NATIONAL Assessment Centre Services. (wef 1 Jan 09) NA... 18019447

Date In: 08/03/2018 11:33	Job description	Date & Time Completed	Done by
Ref No: NBA/21P180025387/Y	SAS e-filing		
Veh No: SFE 815 G	E-mail (within 3hrs, AIC 3hrs)		
D.O.A : 06/03/2018 19:25	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (Within OD 3hrs, TP 1hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: GBG 8033S INC ( ) / Non-INC ( )

Owner / Driver: (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 repairer.

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

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

Remarks : INC Hotline 6788 0016	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

NA1800874

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

1.

2/3:

Invoice Preparation Checklist		Bill	Add. Bill
1) AR : Accident Reporting ($30):			
2) DA : Damage Assessment ($100):	INC ($50)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2009)			
6) TR : Re-Inspection	$35		
7) N11 : 4u DA + SMRT Survey	$160		
8) NTUC Additional Service(s)			
OD:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Coordination	$10		
*N7: Post Repair Inspection	$15		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$30		
9) N12: Idea Mobile	10		
Invoice dated	Bill Charged		
Invoice dated	Not Charged		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 08/02/2018 12:00

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 witholding 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	08/02/2018 11:33
Date Of Accident	06/02/2018 19:25
Exact Location Of Accident	MARINE PARADE RD INFRONT SAINT PATRICK SCHOOL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFL815G
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	ROADPARK@DAELIM.CO.LCR
Mobile Phone No	(LOCAL) +65-90115200
Alternative Phone No	OFFICE-90115200
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS (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	THIRD PARTY
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	PARK JAEKIL
Passport No/FIN	G3147970W
Date Of Birth	17/02/2016
Occupation	INDOOR
Date Of Driving Pass	17/02/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90115200
Fax Number	
Contact Number	OTHERS-90115200
EMail Address	ROADPARK@DAELIM.CO.LCR

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 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 the 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.

GOLDBELL CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

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

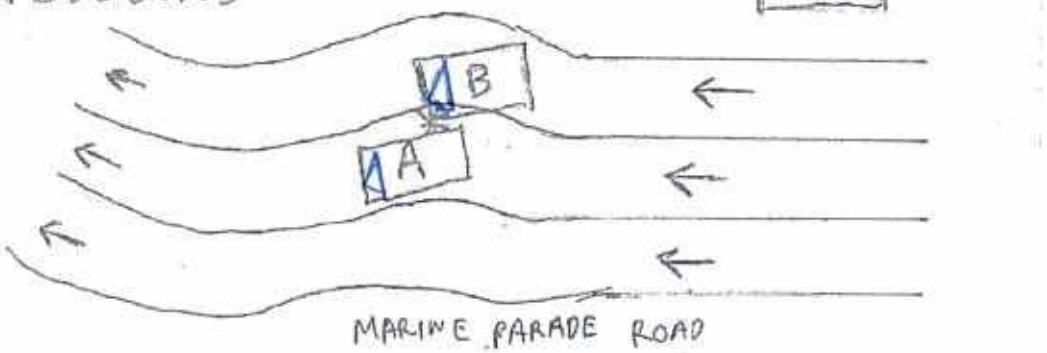
08/07/2018

Witnessed by Reporting Centre Personnel

Sketch Plan *

CAR A : SFL8156

CAR B : GBG80335



Describe Circumstance of the Accident *

I, Park Jaekil G3147970W, was driving SFL815G Toyota estima on marine parade road, I got hit by another vehicle (GBG 8033S) just after saint patrick school on 06/02/18, 19:26. The road was a S-bend shape due to construction works at the side and I was on my lane.

Declaration

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

GOLDBELL CAR RENTAL PTE LTD

Policyholder's Signature

*

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

08/02/2018

Checked by Reporting Centre Personnel

Address of Driver *	1 LEEDON HEIGHTS #32-19 Singapore. Postcode (267953)
Email Address *	roadpark@dnetim.com.hk
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 collison, Head-On collision,Side Swipe, Front to Rear) *	Head-on collision
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 *	GBG 8033S
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	Ker Seng Su
Personal Identification - NRIC (Singaporean/PR)	S1476758D
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	

(Note - Please use page 5 if you need to add more vehicles.)

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: 06/02/18 Time: 19:26
Exact Location of Accident *	Marine Parade Road ; infront Saint Patrick's Schoo

DETAILS OF OWN VEHICLE

Vehicle Registration Number *	SFL 815 G

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*	( ) Saloon ( ) MPV ( ) CRV ( ) Van ( ) Lorry ( ) Bus ( ) Mcycle ( ) Others, _____
Exact Purpose for which vehicle was being used at time of accident *	Home
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	( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only
Fleet Policy	( ) Yes ( ) No
Policy Number	
Motor CI	

DRIVER

Same as Insured above

Name of Driver *	Park Jaekil
Personal Identification - NRIC (Singaporean/PR) *	G3147970W
- FIN/Passport Number	
Date of Birth *	01 dd/ 07 mm/ 1975 /yy
Driving Date Pass *	17 dd/ 02 mm/ 2016 /yy
Year of Driving Experience *	20 Year(s) Month(s)
Occupation *	Cost Control Manager / Indoor Outdoor
Gender *	(✓) Male ( ) Female
Contact Number / Mobile Phone / Fax No *	9011 - 5200

Renew

EMPLOYMENT PASS

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

Employer
DAELIM INDUSTRIAL CO. LTD.

Name
PARK JAEKIL
Occupation
COST CONTROL MANAGER

FIN
G3147970W

Date of Application
20-01-2017
Date of Issue
03-02-2017
Date of Expiry
19-03-2019

L7610044

VISIT PASS

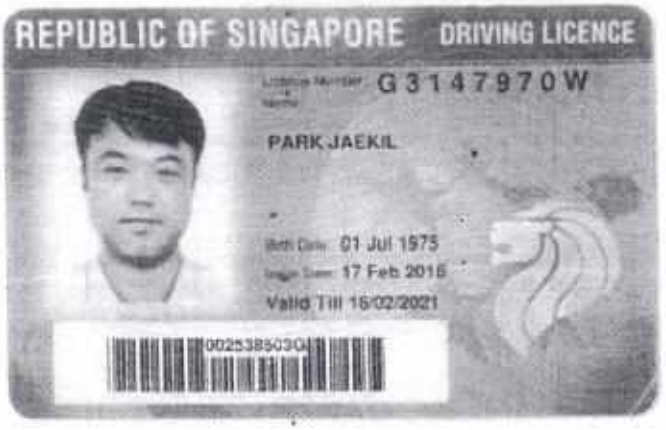
Immigration Regulations

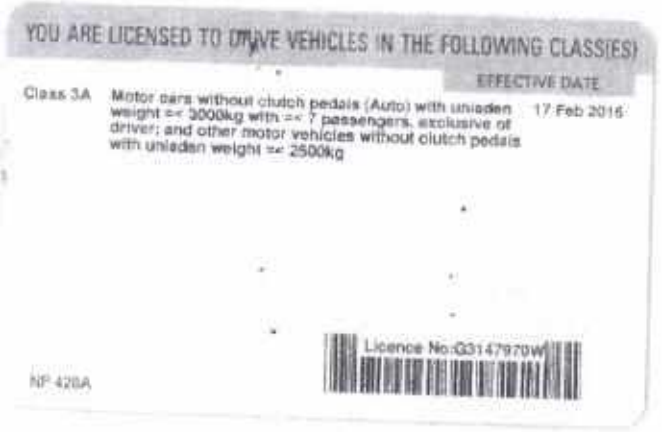
Name
PARK JAEKIL

Date of Birth	Sex	Nationality
01-07-1975	M	KOREAN, SOUTH
FIN	Date of Issue	Date of Expiry
G3147970W	03-02-2017	19-03-2019

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


REPUBLIC OF SINGAPORE DRIVING LICENCE
G3147970W
PARK JAEKIL
01 Jul 1975
17 Feb 2016
Valid Till 16/02/2021


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3A
Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg
17 Feb 2016
Licence No:G3147970W
NP 428A

Liberty Insurance

1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE
24 HR ACCIDENT RESPONSE
ROADSIDE ASSISTANCE
FLOOD ASSISTANCE

Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 6611 Fax: (65) 6225 6690
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:	SFL815G
2.Chassis number of Vehicle:	ACR500107493
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:	DBS BANK LTD
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD