

# NATIONAL Assessment Centre Services

(Unit 1 12000)

NA18041568

Date In: 27/03/2018 19:33  
Ref No: N84/LIP/18005699/Y  
Veh No: SKL 569H  
D.O.A: 21/03/2018 07:15

OD / TP Reasoning Only

TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-Milling		
E-mail (within 2hrs, A/C 2hrs)		
1-Motor Claim Form		
1-Motor VVO (within 24 hrs, 24 hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/VVWsp		

Preferred Wksp / INC Assign Wksp / OWI:

TP Particulars: Yell No: INC ( ) / Non-INC ( )

Owner / Drivers: Tel:

Policy No: Period: Cover Type:

Confirmed by: Date: Time:

Insured/Driver Liability: (%) (Note: B/L Status (WO): NI 0-20%; PI 21-79%; PI 80-100M)

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

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

General Remarks: ( ) Walk-In Customer: Customers Information strictly Confidential & Strictly NO paper or reporter.

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

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

Reasons: ( ) No Police 6788 COVER ( ) Data Time Complete Up Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Other Tasks: ( )

( )

( )

( )

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NA1801949

Human Resources	Invoice Breakdown/Charges	Bill	Hand Bill
Driver/Owner	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (43)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$40	
C. Checked by (Ungr-In-Charge):	4) PT: Follow Through Survey	\$120	
	5) PT: Follow Through Survey (Resurvey)	\$70	
	Particulars apply: INC Only (over 10 Jan 2018)		
	6) TR: Repairation	\$11	
	7) NI: (4x) DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance	\$1	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$11	
	12) NI: BY / Collision/Coordination	\$1	
	13) NI: TP (Non-INC) against INC	\$30	
	14) NI: (4x) DA	\$16	
	Invoice Total		
	Net Charged		

7/2:

Invoice Total

Net Charged

7/2:

7/2:

## 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	27/03/2018 19:33
Date Of Accident	21/03/2018 07:15
Exact Location Of Accident	CARPARK OF ONE JERVOIS (CONDOMINIUM)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL569H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96414658
Alternative Phone No	OFFICE-96414658

### 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	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	KENYA GOTO
Passport No/FIN	G3429459W
Date Of Birth	22/09/1972
Occupation	INDOOR
Date Of Driving Pass	18/12/2017
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96414658
Fax Number	
Contact Number	OTHERS-96414658
Email Address	NOEMAIL

Address	NO 1 JERVOIS CLOSE #10-03
Postcode	249115
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

## 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.



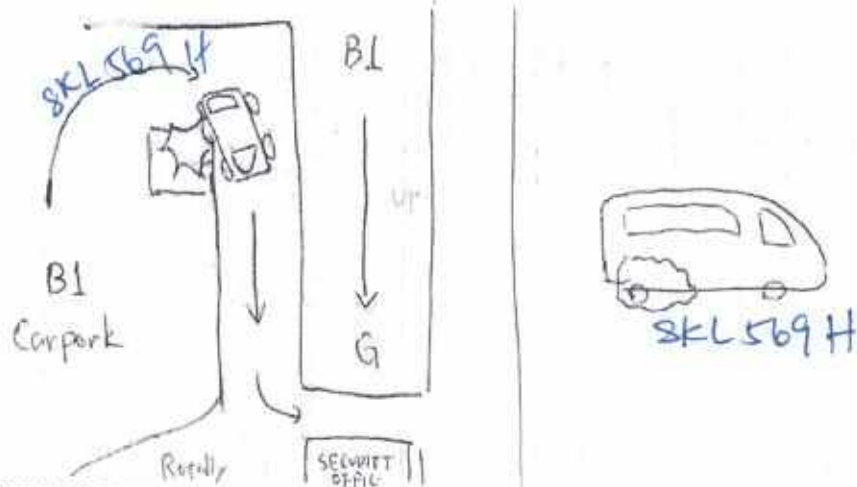
Policyholder's Signature  
Date & Time:

✓  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27/07/2018

27/08/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ROAD  
CARPARK OF ONE JARVIS CONDOMINIUM.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Around 7.15 AM on March 21, 2018, Kenya Goro was going to exit the parking lot in B1 Floor of Carpark of One Jarvis (condo), and when exiting I made side swipe against the Condo Carpark Wall.

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: 27/03/2018

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

27/03/2018  
Roshni W. Attias

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for e-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 Insurance and acceptance of this Form by insurance companies is not an admission of the 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: 21/03/2018	Time: 7:15AM
Exact Location of Accident	Car Park <del>of</del> Of One Jervois (Condo)	
<b>DETAILS OF OWN VEHICLE</b>		
Vehicle Registration Number	SKL 0569H	
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>		
Name of Registered Owner (See Insurance Cert.)		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
- Not Applicable		
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>		
Vehicle Make / Model	Manufacturer: _____ Model: _____	
Type of Vehicle	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____	
Exact Purpose for which vehicle was being used at time of accident		
Are you claiming under own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input type="radio"/> Third Party <input checked="" type="radio"/> Reporting)	
<b>INSURANCE COMPANY (OWN VEHICLE)</b>		
Name of Insurance Company		
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only	
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No	
Policy Number		
Motor CI		
<b>DRIVER</b>		
Name of Driver	<input type="radio"/> Same as Insured above KENYA GOTO	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	G3429459W / TR9175724	
Date of Birth	22 /dd 09 /mm 1972 /yy	
Driving Date Pass	/dd /mm /yy	
Year of Driving Experience	Year(s) Month(s) Month(s)	
Occupation	Sales General Manager <input type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	96414658	

Address of Driver	1 Jervois Close		
Email Address	# 10-03 S'pore 249 115		
Was Driver An Employee of the Insured's Company?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If No, Relationship of the Driver with the Insured			
Vehicle Registration Number of Driver's Own	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
<b>GENERAL INFORMATION OF THE ACCIDENT</b>			
Type of Collision (Eg, Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	Side Swipe against Condo. car park wall		
Weather Conditions	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Others
Road Surface	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Others
<b>OTHER INFORMATION</b>			
a. Was anybody injured in the accident?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b. Was any other vehicle or property damaged? (Including Witness)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>DETAILS OF POLICE ACTION</b>			
Was the Accident reported to the Police?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>			
Vehicle Registration Number			
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver			
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number			
Contact Number			
Vehicle Make/ Model/ Colour			
Address of Driver			
Name of Insurance Company			
No. of Passenger (Including Driver)			
[Note - Please use page 6 if you need to add more vehicles]			

[illegible]

P<JPN GOTO<<KENYA<<<<<<<<<<<<<<<<<<<<<<<<<<<<  
TR91757245JPN7209226M2709271<<<<<<<<<<<<<<<<<00



# EMPLOYMENT PASS

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

Employer

MITSUBISHI HEAVY INDUSTRIES ENGINE SYSTEM ASIA PTE. LTD.



Name

KENYA GOTO

Occupation

GENERAL MANAGER

FIN

G3429459W

Date of Application

17-11-2017

Date of Issue

02-01-2018

Date of Expiry

02-01-2020



L8542911

# VISIT PASS

Immigration Regulations

Name

KENYA GOTO



Date of Birth

32-03-1972

Sex

M

Nationality

JAPANESE

FIN

G3429489W

Date of Issue

02-01-2018

Date of Expiry

02-01-2020

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.



日本国  
JAPAN

国際自動車交通  
INTERNATIONAL MOTOR TRAFFIC  
国際運転免許証  
INTERNATIONAL DRIVING PERMIT

1949年9月18日の道路交通に関する条約  
CONVENTION ON ROAD TRAFFIC OF 19 SEPTEMBER 1949

発給地 Issued at: KANAGAWA, JAPAN

発給年月日 Date of Issue: DEC. 18, 2017

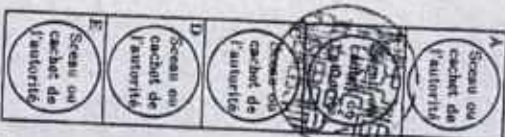
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神奈川県公安委員会  
KANAGAWA  
PREFECTURAL PUBLIC SAFETY COMMISSION

*Yasuo Miyazaki*

1 GOTO  
2 KENYA  
3 KANAGAWA, JAPAN  
4 SEP. 22, 1972  
5 1-5-36 KATAHIRA, ASAO-KU, KAWASAKI



*Kenya Goto*  
Signature du titulaire

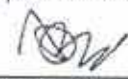
EXCLUSIONS

(pays)

I  
II  
III  
IV  
V  
VI  
VII

## 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>	SD18V00030 /VPZ /R03										
<b>Form</b>	MZ406										
<b>Date Of Issue</b>	26-DEC-2017										
<b>1.Index Mark and Registration No. of Vehicle:</b>	SKL569H										
<b>2.Chassis number of Vehicle:</b>	ACR507120189										
<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>	<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>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.</p>										
<b>7.Limitations as to use*:</b>	<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p>										
<b>8.Policy does not cover:</b>	<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p> <p>*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.</p>										
<p>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).</p>											
<p>For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>          Approved Insurers</p>  _____ Authorised Signature											
<p><b>For Information only:</b></p> <table style="width: 100%;"> <tr> <td style="width: 30%;"><b>COVERAGE :</b></td> <td>Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabcar Extension</td> </tr> <tr> <td><b>SUM INSURED:</b></td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td><b>EXCESS:</b></td> <td>Section I - Singapore S\$1050 / Outside Singapore S\$1550, Additional Excess for Young &amp; Inexperienced Drivers S\$1500, Windscreen Excess S\$100</td> </tr> <tr> <td><b>FINANCE COMPANY:</b></td> <td></td> </tr> <tr> <td><b>PRODUCER NAME:</b></td> <td>ACORN INTERNATIONAL NETWORK PTE LTD</td> </tr> </table>		<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabcar Extension	<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS	<b>EXCESS:</b>	Section I - Singapore S\$1050 / Outside Singapore S\$1550, Additional Excess for Young & Inexperienced Drivers S\$1500, Windscreen Excess S\$100	<b>FINANCE COMPANY:</b>		<b>PRODUCER NAME:</b>	ACORN INTERNATIONAL NETWORK PTE LTD
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<b>FINANCE COMPANY:</b>											
<b>PRODUCER NAME:</b>	ACORN INTERNATIONAL NETWORK PTE LTD										

PLASI/27-DEC-17

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27-DEC-17