NATIONAL Assessment Centre Services (wef 1 Jan 06) PMA-U8019472

Date In: 08/03/2018 12:07	Job description	Date & Time Completed	Done by
Ref No: NBAILIP/80025411Y	SAS e-filing		
Veh No: SLV 4990H	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 05/03/2018 17:35	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: GBD 9300 E 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%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading: $1,000 ( ) / $2,000 ( )

General Remarks: [illegible]

( ) 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 [illegible]	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

NA1800873

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible] Comments:

[illegible]

2/3:

Invoice Preparation Checklist		Bill	Not Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($30)		
3) TP : Towing Fee	$40/$43		
4) FT : Follow-Through Survey	$130		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claims against INC Only (wef 10 Jan 2010)			
6) TR : Re-Inspection	$35		
7) N1 : New DA + SMRT Survey	$160		
8) NTUC Additional Services:			
OD:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$35		
*N8: DY / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$30		
9) N13: Idne Mobile	$0		

Invoice dated *Fee Charged*

Invoice dated *Fee Charged*

MNA118019472 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 08/02/2018 12:07
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 08/02/2018 12:51

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	08/02/2018 12:07
Date Of Accident	05/02/2018 17:25
Exact Location Of Accident	SITE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV4990H
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	CANBEDONE1992@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94247503
Alternative Phone No	OFFICE-94247503
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 I (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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00033/VPZ/R03
Cover Note Number	
Driver	
Name of Driver	EDDIE LEONG KUENG WAI
NRIC No	S9242255J
Date Of Birth	14/11/1992
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94247503
Fax Number	
Contact Number	OTHERS-94247503
EMail Address	CANBEDONE1992@GMAIL.COM

Address	BLK 557 WOODLANDS DRIVE 53 #08-71
Postcode	730557
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	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)	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(TP REVERSE AND HIT INSURED)

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	GBD9300E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 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 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.

GLOBELL CAR RENTAL PTE LTD

Edgard 7/2/18 15:28pm

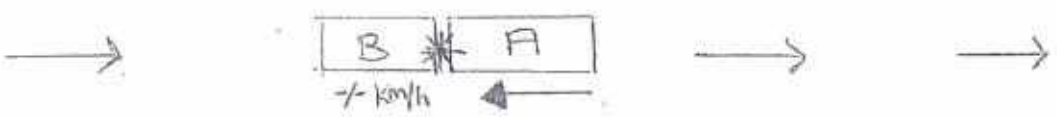
08/02/2018

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

Sketch Plan:

CAR A: GBD 9300E

CAR B: SLV 4990H



CAISSON

Steel plate installation

Describe Circumstance of the Accident *

SIR/MDM,

With reference to the accident occured earier, a detaled Study has been made on the accident that took place on the 5th February in an area near to the installation of the Steel plate Cover.

On the above mentioned date, from my point of view that there were three other vehicle in front of the black suv which I was driving (SLV 4900H), moments later, two of the vehicles went off. First one whom left were SKK 7099J followed by a lorry. Third one was driven under the car plate number of GBD 9300E, instead of going forward, he reversed and barged on the hood of my vehicle (SLV 4900H).

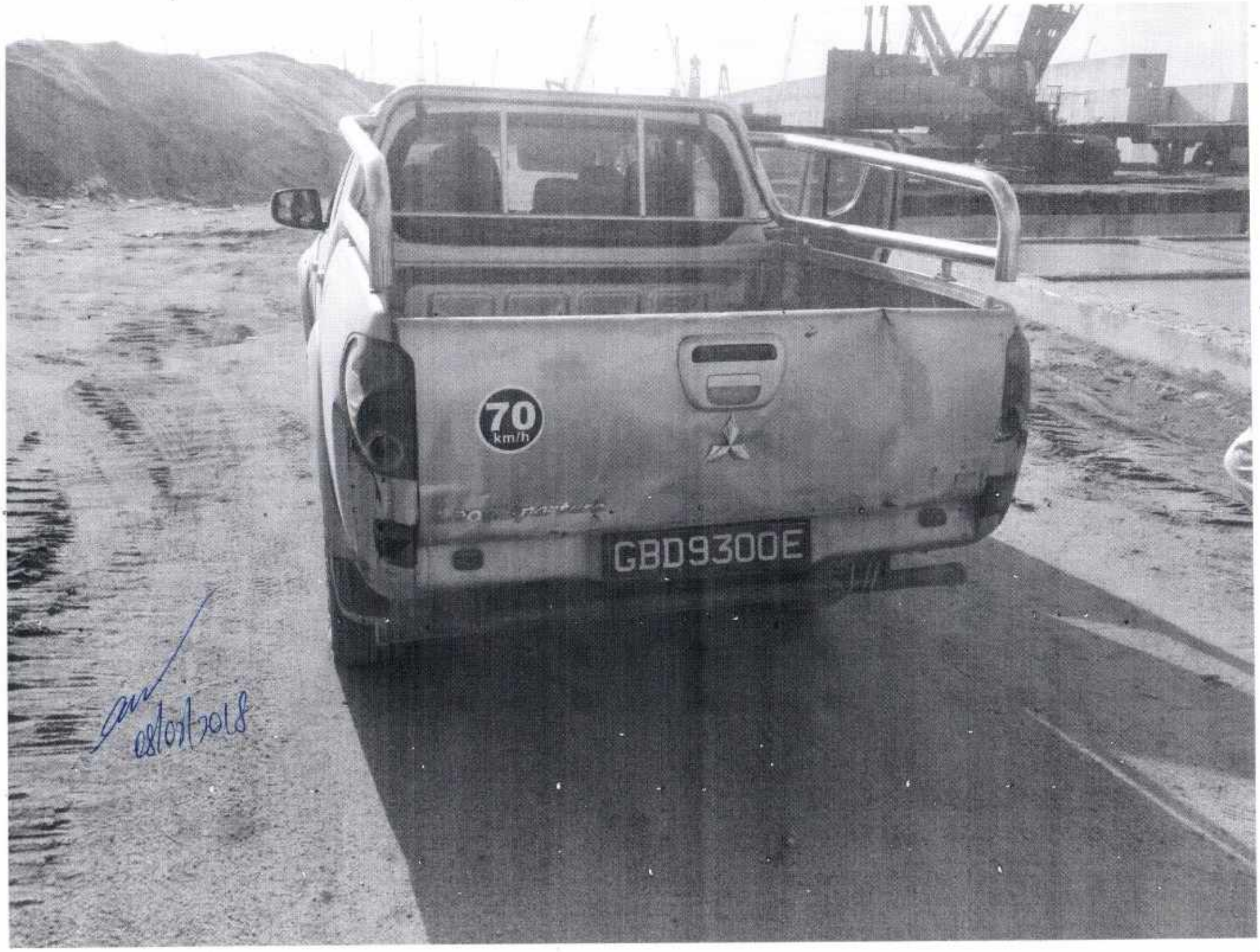
Declaration

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

GUY DEELL CO. LTD. SECRETARY

* Edwag 7/2/18 15:21pm 08/02/2018

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


70
km/h
GBD9300E


SLV 4990H

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for efiling.
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: 05/2/2018 Time: 17:27
Exact Location of Accident	*	Site

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	SLV A990H

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner *(See Insurance Card.)*	
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 ◯ M/cycle ◯ Others, _____
Exact Purpose for which vehicle was being used at time of accident	*	Only Vehicle which has 4x4 to the Site
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	*	EDDIE LEONG KUENG WAI
Personal Identification - NRIC (Singaporean/PR)	*	S9242255J
- FIN/Passport Number	*	
Date of Birth	*	14 dd/ 11 mm/ 1990 /yy
Driving Date Pass	*	22 dd/ 1 mm/ 2013 /yy
Year of Driving Experience	*	5 Year(s) 0 Month(s)
Occupation	*	✓ Indoor ✓ Outdoor
Gender	*	✓ Male ◯ Female
Contact Number / Mobile Phone / Fax No	*	9424 7503

Address of Driver *	BK 557 WOODLANDS DRIVE 53 #08-71 Postcode (730557)
Email Address *	Canbedone1992@gmail.com
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) *	FRONT
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

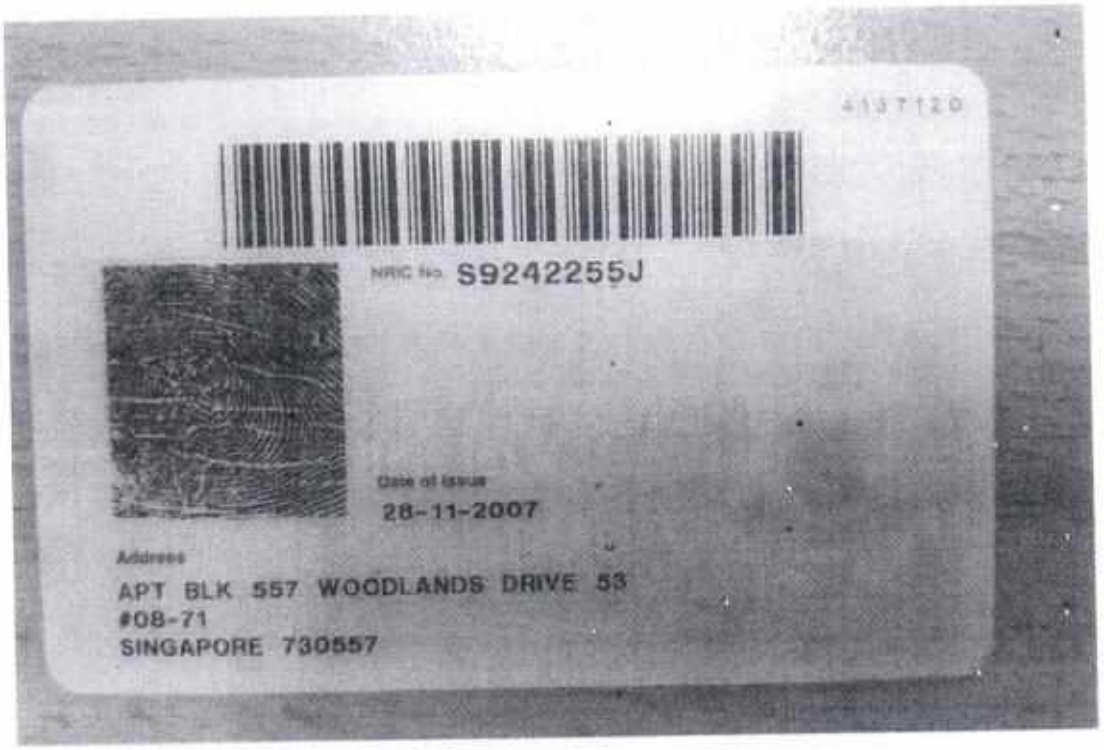
DETAILS OF POLICE ACTION

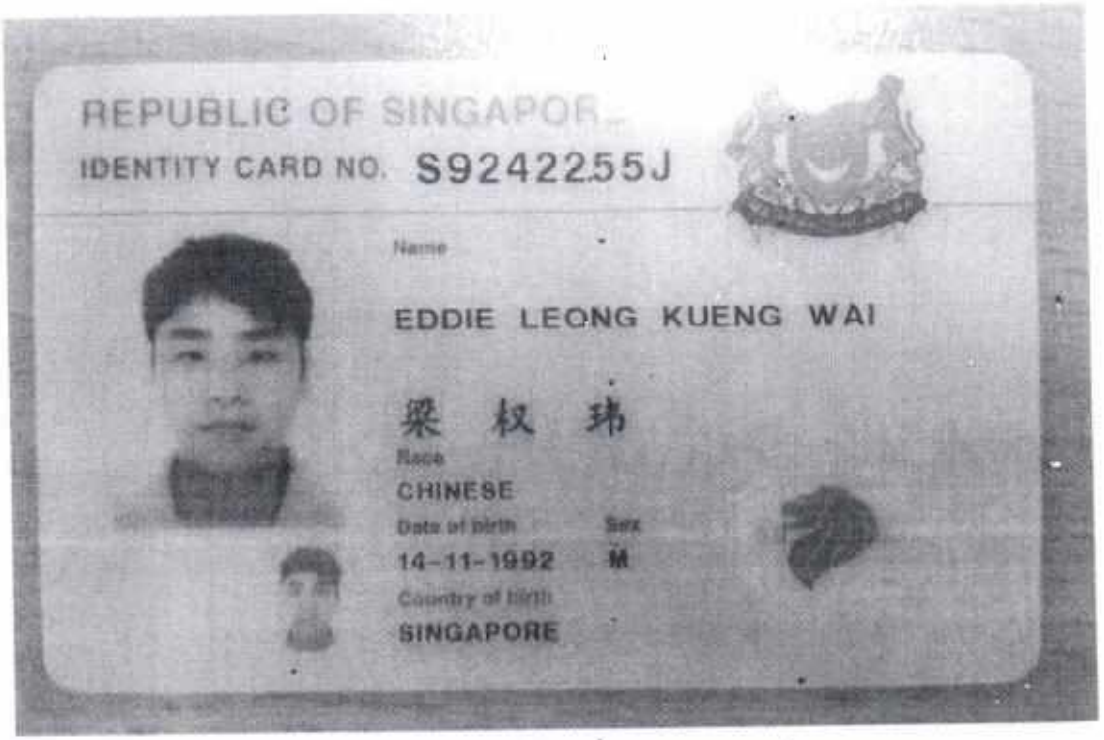
Was the Accident reported to the Police? *	( ) Yes (✓) No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No
Was notice of intended Prosecution given?	( ) Yes ( ) No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

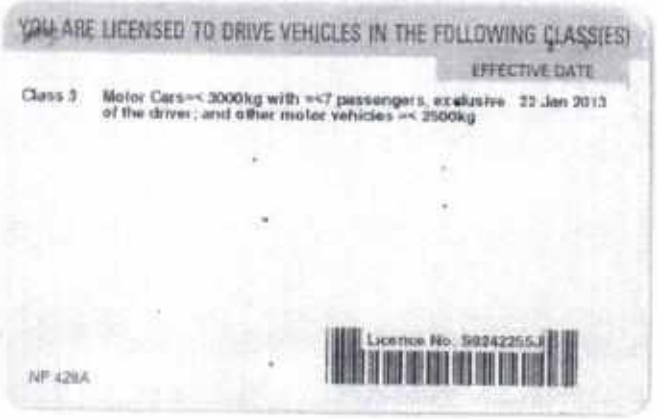
Vehicle Registration Number *	GBD 9300 E
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles)


4137120
NRIC No. S9242255J
Date of issue
28-11-2007
Address
APT BLK 557 WOODLANDS DRIVE 53
#08-71
SINGAPORE 730557


REPUBLIC OF SINGAPOR
IDENTITY CARD NO. S9242255J
Name
EDDIE LEONG KUENG WAI
梁 权 玮
Race
CHINESE
Date of birth
14-11-1992
Sex
M
Country of birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE
S9242255J
EDDIE LEONG KUENG WAI
14 Nov 1992
22 Jan 2013


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 3500kg
22 Jan 2013
Licence No: S9242255J
NP 428A

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	SD18V00033 /VPZ /R03
Form	MZ406
Date Of Issue	25-JAN-2018
1.Index Mark and Registration No. of Vehicle:	SLV4990H
2.Chassis number of Vehicle:	JF1SJ5KC5JG101875
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