NATIONAL Assessment Centre	Services :	et : Jan 557 MMAIS	376861		
Dute in 1306 200 17:15	Jch description	Date & Time C	Completed	Done b	y.
REFNUNGA/LIPIRO/0828/19	SAS e-filing				
Veh No 60C 4237 I	E-mail (witten 8h	rs, AIC 2hrs)		2 - 35	
D.O.A 09/06/2018 12/00	i-Motor Claim	Form			
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		*********	***************************************
OD (TP)' Reporting Only	i-Photo Upload	led			
TP Insurer	Assessment/Surv	vey Report			
Manager St. S.	Ass't Report by	Fax / Hand to Owner/Wksp			SCOTLAND
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: SU	1023E	. INC()/Non-INC	E()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: () Cover Type:	(<u>)</u>	
Confirmed by : (Date: Tim)	
		O): N: 0-20%; P: 21-79	%. F: S0-100%]	
	arranty: YES ()/NO()			
	0 ()/\$2,000 (OD CENTRAL CO	VI BE SHOWN	-	
General Remarks:-		Markett & Street, NO cofee	day a block and	2	
() Walk-In Customer: Customer's inform	TE POLICE CONTRACTOR	idential & Strictly NO rater	оттеранет.		
Drive-In () / Towed-In (); Invoice:	Charles In Health				
Drive-In ()/ Towed-In (); Invoice:	YES () / NO	O (); Towing Co. (
Remarks:- (INC hotline: 6788 6616)	e Since weaks	Date&Time 0	Completed	Done	by
Apply for Transport Allowance () / Co	urtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()	R			
Injury:				-	
Date/Time Actions		10 V62 472 C10 S78		A CHILL	
A STATE OF THE PROPERTY OF THE	8. A.M		ASS THERE WAS DEED	50,363,61	
a a					
NA1803743		Invoice Preparation Che	cklist	Ant (\$) Let Bill	Amt (\$)
Claimant's Particulars :-		1) AR : Accident Reporting (\$30		18 1510	Aug Littl
		2) DA: Damage Assessment (\$10 3) TF: Towing Fee	0); INC (\$80) \$40/\$45	-	
Driver/Owner:		4) FT : Follow-Through Survey	5120		
Contact No:		5) FT : Follow-Through Survey (Re For claiming against INC Only (wef (0 Jan 2005)		
Damaged Portion:		6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey	\$75 \$160		
The second secon	*	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	÷	• N5: Courtesy Car / Tpt Allown	nue \$5		
SIRCH CONTRACTOR SERVICES	MIS CONTRACTORS	*N6: Repair Co-ordination *N7: Post Repair Inspection	\$10		
Auditors' Comments :-		*N8: DV / Collect Excess Coord	inetion \$5		
2at 1.	MH/2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TP (N11) : TP (Non INC) again 9) N12: Idao Mobile	11NC \$20		-
Cat. 2 / 3:		Invaice dated	Fee Charged		WATE.
		Invaice dated	Fee Charged	a trial	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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.
- 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.

Market State of the Administration	ACCIDENT STATEMENT
Date Of Report	13/06/2018 17:15
Date Of Accident	09/06/2018 12:00
Exact Location Of Accident	BLK 60 GEYLANG BAHRU (CARPARK RED LOT)
Country/State of Loss	SINGAPORE
京·日本年 中央大学 (1987年)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC4237T
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MUHDHIDAYAT1610@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88080169
Alternative Phone No	OFFICE-82232711
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	BACK FROM DAILY JOB/WORK
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	SD18V00032/VCZ/R03
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HIDAYAT BIN OSMAN
NRIC No	S9136672Z
Date Of Birth	16/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88080169
Fax Number	

OTHERS-82232711

MUHDHIDAYAT1610@GMAIL.COM

Address

BLK 68 GEYLANG BAHRU

#03-3243

Postcode

330068

Logicode

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

3

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

soliciting/offering accident claims assistance.

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

SLT1023E

Vehicle Make/Model/Colour

MITSUBISHI ATTRAGE

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

LEE KUAN HUAT

NRIC/Passport Number

S8182489D 90282336

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 Rability.
- 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 apples of the report being made available aforesaid.
- B. 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 webicle(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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) 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 opprespondence, 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")
- thi 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
- 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.
- my Personal Information will also be collected and used to complie claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (b) 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.

Policyhalder's Signature

Date & Time:

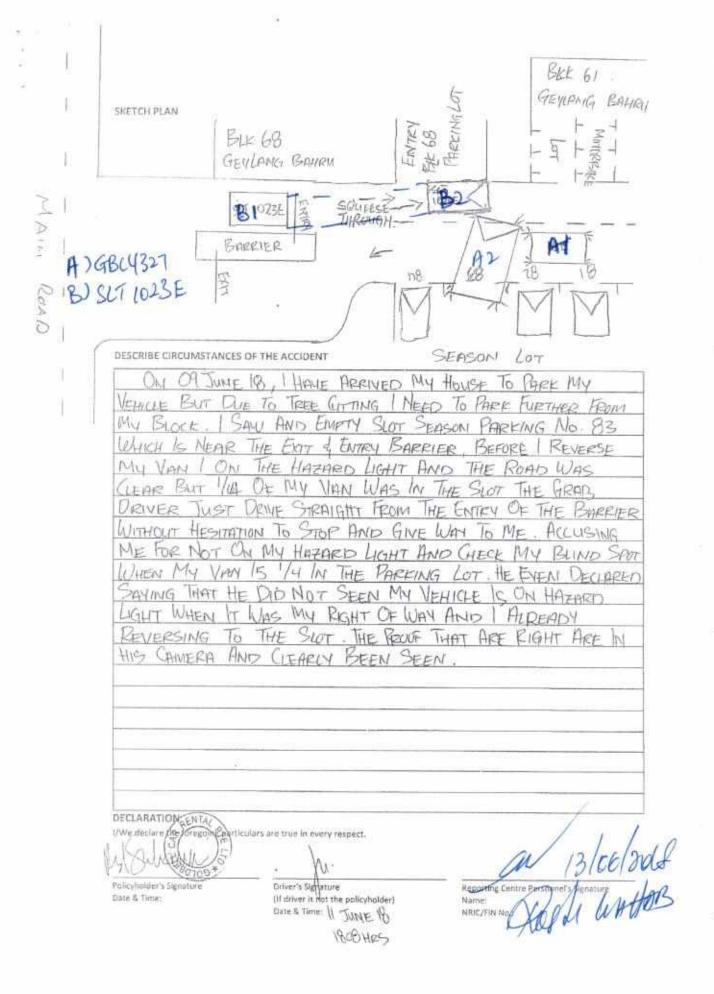
Driver's Signature

Date & Time: 11 JUNE 19

18 08 Hes

13/06/2006
Name:
NRIC/FIN No.:

WARDS

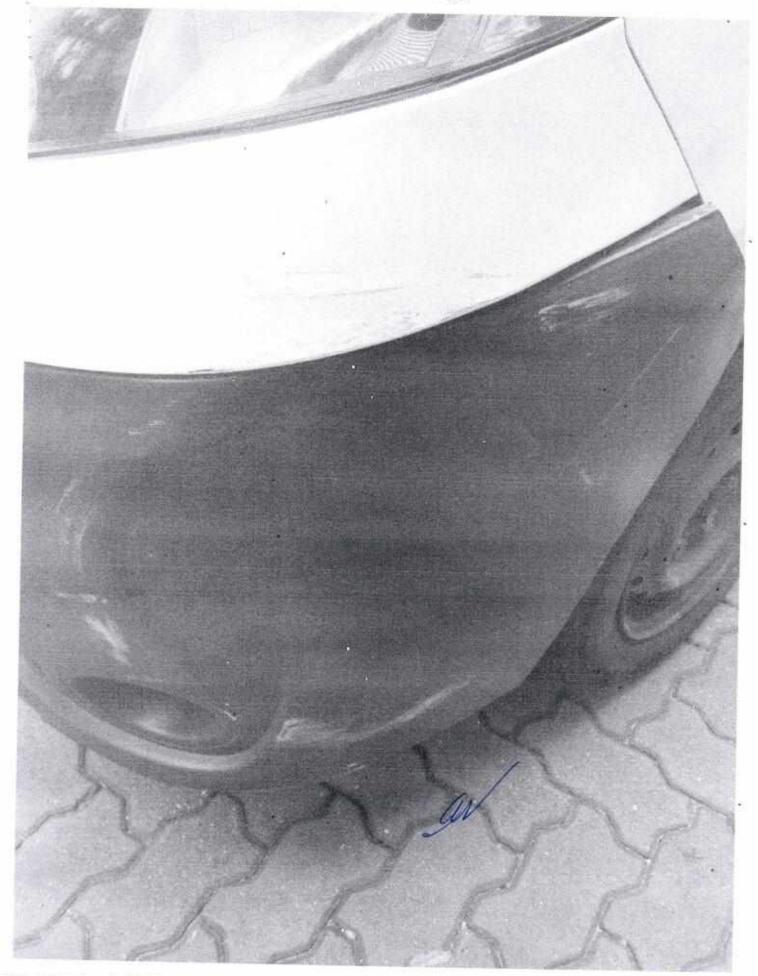


SINGAPORE ACCIDENT STATEMEN	VT
IMPORTANT NOTICE	5.5
insurance companies to repudiate policy liab	the claims process. the Authorisms Driver, ale, Any witful misrepresentation or withhelding of material facts may allow lity. the lit wit an admission of the policy liability on the part of the insurance concerns.
Date and Time of Accident &	Date: 09 JUNE 7018 Time: /2 00
Exact Location of Accident	BIK 60 PGBYLANG BAHRY (ARPARK (RED LOT)
DETAILS OF OWN VEHICLE	THE OUT REPUTANCE THERE (COKPATICE (KED LOT)
Vehicle Registration Number 8	GBC 11737 T
INSURED / POLICYHOLDER (OWN VEHICLE)	TUPL ULST I
Name of Registered Owner (See Insurance Cert.)	
Personal Identification - MRIC (Singaporean/PR)	
- FTN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer: NISSAN Model NN 200
Type of Vehicle	Manufacturer: NPV Model: NV200 Saleon MPV CRV Van C Lorry Bus M/cycle O 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?	BACK FROM DAILY JOB WORK O YES O NO (IT NO, Ple select & Third Party O Reporting)
INSURANCE COMPANY (DWN VEHICLE)	
Rame of Insurance Company	
Type of Policy	Comprehensive C Third Party Fire & Theft Theft
Piece Policy:	Comprehensive C Third Party Fire & Theft C TP-Only Yes O No
Policy Number	0 10 0 10
Motor CI	
DRIVER	Same as Insured above
Name of Driver	No-NO SECOND CONTROL C
Personal identification NRIC (Singaporean/PR)	TOWN THE PROPERTY OF THE CONTRACTOR
- FIN/Passport Number	S9136672 Z
late of Birth	16 /dd 10 /mm 1991 /vv
Driving Date Pass 4	0.0
ear of Driving Experience	012 11
Accupation 45	() Year(s) Month(s) Month(s)
iender &	NEGOR CONTROL TECHNICIANO Indoor S Datdour
parties Number / Mabile Shape / E., No.	
Amount Amount Limite Limite Linux Leg.	18808 0169/8223 2711

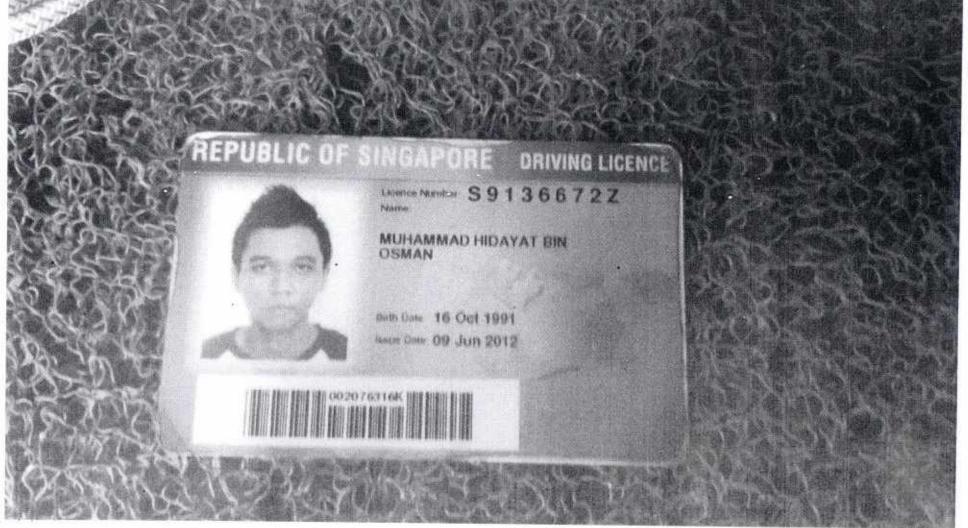
Address of Driver	¥	BU	< 68 068	GE GE	YLANG	Ba	HPU:	403-321	13 SIPORE
Email Address	#	Muh	dhida	va+16	SIO P GI	MAIL.	Com		
Was Driver An Employee of the Insured's Company?		0	Yes	0	No		100		
If No. Relationship of the Driver with the Insured									
Velucis Registration Number of Driver's Own		0	Yes	0	No				
Volticel Registration Number of Driver's Own Vehicle [if applicable]									
Insurance Company of Univer's Own Vehicle (if applicable)									
GENERAL INFORMATION OF THE ACCIDENT			_	1112					
Tyre of Collision (Eg. Chain Collision, Head-On Collision, Sid Swipe, Front to Rear)	e aj								
Weather Conditions	è.	8	Clear	0	Raining	0	Others		
Road Surface	76	8	Dry	0	Wet	0	Others		
OTHER INFORMATION	-						-		
a. Was anybody injured in the accident?		0	Yes	0	No				
 Was any other vehicle or perperty damaged? (Including Witness) 		0	Yes	0	No				
DETAILS OF POLICE ACTION	-								
Was the Accident reported to the Police? .	4	0	Yes	Ø	No (if Yes,	please :	state which	h Police Statio	n.)
Police Station Name									- 14
Police Station Address									
Police Station Contact		Tel No.					Fax No		
Was notice of intended Prosecution given?		0	Yes	0	No (if Yes,	against	whom?)		
DETAILS OF OTHER VEHICLE / PROPERTY 1					-				
the state of the s	44	517	IN	77_ 1		-			
Vehicle Make/ Model/ Colour	-	SIT 1025 E MITSUBISHI / ATTRAGE / GREVISH							
Details of Properties	7		20121	201	7.1111	Hell	1 CIT	ENISH	
Name of Driver	7	Et	- Wi	IANI	Hill				
Personal Identification - NRIC (Singaporean/PR)	\neg	LEE KUAN HUAT SB182489 D							
- FIN/Passport Number	7	20	1000	73.1	U				
Contact Number	\neg	ary	29, 2	224	1	_			
Vehicle Make/ Model/ Colour	7	100			d				
Address of Driver .	1								
Name of Insurance Company	+				-				
No. of Passenger (Including Driver)	-								



13/06/2018 Rock 1 worths



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//mail.google.com/mail/u/0/#inbox/163f1cf4caf3b5037projector=1&messagePartid=0.10





Liberty Insurance Pte Ltd

Regulation or 19900279 (D 51 Club Street #03-00 Liberty House Singascore 06/34/28 Tel: (65) 0221 9511 Fax: (85) 5225 6890 Website: http://www.libertynsurance.com.sq.

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 1 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Contillion to	PARTY RISKS) RULES, 1959 (MALAYSIA)					
Certificate No	SD18V00032 /VCZ /R03					
Form Date Of Issue	MZ407 26-DEC-2017					
Index Mark and Registration No. of Vehicle: Chassis number of Vehicle: Name of Policyholder:	GBC4327S VSKYBAM20U0031157					
4 Effective date of Commencement of Insurance for the purpose of the Act:	GOLDBELL CAR RENTAL PTE LTD 01-JAN-2018 00:00 AM					

for the purpose of the Act:

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

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not

7. Limitations as to use::

4) Use for carrage of passengers or goods in connection with the Policyholder's business.

(a) Use for social, correspond and pleasure purposes and business purposes of any person to whom the vehicle is hired.

A) Use for racing, poce-making, reliability trials or speed-feeting.

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 panaeogers for fixe 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, 1087 (Maloysia) are not to be included under these headings.

tiWe hereby comity 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 Ainside Of Singapore Changi

Airport, Geographical Area: Singapore only

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

FINANCE COMPANY:

DBS BANK LTD

PRODUCER NAME:

ACCIRN INTERNATIONAL NETWORK PTE LTD

PLAS-27-DEC-17

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27-DEC-17