NATIONAL Assessment Centre Services. MNA18056274

Date In: 30/04/2018 12:47	Job description	Date & Time Completed	Done by
Ref No: NBA/RIP/18007871/4	SAS e-filling		
Veh No: GBH 3089J	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 22/04/2018 18:00	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O		
	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: YN 7352T , INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

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

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) [Note: BSL Status (W/O): 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 : Customer's information strictly Confidential & Strictly NO raise of repairer.

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

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

Remarks: (NS hotline 6788 0026) 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

NA1802774

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Invoice Preparation Checklist

1) AR: Accident Reporting ($30)

2) DA: Dossier Assessment ($100) INC (HO)

3) TP: Towing Fee

4) FT: Follow-Through Survey

5) FT: Follow-Through Survey (Resurvey)

6) TR: Ad-hoc

7) N: DA + SMRT Survey

NTUC Additional Survey

Others

(N) Courtesy Car / Taxi Allowance

(N) Repair Coordination

(N) Post Repair Inspection

(N) DY / Cellular Overdue

(N) TP (Non INC)

Invoice Dated: Net Charge

Internal Comment:

MNA118056274 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 30/04/2018 12:42
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 30/04/2018 13:37

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	30/04/2018 12:42
Date Of Accident	22/04/2018 18:00
Exact Location Of Accident	BKE TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH3089J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91089371
Alternative Phone No	OFFICE-91089371
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD18V00032/VCZ/R03
Cover Note Number	
Driver	
Name of Driver	RAHMAN BIN PAUSI
NRIC No	S7312134E
Date Of Birth	12/04/1973
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91089371
Fax Number	
Contact Number	OTHERS-91089371
EMail Address	NOEMAIL

Address	BLK 484 SEGAR ROAD #07-332
Postcode	670484
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	SIDE SWIPE
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 AND POLICE REPORT T/2018

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	YN7352T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GANDHI MOHANDHAS
NRIC/Passport Number	G2519014P
Contact Number	86155479
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 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 CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

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

30/04/2018

Witnessed by Reporting Centre Personnel

Sketch Plan :

Describe Circumstance of the Accident *

ON 220418 AT ABOUT 1800HR, I WAS TRAVELLING ALONG BKE TOWARDS WOODLANDS. MY VEHICLE PLATE NUMBER IS SJB 3089J. SUDDENLY, THE LORRY ON MY LEFT STARTED TO MOVE TO MY LEFT LANE. I TRIED TO MOVE SLIGHT TO THE RIGHT BUT COULD NOT TO IT IN TIME. AS SUCH, THE LORRY AND MY VAN SIDE SWIPED. SUBSEQUENTLY, I MANAGED TO CHANGE LANE TO THE RIGHT AND STOPS ON THE ROAD SHOULDER EVENTUALLY THE LEFT SIDE OF MY VAN IS DENTED. I CALLED FOR THE POLICE AT THE ROAD SHOULDER. SHORTLY AFTER, POLICE AND AMBULANCE CAME DOWN TO SCENE. I EXCHANGED PARTICULARS WITH THE DRIVER OF THE LORRY. NO ONE WAS INJURED IN MY VAN.

POLICE REPORT : T/20180422/2090

Declaration

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

GOLDBELL GAP BENTLEY PTE LTD

Policyholder's Signature *

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

30/04/2018

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20180422/2090

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180422/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
22/04/2018 19:16		200

Informant's Particulars

Name of Informant: RAHMAN BIN PAUSI			Address: APT BLK 484 SEGAR ROAD #07-332 SINGAPORE 670484	
ID Type / ID No.: NRIC NO / S7312134E			Contact No.: Home/Office: Mobile: 91089371	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 45	Date of Birth: 12/04/1973	Type of Informant: Driver	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/04/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY Towards BKE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH3089J	Van				Slightly Damaged	5
YN7352T	Lorry				Seriously Damaged	6

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Driver			
Name	RAHMAN BIN PAUSI	ID No.	S7312134E
Related Vehicle	GBH3089J (Van)	Contact No.	91089371
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	GANDHI MOHANDHAS	ID No.	G2519014P
Related Vehicle	YN7352T (Lorry)	Contact No.	86155479
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 22/04/2018 at about 1800hrs, I was travelling along BKE towards Woodlands. My vehicle plate number is GBH3089J. Suddenly, the lorry on my left started to move to my left. I tried to lane swap to the right but could not do it in time. As such, the lorry and my van side swiped. Subsequently, I managed to change lane to the right and stopped on the road shoulder eventually. The left side of my van is dented. I called for the police at the road shoulder. Shortly after, police and ambulance came down to scene. I exchanged particulars with the driver of the lorry. No one was injured in my van.

SINGAPORE POLICE FORCE

T/20180422/2090

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
J /
CHEN JIAN YU

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/04/2018 19:16

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65472078

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to _____ (Authorised Reporting Centre ("ARC") for 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 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: 220418 Time: 1800HR
Exact Location of Accident	*	BKE TOWARDS WOODLAND

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	GBH 3089J

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 NISSAN Model NV 200
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	*	RAYMAN BIN [illegible]
Personal Identification - NRIC (Singaporean/PR)	*	S7312134E
- FIN/Passport Number	*	
Date of Birth	*	12 dd/ 04 mm/ 1973 /yy
Driving Date Pass	*	dd/ mm/ /yy
Year of Driving Experience	*	Year(s) Month(s)
Occupation	*	TECHNICIAN ○ Indoor ○ Outdoor
Gender	*	✓ Male ○ Female
Contact Number / Mobile Phone / Fax No	*	91089371

Address of Driver	*	484 SEGAR ROAD #07-332 Postcode : 6
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)	*	
Weather Conditions	*	○ Clear ○ Raining ○ Others DRIZZLING
Road Surface	*	○ Dry ✓ Wet ○ Others:

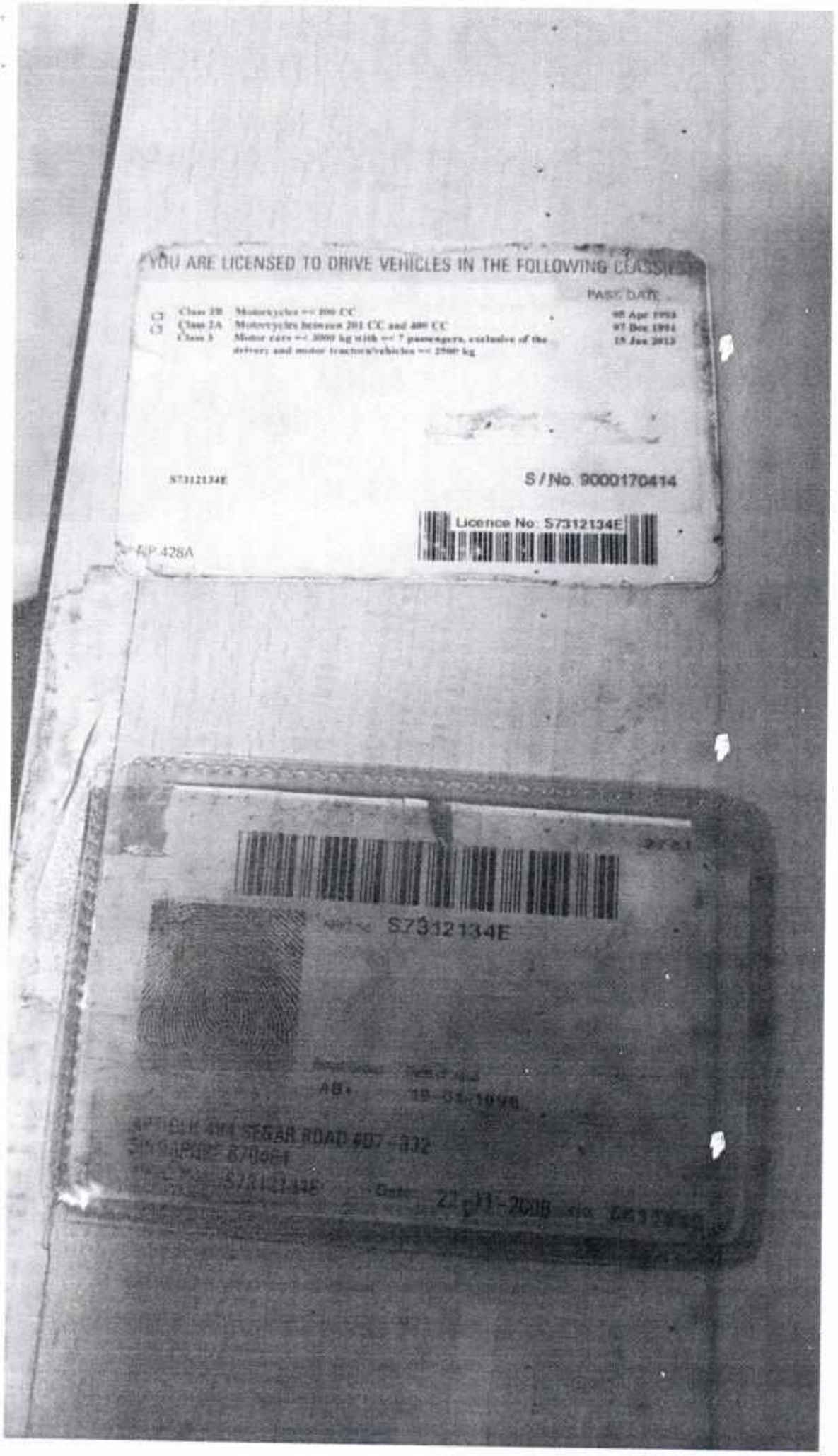
OTHER INFORMATION		
a. Was anybody injured in the accident?	*	✓ Yes ○ No MINOR INJURY
b. Was any other vehicle or property damaged? (Including Witness)	*	✓ Yes ○ No

DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	*	✓ Yes ○ No (If Yes, please state which Police Station.)
Police Station Name		WOODLANDS EAST N.P.C
Police Station Address		3 WOODLANDS DRIVE 68
Police Station Contact		Tel No. 1800-7679999 Fax No.
Was notice of intended Prosecution given?		○ Yes ○ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	*	YN-7352J
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		GANDHI MOHANDAS
Personal Identification - NRIC (Singaporean/PR)		G2519014P
- FIN/Passport Number		
Contact Number		86155479
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
S7312134E
RAHMAN BIN PAUSI
12 Apr 1973
20 Jun 2007
REPUBLIC OF SINGAPORE
S7312134E


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES
PASS DATE
Class 3B Motorcycles <= 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg
98 Apr 1993
97 Dec 1994
15 Jun 2013
S7312134E
S / No. 9000170414
Licence No: S7312134E
AP 428A
S7312134E
AB+
S7312134E
Date

Liberty Insurance.

1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE
24 HR ACCIDENT RESPONSE
ROADSIDE ASSISTANCE
FLOOD ASSISTANCE

Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6226 3360

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	SD18V00032 /VCZ /R03
Form	MZ407
Date Of Issue	24-APR-2018
1.Index Mark and Registration No. of Vehicle:	GBH3089J
2.Chassis number of Vehicle:	VSKYBAM20Z0156680
3.Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	12-APR-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 and pleasure purposes and business purposes of any person to whom the vehicle is hired.

8.Policy does not cover:

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
LIBERTY INSURANCE PTE LTD
Approved Insurers

Authorised Signature

For Information only

COVERAGE	Comprehensive Unlimited Windscreen,Personal Accident Benefit,Airside Of Singapore Changi Airport,Geographical Area: Singapore only
SUM INSURED	MARKET VALUE AT THE TIME OF LOSS
EXCESS	Section I: S$1250 Additional Excess for Young & Inexperienced Drivers: S$3000,Windscreen Excess: S$100
FINANCE COMPANY	DBS BANK LTD
PRODUCER NAME	ACORN INTERNATIONAL NETWORK PTE LTD

PLYW 20180424 Ver.1.260705