NATIONAL Assessment Centre Services [illegible] MNAIL8051788

Date In: 19/04/2018 12:57	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP18007287/Y	SAS e-filing		
Veh No: SLB6479K	E-mail (vehicle stat, AIC stat)		
D.O.A: 18/04/2018 07:20	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (within 00 days, TP (stat))		
	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: SGJ8869Z INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

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

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) [Note: BSL Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

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

Excess: (S) 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: INC Hotline: 6788 6016	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

NA1802544

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

(Other) Comments:

Invoice Preparation Checklist	Bill	Not Bill
1) ARI Accident Reporting ($30)		
2) DA: Damage Assessment ($100): INC ($80)		
3) TF: Towing Fee		
4) FT: Follow-Through Survey	$30	
5) FT: Follow-Through Survey (Resurvey)	$30	
For claims under INC Only (w.e.f 10 Jan 2000)		
6) TA: Rel/Transaction	$15	
7) NII: New DA + SMRT Survey	$150	
8) NTUC Additional Services:		
9)		
NI: Courtesy Car / Tpt Allowance	$30	
NI: Repair Coordination	$30	
NI: Post Repair Inspection	$15	
NI: DY / Collect Vessel Coordination	$30	
TZ (NII) TP (Non INC) against INC	$30	
9) NII: Islands Mobility	$30	
Invoice dated	Not Charged	

MNA116051788 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 19/04/2018 12:57
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 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	19/04/2018 12:57
Date Of Accident	18/04/2018 07:20
Exact Location Of Accident	15 TONG WATT ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB6479K
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	KOSUMI@DENSO.COM.SG
Mobile Phone No	(LOCAL) +65-82908000
Alternative Phone No	OFFICE-82908000
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.5 (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	OSUMI KIMIHIKO
Passport No/FIN	G3424769U
Date Of Birth	15/05/1966
Occupation	INDOOR
Date Of Driving Pass	28/02/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82908000
Fax Number	
Contact Number	OTHERS-82908000
EMail Address	KOSUMI@DENSO.COM.SG

Address	15 TONG WATT ROAD #07-08
Postcode	238026
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 PARKED VEHICLE
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	SGJ8369Z
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Mangement 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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 C...

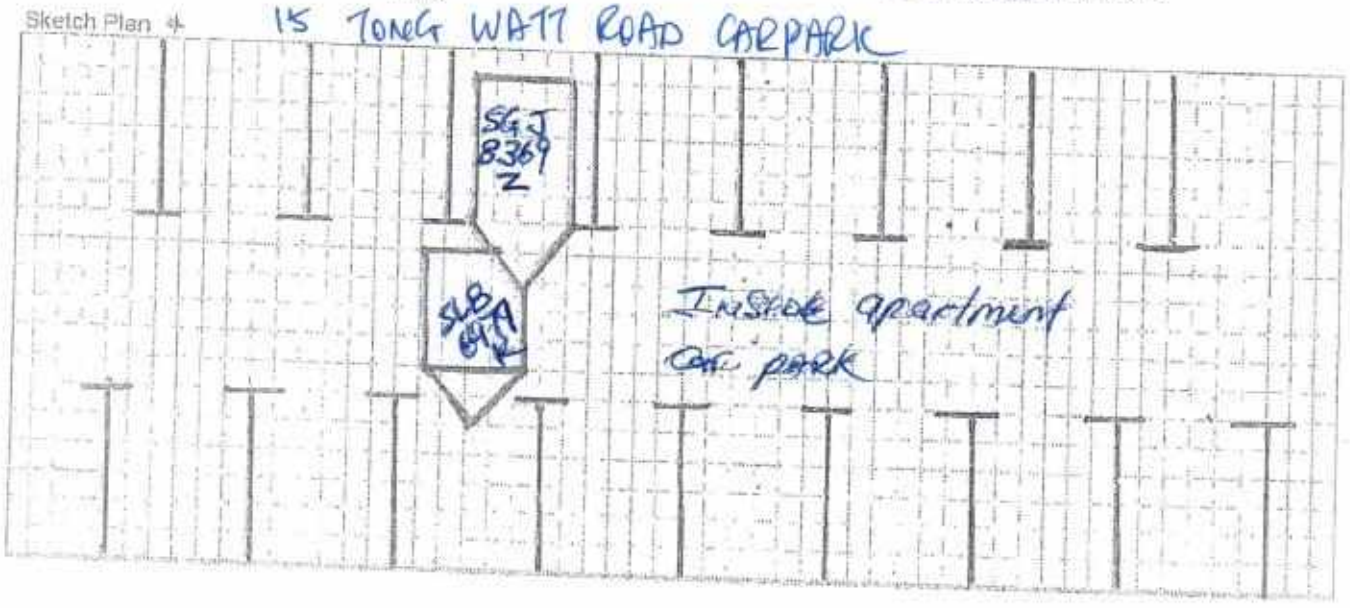
Policyholder's Signature / Date & Time

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

19/04/2018

Witnessed by Reporting Centre Personnel

Sketch Plan : 15 TONG WATT ROAD CARPARK



Describe Circumstance of the Accident *

On 18th April 2018 at about 7.20am.
While I was reversing my Car out of the Car park lot
located at 15 Tong Watt Road The Wharf residence Basement Car
park my Vehicle SJB6477K accidentally bit on to a Stationary Vehicle
SGJ 5367Z a Nissan Murano model and Cause this
Vehicle front Bumper damage.

Declaration

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

GOLDBELL CAPITAL PTE LTD

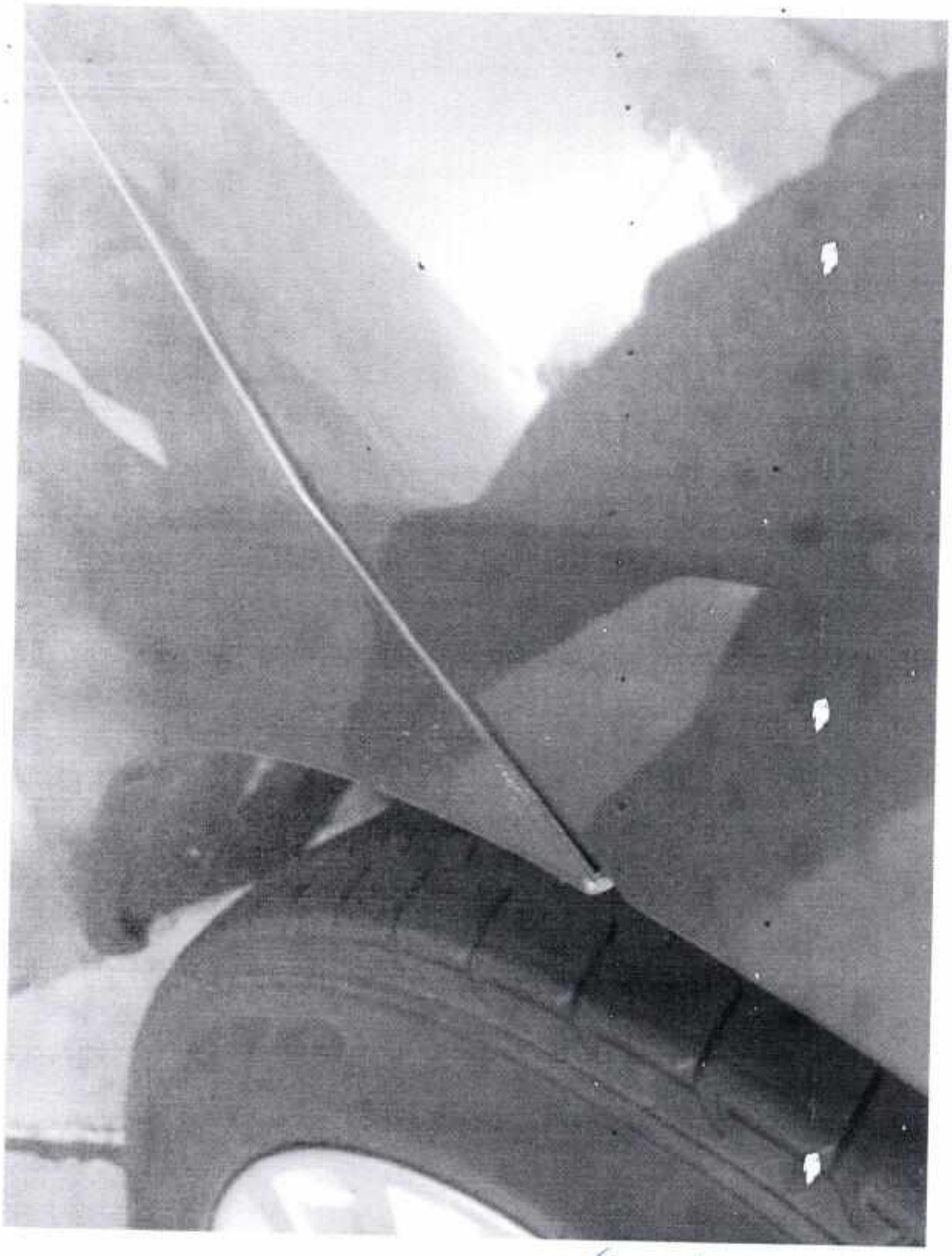
Policyholder's Signature / Date & Time

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

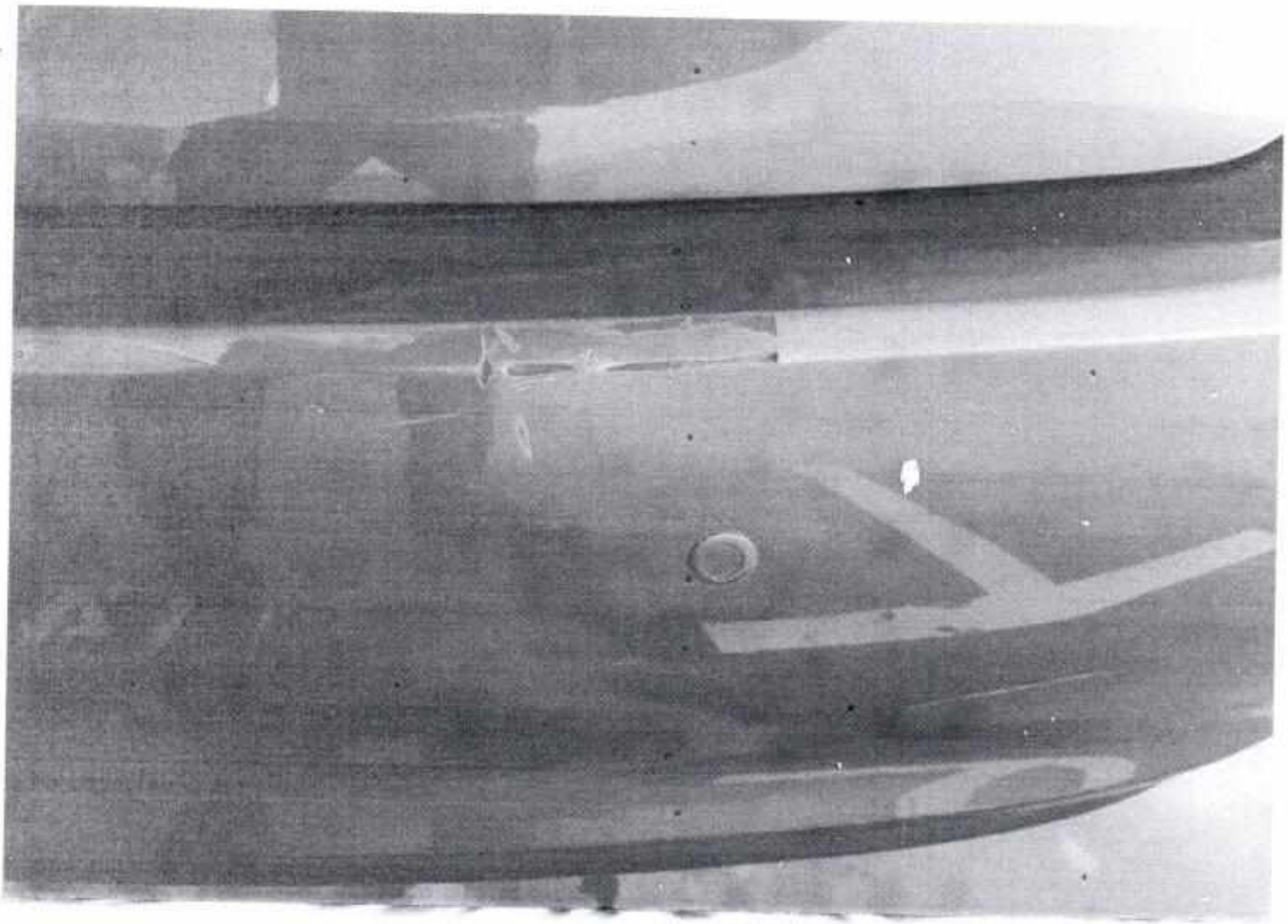
18/04/2018

Witnessed by Reporting Centre Personnel

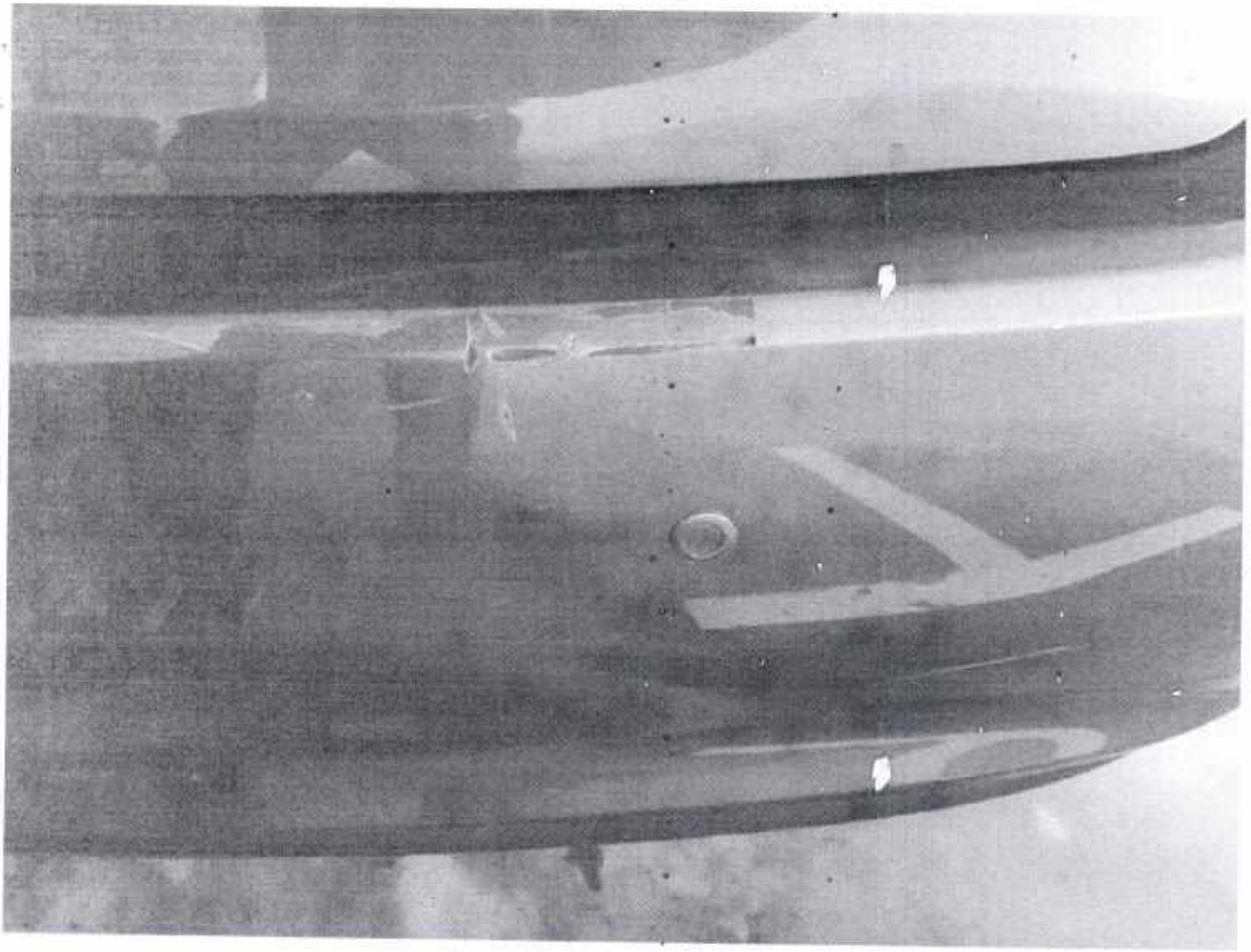
19/04/2018



19/04/2018



19/04/2018



19/04/2018

19/04/2018

19/04/2008

19/04/2018

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: 18.4.2018 Time: 07:20 am
Exact Location of Accident *	15 Tong Watt Road #07-08 The Wharf Residence 338 064

DETAILS OF OWN VEHICLE

Vehicle Registration Number *	SLB6479K

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 Toyota Model Camry
Type of Vehicle*	(✓) Saloon ( ) MPV ( ) CRV ( ) Van ( ) Lorry ( ) Bus ( ) M/cycle ( ) Others, _____
Exact Purpose for which vehicle was being used at time of accident *	
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 *	Kimihiko Osumi
Personal Identification - NRIC (Singaporean/PR) *	
- FIN/Passport Number *	G3424769U
Date of Birth *	dd/ 15 mm/ 05 /yy 1966
Driving Date Pass *	dd/ 28 mm/ 02 /yy 2018
Year of Driving Experience *	Year(s) 02 Month(s)
Occupation *	82908000 (✓) Indoor ( ) Outdoor
Gender *	(✓) Male ( ) Female
Contact Number / Mobile Phone / Fax No. *	

Address of Driver	*	15 Thong Wat Road #07-08 The Wharf Residence Postcode (238026)
Email Address	*	koswhi@denso.com.sg
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 to 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	*	SSJ 8369Z
Vehicle Make/ Model/ Colour		Nissan / Murano / Dark Grey
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.)


REPUBLIC OF SINGAPORE DRIVING LICENCE
G3424769U
OSUMI KIMIHIKO
15 May 1966
28 Feb 2018
Valid Till 27/02/2023


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg
28 Feb 2018
Licence No:G3424769U
NP 428A

Liberty Insurance

Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069426
Tel: (65) 6221 8611 Fax: (65) 6225 6850
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:	SLB6479K
2.Chassis number of Vehicle:	MR053AK5004010816
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