

# NATIONAL Assessment Centre Services (NAC) (1/1/2000)

NA1801299

Date In: 27/02/2018 15:46	Job description	Date & Time Completed	Done by
Ref No: N/A/LIP/003701/Y	SAS e-illing		
Veh No: GBR 9633P	E-mail (within 3hrs, AIO 2hrs)		
D.O.A: 19/01/2018 08:55	E-Motor Claim Form		
OD / TP / Reporting Only	E-Motor Y/O (Within 30 mins, TP 1hr)		
	E-Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yeh No: SJP 4683.A	INC ( ) / Non-INC ( )	
Owner / Drivers:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	(Note: BSL 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: Customers 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: ( )

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: \_\_\_\_\_

File Time: \_\_\_\_\_

Actions: \_\_\_\_\_

NA1801299	Invoice Preparation Charge	
Document: Particulars	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/45	
Amended Portion:	4) FT: Follow-Through Survey \$150	
	5) RT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (yes 10 Jan 200)	
	6) TR: Re-inspection \$15	
	7) NI: 144 DA + SMRT Survey \$160	
	8) NTUC Additional Services	
	9) NI: Courtesy Car / Tpl Allowance \$5	
	10) NI: Repair Coordination \$10	
	11) NI: Post Repair Inspection \$15	
	12) NI: DY / Collision / Uninsured Coordination \$5	
	13) NI: TP (Non-INC) against INC \$20	
	14) NI: 144 DA \$10	
C. Checked by (Bug-in-Charge):	Invoice dated	File Charged
Will for 3 Comments:	Invoice dated	File Charged
2/3:		



## 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	27/02/2018 15:46
Date Of Accident	19/02/2018 08:55
Exact Location Of Accident	PIE EXIT 38 PIONEER ROAD NORTH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9633P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94608023
Alternative Phone No	OFFICE-94608023

### Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO CARGO MAXI-1.6 D MTJ AMT GLAZE (M)
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	SD18V00032/VCZ/R03
Cover Note Number	

### Driver

Name of Driver	YE LWIN AUNG
Passport No/FIN	G5317709W
Date Of Birth	20/06/1984
Occupation	INDOOR
Date Of Driving Pass	16/01/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94608023
Fax Number	
Contact Number	OTHERS-94608023
Email Address	NOEMAIL

Address	BLK 625 JURONG WEST STREET 61 #14-151
Postcode	640625
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

#### 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	SJP4683A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH KIM YIAN
NRIC/Passport Number	S7085481C
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 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

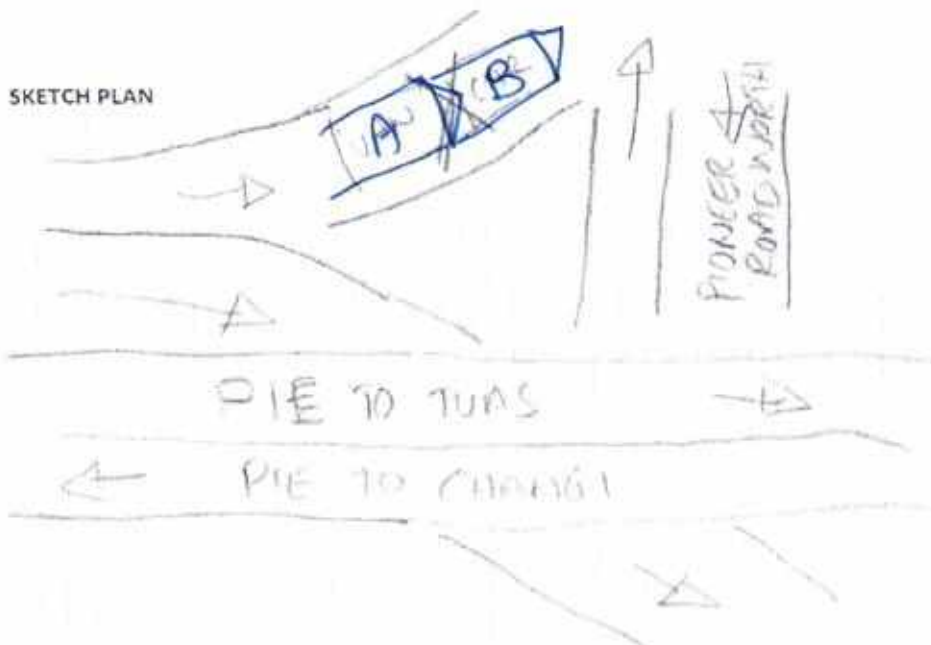
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

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

27/02/2018  
Roshan WARRAB



SKETCH PLAN



A) GRB 9633P  
B) STP 4683A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Inherit car drive speeding and turn exit of PIE to Pioneer Road North. Car process to turn in Pioneer Rd North but early on reached stop line the car stop immediately. 19 Feb 2018 morning 8:55 am the time my car stop also move little bit forward and hit the car STP 4683A.



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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NIC/FIN No:

27/02/2018  
Rae Li WATTHAO

# ACCIDENT STATEMENT

ACCIDENT DATE: 19 / Feb / 2018 (DD/MM/YYYY), TIME: 8 : 55 (HH:MM)

LOCATION: ATE Exit 38 Pioneer Rd North

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 9633 P  
 b) INSURANCE COMPANY: LIBERTY  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: FIAT DIBLO  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WAS GOING BACK  
 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: GOLDAL CAR RENT (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

# No of passengers  
 (including driver)  
(1)

- DRIVER  
 a) NAME: YE LWIN AUNG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G5317209W CONTACT: 94608023  
 c) ADDRESS: RIK 625 Tawng West St-61 #14-151

\* d) DATE OF BIRTH: 20 / 6 / 1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_  
 5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS  
 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

# No of passenger  
 (including driver)  
( )

- a) VEHICLE NUMBER: 878 4683 A MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Go H Kim Yim  
 c) NRIC/FIN/PASSPORT: ST85451 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

# No of passenger  
 (including driver)  
( )

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

email =

fax =

VIDEO

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

Employer  
**PRO-MATRIX PTE LTD**

Sector: **CONSTRUCTION**

Name  
**YE LWIN AUNG**

Occupation  
**SERVICE ENGINEER**

S Pass No.  
**0 92972267**

Date of Application  
**15-03-2017**

Date of Issue  
**10-04-2017**

Date of Expiry  
**10-04-2019**

**L7819855**




**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

License No. **G5317709W**

Name  
**YE LWIN AUNG**

Birth Date: **20 Jun 1984**

Issue Date: **08 Dec 2017**

Valid Till: **07/12/2022**

**002751724F**




**VISIT PASS**  
Immigration Regulations

Name  
**YE LWIN AUNG**

Date of Birth: **20-06-1984** Sex: **M** Nationality: **MYANMAR**

Pin: **G5317709W** Date of Issue: **10-04-2017** Date of Expiry: **10-04-2019**

**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(ES)**

**EFFECTIVE DATE**  
**16 Jan 2018**


**Class 3** Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors <= 2500 kg

**G5317709W**

**S / No 9000304886**

**NP 428A**

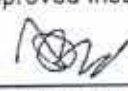
**Licence No: G5317709W**





## 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)

<b>Certificate No</b>	SD18V00032 /VCZ /R03
<b>Form</b>	MZ407
<b>Date Of Issue</b>	26-DEC-2017
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBE9633P
<b>2.Chassis number of Vehicle:</b>	ZFA26300006C30383
<b>3.Name of Policyholder:</b>	GOLDBELL CAR RENTAL PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	01-JAN-2018 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	31-DEC-2018 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b> 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.	
<b>7.Limitations as to use*:</b> A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.	
<b>8.Policy does not cover:</b> A) Use for racing, pace-making, reliability trials 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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside Of Singapore Changi Airport, Geographical Area: Singapore only
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I S\$1250, Additional Excess for Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	HONG LEONG FINANCE LTD
<b>PRODUCER NAME:</b>	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/I27-DEC-17

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27-DEC-17