

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005) **MA16072501**

Date In: <b>04/06/2008 18:12</b>	Job description:	Date & Time Completed	Done by
Ref No: <b>NBA/LP/100101074</b>	SAS e-filing		
Veh No: <b>SJX 8579A</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>30/05/2008 13:50</b>	i-Motor Claim Form		
OD <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SU 21294** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. 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: Customer's 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 6616)	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	Actions

<b>MA1603495</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30)		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat 1:</b>	6) TR: Re-inspection \$75		
<b>Cat 2 / 3:</b>	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## 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	04/06/2018 18:12
Date Of Accident	30/05/2018 12:50
Exact Location Of Accident	TELOK BLANGAH WAY (SLIP ROAD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8579A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90290732
Alternative Phone No	OFFICE-90290732

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA-2.4 7-SEATER (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO FETCH MY BOSS
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	SD18V00030/VPZ/R03
Cover Note Number	

### Driver

Name of Driver	AFFANDI BIN SAPUAN
NRIC No	S1114828Z
Date Of Birth	18/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1987
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90290732
Fax Number	
Contact Number	OTHERS-90290732
Email Address	NOEMAIL



Address	BLK 12 BEDOK NORTH AVENUE 2 #06-600
Postcode	460012
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?	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	SLL2129U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOW YI LING (EILEEN)
NRIC/Passport Number	S8604988J
Contact Number	90611688
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 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:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

HENDERSON ROAD

ST-8539A

SLL2129U

SAPRA

MT. FABER

WHILE ~~LETTING~~ LETTING TRAFFIC FLOW CLEAR ON MY RIGHT SIDE  
SUDDENLY A CAR BUMP INTO MY REAR CAR BEHIND.

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

04/06/2018  
Rashid Waffar

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this form to the 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 insurance and acceptance of this Form by insurance companies is 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: 30/05/2018	Time: 12.30 pm
Exact Location of Accident	1	TELUK BLANCAH WAY (SLIP ROAD)	
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	a	SJK 8579 A	
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		<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	*	STANDBY FOR MY BOSS, OTW TO FETCH HIM	
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 checked="" type="radio"/> Third Party <input type="radio"/> Reporting)	
INSURANCE COMPANY (OWN VEHICLE)			
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			
DRIVER			
Name of Driver	v	AFFANDI BIN SAPUAN	
Personal Identification - NRIC (Singaporean/PR)	x	S1114828-2	
- FIN/Passport Number	w		
Date of Birth	w	17 /dd 18 /mm 06 /yy 1955	
Driving Date Pass	-k	/dd /mm /yy	
Year of Driving Experience	w	30 Year(s) Month(s) Month(s)	
Occupation	-k	DRIVER <input type="radio"/> Indoor <input checked="" type="radio"/> Outdoor	
Gender	-k	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	x	90290732	



Address of Driver	RLK 12 #06-600 BEDOK SOUTH	
Email Address	AVE 2 S'PORE 460012	
Was Driver An Employee of the Insured's Company?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> 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)	BUMP AT MY REAR BUMP	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others	
<b>OTHER INFORMATION</b>		
a. Was anybody injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
b. Was any other vehicle or property damaged? (including Witness)	<input type="radio"/> Yes <input type="radio"/> No	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input type="radio"/> No (if Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	SLL 2129 U	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	SOW YI LING (BILEEN)	
Personal Identification - NRIC (Singaporean/PR)	S 860 4988 J	
- FIN/Passport Number		
Contact Number	90611678	
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)		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1114828Z



Name

AFFANDI BIN SAPUAN

Race

MALAY

Date of birth

18-06-1955

Sex

M

Country/Place of birth

SINGAPORE

5366650



IPC no. S1114828Z



Date of issue

04-10-2014

Address

APT BLK 12 BEDOK SOUTH AVENUE 2  
#05-500  
SINGAPORE 460012



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

 Licence No: **S1114828Z**  
Name: **AFFANDI BIN SAPUAN**  
Birth Date: **18 Jun 1955**  
Valid Date: **04 Oct 2014**

 0023515460

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

Class 3: Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 08 Jun 1987



NP 428A

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)  
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>	SJX8579A
<b>2. Chassis number of Vehicle:</b>	JTEGD54M90A020721
<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 169) 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 169) 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><u>For information only:</u></p>	
<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>	DBS BANK LTD
<b>PRODUCER NAME:</b>	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/27-DEC-17

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27-DEC-17