NATIONAL Assessment Centre Services (WIS / INVOO) MNA1180067684

Date In: 24/05/2018 15:58	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP18009479/X	SAS c-illing		
Veh No: SLH 7894M	E-mail (within 3hrs, AIO 5hrs)		
D.O.A: 21/05/2018 12:35	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (within 00 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: GZ7701U INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

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

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) (Note: Bil, Sum (WO): N: 0-20%; P: 21-79%; F: 30-100%)

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

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

General Remarks

( ) Walk-in Customer | Customer's information strictly Confidential & Strictly NO sales of repairer.

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

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

Remarks (INC hotline 6788 0016) 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

NA1803301

Uninsured Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-in-Charge):

Invoice/Reports/Job Checklist

1) AR (Accident Reporting) ($30)

2) DA (Damage Assessment) ($100) INC

3) TF (Towing Fee)

4) FT (Follow-Through Survey)

5) FT (Follow-Through Survey (Re-survey)

6) TA (Arbitration)

7) NT (UCDA + SMRT Survey)

8) NTUC Additional Survey

Others

INC Courtesy Car / Tpt Allowance

INC Repair Co-ordination

INC Post Repair Inspection

INC DV / Collect Vessel Co-ordination

TP (NT) TP (Non-INC) Towing INC

9) Additional Mobile

Invoice Paid

Net Charge

MNA118067684 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 24/05/2018 15:58
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 24/05/2018 16:38

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	24/05/2018 15:58
Date Of Accident	21/05/2018 12:35
Exact Location Of Accident	ALONG MACPERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7894M
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	JASMINE@PICODENSHI.COM.SG
Mobile Phone No	(LOCAL) +65-97527818
Alternative Phone No	OFFICE-97527818
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 HATCHBACK 1.5 AT DELUXE EU6
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NO
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	
Driver	
Name of Driver	KEE MEI TENG, JASMINE (JI MEITING, JASMINE)
NRIC No	S8133302E
Date Of Birth	02/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97527818
Fax Number	
Contact Number	OTHERS-97527818
EMail Address	JASMINE@PICODENSHI.COM.SG

Address	BLK 121 POTONG PASIR AVENUE 1 #10-285
Postcode	350121
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?	YES
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	GZ7701U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE WAI KONG
NRIC/Passport Number	S1740236F
Contact Number	94783055
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KEE MEI TENG, JASMINE (JI MEITING, JASMINE)

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLU7894M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 invalidate 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 reportings may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.
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 LTD CAR RENTAL

Policyholder's Signature / Date & Time

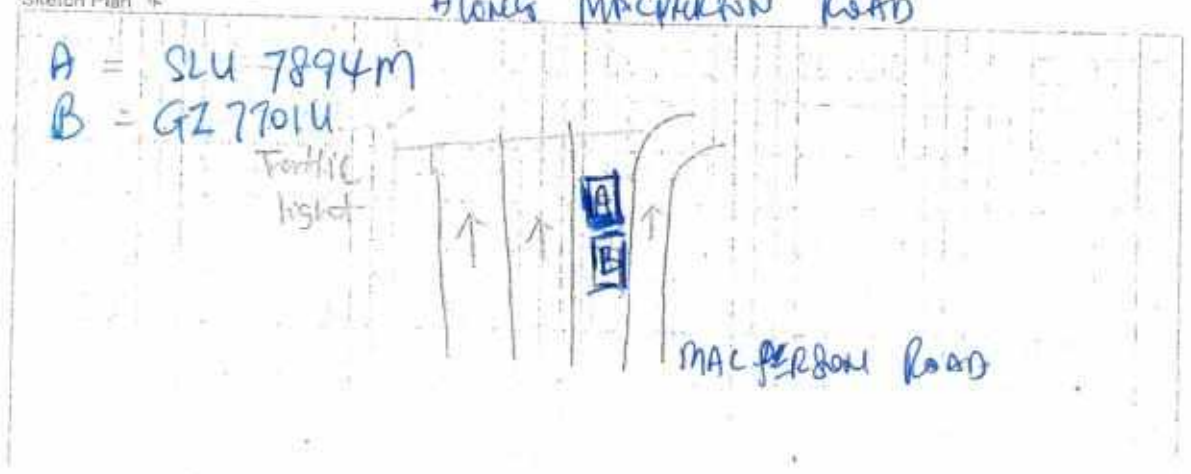
jaa

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

24/05/2018

Witnessed by Reporting Centre Personnel

Sketch Plan :



Describe Circumstance of the Accident *

I was driving on the extreme right 2nd lane, 2nd vehicle. When the 1st car move turn left, the green arrow change to red and I stop at the stop line. I look at my rear mirror and realised that the driver was not looking at the front traffic, he was meddling with his items at the passenger seat, the next minute I realised he had bang onto the back of my car.

Declaration

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

Policyholder's Signature / Company Chop

GOLDBELL GENTAS PTE LTD

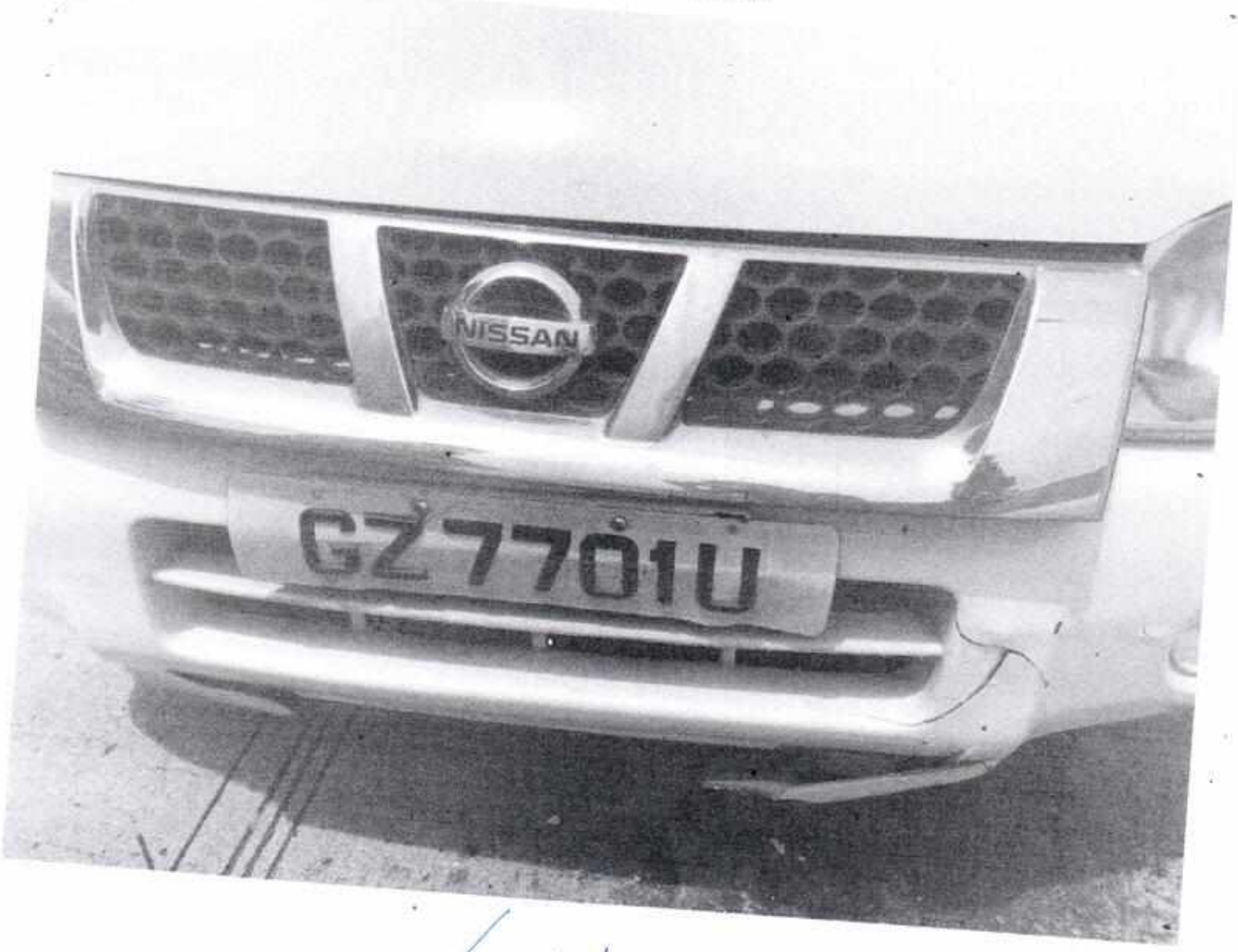
* jas

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

24/08/2018

Witnessed by Reporting Centre Personnel

gen 24/05/2018



24/05/2018

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 willful 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: 21/5/18 Time: 12.32pm
Exact Location of Accident	*	Macpherson Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	SLU 789 4M

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	*	for work
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	*	Kee Mei Teng Jasmine
Personal Identification - NRIC (Singaporean/PR)	*	S8133302E
- FIN/Passport Number	*	E7045835E
Date of Birth	*	2 dd/ 11 mm/ 1981 /yy
Driving Date Pass	*	20 dd/ 01 mm/ 2003 /yy
Year of Driving Experience	*	15 Year(s) Month(s)
Occupation	*	◯ Indoor (x) Outdoor
Gender	*	◯ Male (x) Female
Contact Number / Mobile Phone / Fax No.	*	97527818

Address of Driver *	Jasmine Kee Mei Teng Postcode (069537)
Email Address *	jasmine@picodenshi.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 my rear
Weather Conditions *	(x) Clear ◯ Raining ◯ Others,
Road Surface *	(x) 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 (x) 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 *	GZ 7701U
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	Lee Wai Kong
Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number	S1740236F
Contact Number	9478 3055
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

IDENTITY CARD NO. S8133302E

Name

KEE MEI TENG, JASMINE
(JI MEITING, JASMINE)

纪 美 婷

Race

CHINESE

Date of birth

02-11-1981

Sex

F

Country of birth

SINGAPORE

S8133302E

48722

NRIC No. S8133302E

Date of issue

16-08-2012

APT BLK 121 POTONG PASIR AVENUE 1 #10-285
SINGAPORE 350121

NRIC No: S8133302E Date: 24/09/2015

REPUBLIC OF SINGAPORE DRIVING LICEN

Licence Number: S8133302E

Name:

KEE MEI TENG, JASMINE
(JI MEITING, JASMINE)

Birth Date: 02 Nov 1981

Issue Date: 29 Jul 2009

001769788K

'OU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

		PASS DATE
lass 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	20 Jan 2003

Licence No: S8133302E

NP 428A

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) 6225 6895
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	SD18V00034 /VPZ /R03
Form	MZ406
Date Of Issue	24-JAN-2018
1.Index Mark and Registration No. of Vehicle:	SLU7894M
2.Chassis number of Vehicle:	JM6BN24A6J0192268
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$850 / Outside Singapore S$1350,Additional Excess for Young & Inexperienced Drivers S$1500,Windscreen Excess S$100
FINANCE COMPANY:	HONG LEONG FINANCE LTD
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD