

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MINA/BO76861

Date In: 13/06/2018 17:15	Job description:	Date & Time Completed	Done by:
Ref No: N/A/4P/180/022414	SAS e-filing		
Veh No: ABC 4237T	E-mail (within 3hrs, AIC 2hrs)		
P.O.A: 09/06/2018 12:00	i-Motor Claim Form		
OD <input checked="" type="radio"/> TP 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: SLT 1023E	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

NA/BO3743	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2/3:	9) N12: Idno Mobile \$0		
	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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4237T
<b>Insured/Policyholder</b>	
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	
Contact Number	OTHERS-82232711
EMail Address	MUHDHIDAYAT1610@GMAIL.COM



Address	BLK 68 GEYLANG BAHRU #03-3243
Postcode	330068
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 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
Contact Number	90282336
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: 11 JUNE 18  
1808 HRS

  
REPORTING CENTRE PERSONNEL'S SIGNATURE

Name:  
NRIC/FIN No.:

13/06/2018  


MAIN ROAD

SKETCH PLAN

BKK 68  
GEYLANG BAHRU

ENTRY  
BKK 68  
PARKING LOT

BKK 61  
GEYLANG BAHRU

B1023E

SQUEEZE  
THROUGH

BARRIER

EXIT

A) GBC4231T  
B) SLT 1023E

n8

A2

A1

1B

1B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SEASON LOT

ON 09 JUNE 18, I HAVE ARRIVED MY HOUSE TO PARK MY VEHICLE BUT DUE TO TREE CUTTING I NEED TO PARK FURTHER FROM MY BLOCK. I SAW AN EMPTY SLOT SEASON PARKING NO. 83 WHICH IS NEAR THE EXIT & ENTRY BARRIER. BEFORE I REVERSE MY VAN I ON THE HAZARD LIGHT AND THE ROAD WAS CLEAR BUT 1/4 OF MY VAN WAS IN THE SLOT THE GRAB DRIVER JUST DRIVE STRAIGHT FROM THE ENTRY OF THE BARRIER WITHOUT HESITATION TO STOP AND GIVE WAY TO ME. ACCUSING ME FOR NOT ON MY HAZARD LIGHT AND CHECK MY BLIND SPOT WHEN MY VAN IS 1/4 IN THE PARKING LOT. HE EVEN DECLARED SAYING THAT HE DID NOT SEEN MY VEHICLE IS ON HAZARD LIGHT WHEN IT WAS MY RIGHT OF WAY AND I ALREADY REVERSING TO THE SLOT. THE PROOF THAT ARE RIGHT ARE IN HIS CAMERA AND CLEARLY BEEN SEEN.

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11 JUNE 18  
1808HRS

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/TIN No:

13/06/2018  
*[Signature]*



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this form to the Authorized Reporting Centre ("ARC") for signing.
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 Authorized 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: 09 JUNE 2018 Time: 12 00  
 Exact Location of Accident: \* BLK 60 PUEHLANG BAHU CARPARK (RED LOT)

## DETAILS OF OWN VEHICLE

Vehicle Registration Number: \* GRC L237 T

## 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: NV200

Type of Vehicle: ☐ Saloon ☐ MPV ☐ CRV ☒ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ Others

Exact Purpose for which vehicle was being used at time of accident: \* BACK FROM DAILY JOB/WORK

Are you claiming under own insurance policy for repair to your vehicle? ☐ Yes ☐ No (If No, Pls select ☒ Third Party ☐ Reporting)

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company

Type of Policy: ☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy: ☐ Yes ☐ No

Policy Number

Motor CI

DRIVER: ☐ Same as Insured above

Name of Driver: \* MUHAMMAD HIDAYAT BINI OSMAN

Personal Identification - NRIC (Singaporean/PR): \* S9136672 Z

- FIN/Passport Number

Date of Birth: \* 16 /dd 10 /mm 1991 /yy

Driving Date Pass: \* 09 /dd 06 /mm 2012 /yy

Year of Driving Experience: \* 6 Year(s) Month(s) Month(s)

Occupation: \* VECTOR CONTROL TECHNICIAN ☐ Indoor ☒ Outdoor

Gender: \* ☒ Male ☐ Female

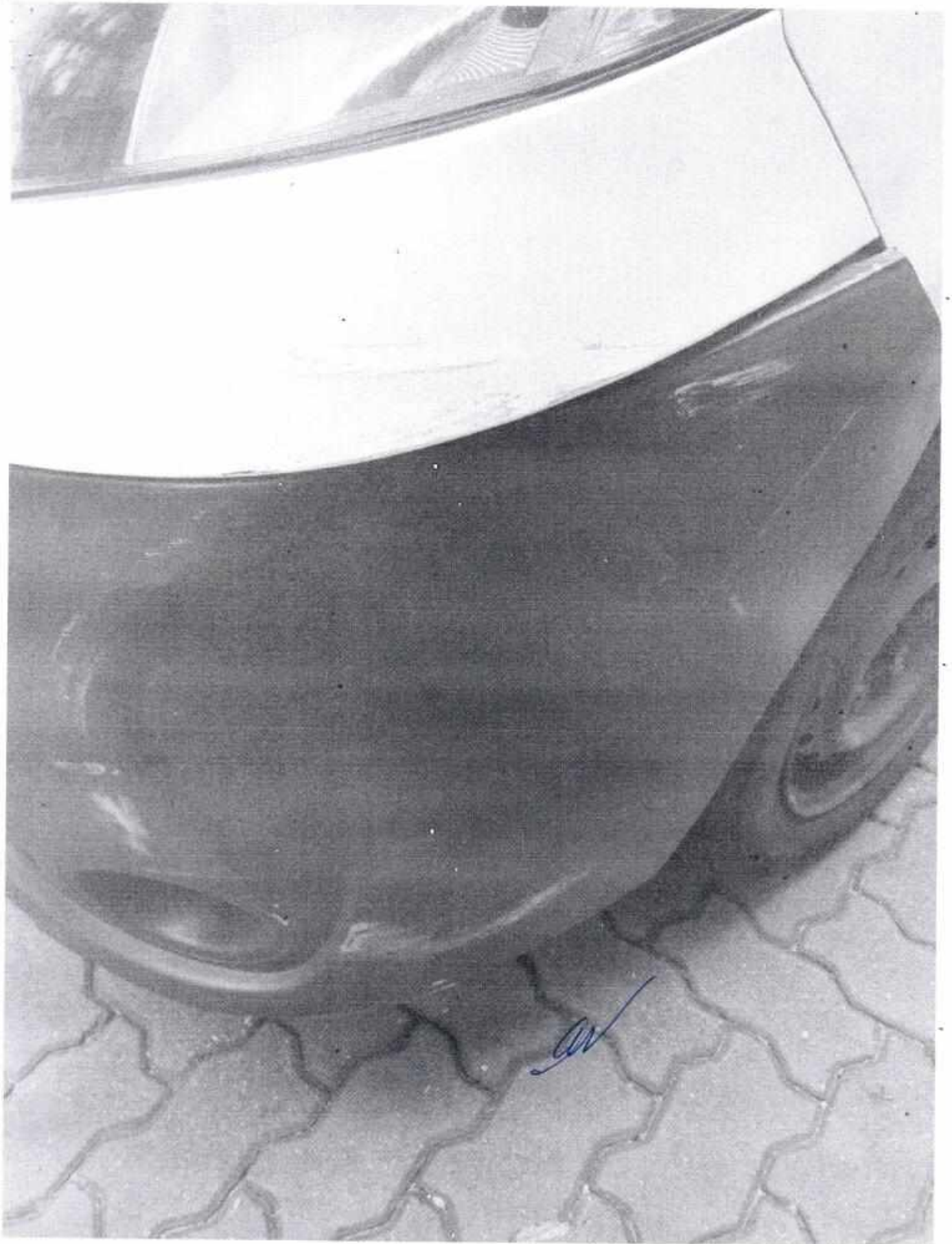
Contact Number / Mobile Phone / Fax No.: \* 8808 0169 / 8223 2711

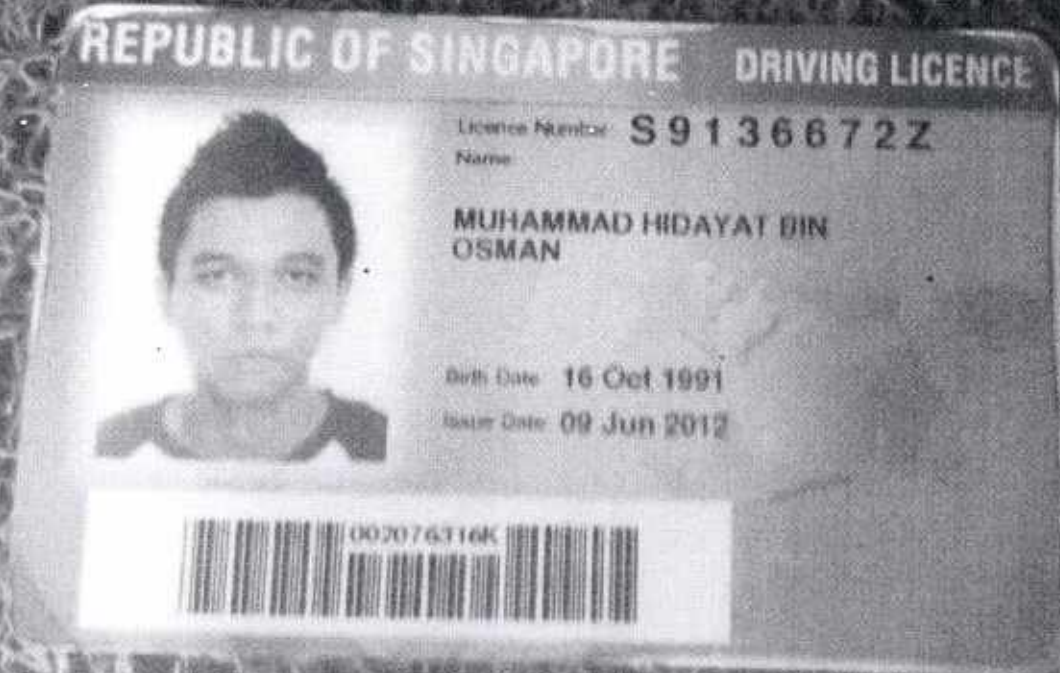
Address of Driver	BLK 68 GEYLANG BAHIRU #03-3243 S'PORE 530068
Email Address	MUADHIDYAT1610@GMAIL.COM
Was Driver An Employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input 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)	
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 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	SLT 1025 E
Vehicle Make/ Model/ Colour	MITSUBISHI / ATTRAGE / GREYISH
Details of Properties	
Name of Driver	LEE KUAN HUAT
Personal Identification - NRIC (Singaporean/PR)	S8182489 D
- FIN/Passport Number	
Contact Number	9028 2336
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)	



13/06/2018  
Real works









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

EFFECTIVE DATE

3 Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 09 Jun 2012



Licence No: S9136672Z

NP 428A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9136672Z



MUHAMMAD HIDAYAT BIN  
OSMAN

Race  
MALAY

Date of Birth  
10-10-1991

Sex  
M

Country of Birth  
SINGAPORE



3970176



NRIC No. S9136572Z



05-12-2006

Address:  
APT BLK 68 GEYLANG BAHRU  
#03-3243  
SINGAPORE 330058





Liberty Insurance Pte Ltd  
Registration no. 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6225 6890  
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)

<b>Certificate No</b>	SD18V00032 /VCZ /R03
<b>Form</b>	MZ407
<b>Date Of Issue</b>	26-DEC-2017
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBC4237T
<b>2.Chassis number of Vehicle:</b>	VSKYBAM20U0030217
<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>	
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.	
<b>7.Limitations as to use*:</b>	
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.	
<b>8.Policy does not cover:</b>	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers	
 Authorised Signature	
<b>For information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside Of Singapore Changi Airport, Geographical Area: Singapore only
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/R7-DEC-17

S1\_CL\_T1\_T3\_OE\_Template2-Ver1

27-DEC-17



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118076861 Vehicle Registration No: GBC 4237T  
Name (as shown in NRIC) : MUHAMMAD HIDAYAT BIN RAMBANI NRIC/FIN/Passport No : S9138672C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 8223 2711  
Email Address : \_\_\_\_\_  
Date of Accident : 29/06/2018 Time of Accident : 12:00  
Place of Accident : BLK 60 GRAYLANT BOHEU (CARPARK ROAD LOT)  
Insurance Company : LIBERTY INSURANCE

### (B) ADDITIONAL INFORMATION / ~~AMENDMENTS~~ AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURERS VEHICLE NUMBER TO GBC 4237T ON SKETCH PLAN

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN: [Signature]  
Date: 29/06/2018