NATIONAL Assessment Centre Services. (wef 1 Jan 00) 19418038134

Date In: 20/03/2018 19:52	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP18005223/V	SAS e-filing		
Veh No: KP 9550E	E-mail (within 3hrs, A/C 3hrs)		
D.O.A : 19/03/2018 08:35	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: UNKNOWN TRUCK INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) (Note: B.L. 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:

( ) Walk-in Customer : Customers 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: NA Hotline: 6788 0044	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

NA1801787

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge) :

Additional Comments:

Invoice Preparation Checklist		Bill	Not Bill
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($40)		
3) TF : Towing Fee	$		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey)	$30		
For all claims against INC Only (wef 10 Jan 2000)			
6) TR : Re-Inspection	$		
7) NI : 16 x DA + SMART Survey	$180		
8) NTUC Additional Services:			
OD			
NI : Courtesy Car / Taxi Allowance	$		
NI : Repair Coordination	$10		
NI : Post Repair Inspection	$		
NI : DV / Collision Coordination	$		
TP (NI) : TP (Non INC) against INC	$30		
9) NI Claims Handle	$		
Invoice dated	Not Charged		
Invoice Prod	Not Charged		

MNA118038134 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 20/03/2018 19:52
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	20/03/2018 19:52
Date Of Accident	19/03/2018 06:35
Exact Location Of Accident	CARPARK OF BLK 410 CLEMENTI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9550E

Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94607723
Alternative Phone No	OFFICE-94607723

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
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	SD18V00030/VPZ/R03
Cover Note Number	

Driver

Name of Driver	SINHA PRANITA
Passport No/FIN	G6228464T
Date Of Birth	07/09/1968
Occupation	INDOOR
Date Of Driving Pass	23/03/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94607723
Fax Number	
Contact Number	OTHERS-94607723
EMail Address	NOEMAIL

Describe Circumstance of the Accident *

I could not estimate how far behind was the other vehicle while rendering & my car being extremely slow, it just bumped behind. I saw little damage on my bumper (rear).

Declaration

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

Policyholder's Signature / Company Chop

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

20/03/2018

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to any 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: 19/03/18 Time: 6:35 AM
Exact Location of Accident	*	Carpark of Blk ~~42~~ 410 HDB, CLEMENTI
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	*	SKP 9550E
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 ◯ M/cycle ◯ Others,_____
Exact Purpose for which vehicle was being used at time of accident	*	SOCIAL
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	*	PRANITA SINHA
Personal Identification - NRIC (Singaporean/PR)	*	
- FIN/Passport Number	*	Z 4497173
Date of Birth	*	07 dd/ 09 mm/ 68 /yy
Driving Date Pass	*	23 dd/ 03 mm/ 15 /yy
Year of Driving Experience	*	Year(s) Month(s)
Occupation	*	◯ Indoor ◯ Outdoor
Gender	*	◯ Male ✓ Female
Contact Number / Mobile Phone / Fax No	*	9460 7723

Address of Driver *	Postcode ( )
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 collison, Head-On collision,Side Swipe, Front to Rear) *	Rear
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	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	

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


भारत गणराज्य REPUBLIC OF INDIA
P
IND
Z4497173
SINHA
PRANITA
भारतीय/INDIAN
F
07/09/1968
DHANBAD
SINGAPORE
15/12/2017
14/12/2027
P<INDSINHA<<PRANITA<<<<<<<<<<<<<<<<<<<<<<<<
Z4497173<4IND6809076F2712147<<<<<<<<<<<<<<4

Name of Father / Legal Guardian

NANDKEOLYAR KESHAV CHANDRA

Name of Mother

NANDKEOLYAR KISHORI

Name of Spouse

SINHA TARUN

Address

N/37 PROFESSORS COLONY ASHOK NAGAR

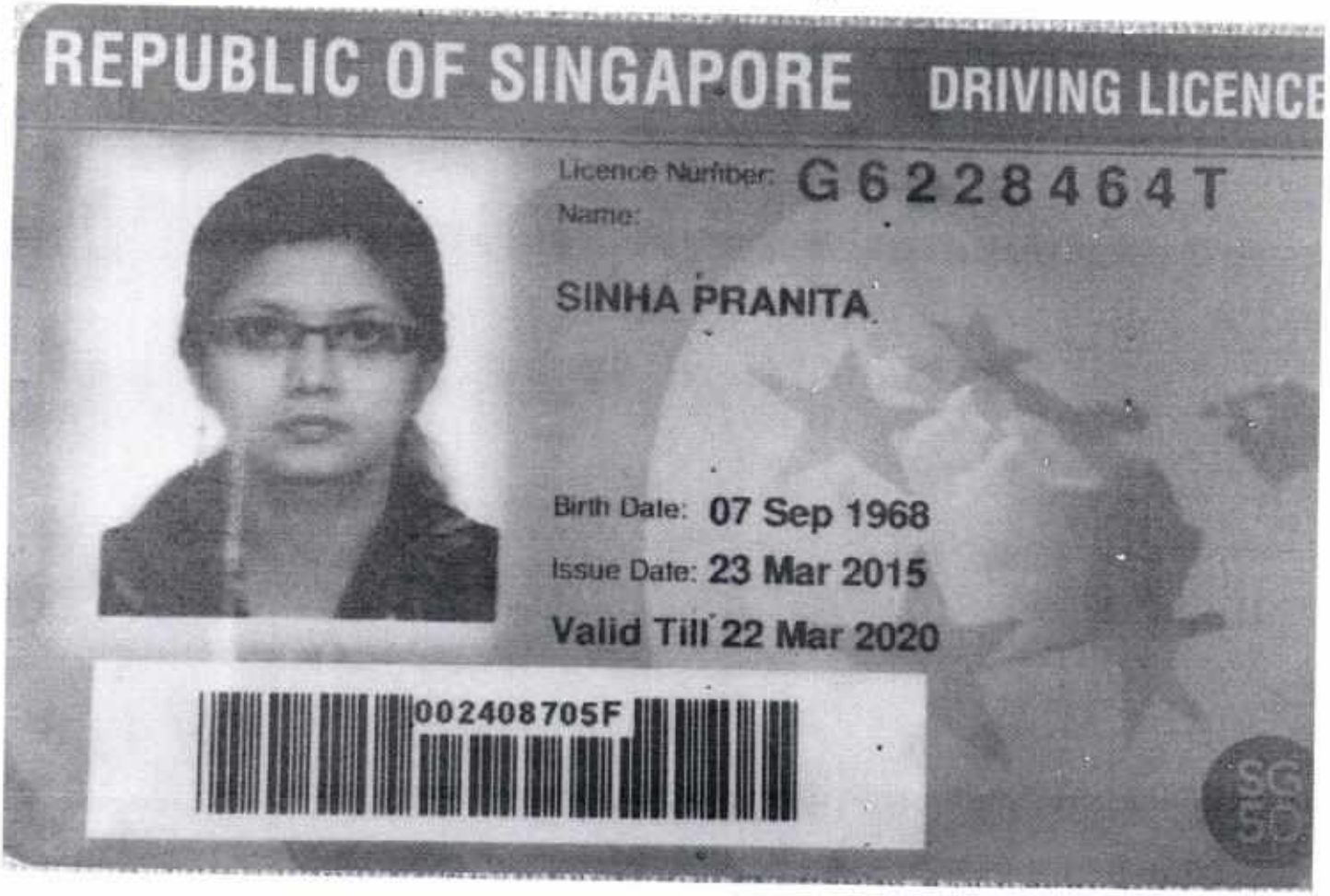
LOHIA NAGAR PATNA 800020 BIHAR

Old Passport No. with Date and Place of Issue

Z1875939 26/08/2008 JAKARTA

File No.

SGPS20086917 OLD PPT CLD AND RETURNED


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: G6228464T
Name:
SINHA PRANITA
Birth Date: 07 Sep 1968
Issue Date: 23 Mar 2015
Valid Till 22 Mar 2020
002408705F

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 =< 2500kg	23 Mar 2015

Licence No: G6228464T

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	SD18V00030 /VPZ /R03
Form	MZ406
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SKP9550E
2.Chassis number of Vehicle:	MRHCR2630EP000028
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