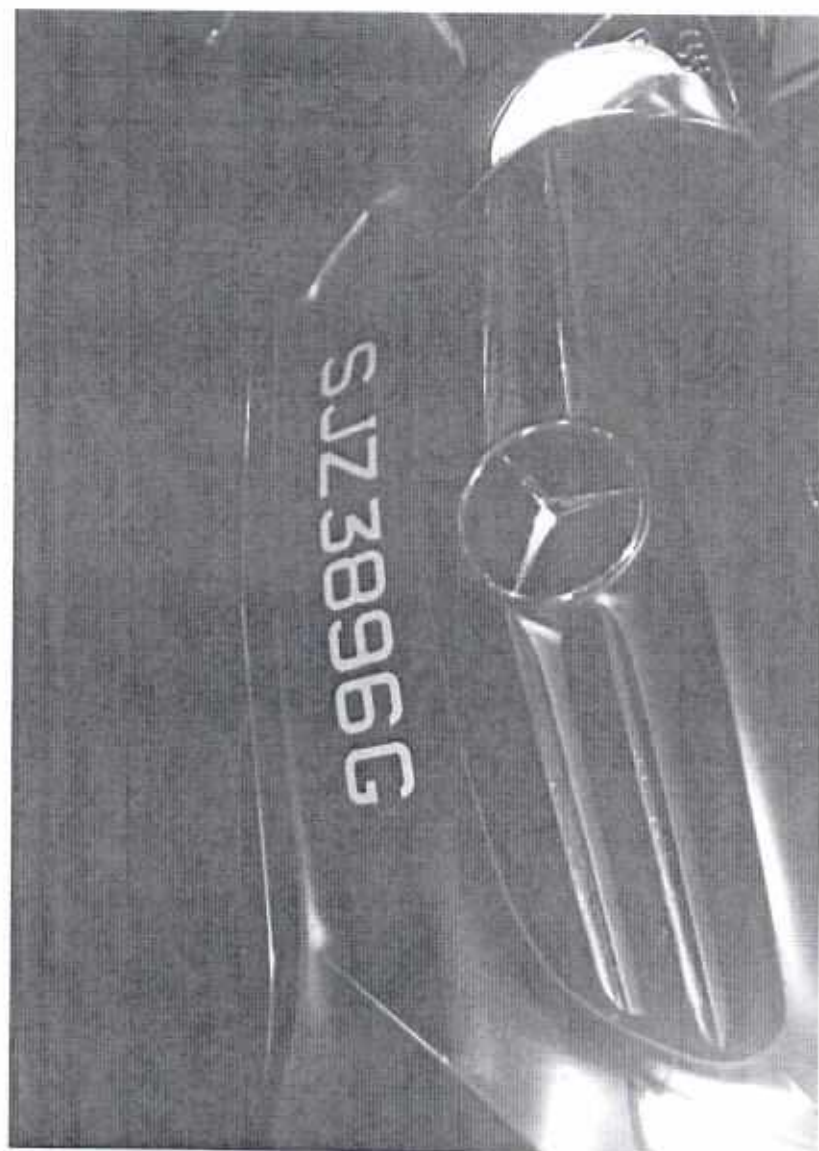
Backing car to move in to vacant car park at Gleneagles Hospital underground car park, did not notice mercedes directly behind me.

DECLARATION

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

| | | |
|---|---|---|
| <p>Policyholder's Signature</p> <p>Date & Time:</p> | <p>Driver's Signature</p> <p>(If driver is not the policyholder)</p> <p>Date & Time:</p> <p>6/02/18</p> | <p>Reporting Centre Personnel's Signature</p> <p>Name:</p> <p>NRIC/FIN No.:</p> |
|---|---|---|





ACCIDENT STATEMENT

ACCIDENT DATE: 2 / 02 / 18 (DD/MM/YYYY), TIME: 2 : 40 pm (HH:MM)

LOCATION: Gleneagles Hospital car park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW 5718R
 b) INSURANCE COMPANY: Liberty Insurance
 c) POLICY NUMBER: S117V0SL455/VP2/ROI
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: XC90 Volvo
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Hitachi (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DANIEL MORRIS GERBER (MALE / ~~FEMALE~~)
 b) NRIC/FIN/PASSPORT: G3145739x CONTACT: 8301 8316
 c) ADDRESS: 33e Cherry lane H01-05
309555 SINGAPORE

* d) DATE OF BIRTH: 20 / 04 / 1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27/06/16

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS dark indoor park
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJ238966 MODEL: Mercedes
 b) DRIVER'S NAME: Tan Wah Tze
 c) NRIC/FIN/PASSPORT: S72392151 CONTACT: 9115 6293

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: danny_gerber@hotmail.com

fax: _____

VIDEO

MARIA NICOLA
 Olivia Sara

No of passenger
 (including driver)
(3)

No of passenger
 (including driver)
()

No of passenger
 (including driver)
()

REPUBLIC OF SINGAPORE

FIN G3145739X



Name
GERBER DANIEL MORRIS

Date of Birth: 20-04-1976 Sex: M
Nationality: NEW ZEALANDER



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G3145739X



GERBER DANIEL MORRIS

Birth Date: 20 Apr 1976
Valid Until: 25/06/2021



PA1611543

DEPENDANT'S PASS
Immigration Regulations

FIN G3145739X



Date of Issue: 24-02-2017 Date of Expiry: 09-03-2020



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(ES)

| Class | Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg | EFFECTIVE DATE |
|---------|--|----------------|
| Class 3 | | 27 Jun 2016 |

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No: SI17V05485 /VPZ /R01
Form: MZ406A
Date of Issue: 24-MAR-2017
1. Index Mark and Registration No. of Vehicle: SJW5718R
2. Chassis number of Vehicle: YV1CZ5957A1557413
3. Name of Policyholder: HITACHI CAPITAL ASIA PACIFIC PTE LTD
4. Effective date of Commencement of Insurance: 01-APR-2017 00:00 AM
for the purpose of the Act.
5. Date of Expiry of Insurance: 31-MAR-2018 23:59 PM
6. Persons or Classes of Persons entitled to drive*: GERBER DANIEL MORRIS

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 10 of the Road Transport Act, 1987 (Malaysia) and Section 10 of the Road Transport Act, 1987 (Malaysia).

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 |
| SUM INSURED: | MARKET VALUE AT THE TIME OF LOSS |
| EXCESS: | Section I - Singapore S\$2200 / Outside Singapore S\$4400 Windscreen Excess: S\$100 |
| FINANCE COMPANY: | HITACHI CAPITAL ASIA PACIFIC PTE LTD |
| PRODUCER NAME: | PRIVILEGE CAPITAL PTE LTD |

MKDY 20170324

Ver.1.260705