NATIONAL Assessment Centre Services (ver: Jan'09) MMA1180078200

Date In: 18/06/2018 14:17	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP1801095G/Y	SAS e-filing		
Veh No: SLE 260Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/06/2018 11:10	i-Motor Claim Form		
OD (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: GX 4798X 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

NA1803796

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
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 : Idao DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idao 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 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	18/06/2018 14:17
Date Of Accident	15/06/2018 11:10
Exact Location Of Accident	MARINE TERRACE (YELLOW BOX INFRONT OF BLK 51/52)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE260Y
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	RYUDH@SSYEITC.COM
Mobile Phone No	(LOCAL) +65-96788072
Alternative Phone No	OFFICE-96788072
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
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	NO
Policy Number	SD18V00033/VPZ/R03
Cover Note Number	
Driver	
Name of Driver	RYU DONG HOON
NRIC No	G5299338K
Date Of Birth	04/01/1968
Occupation	INDOOR
Date Of Driving Pass	10/07/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96788072
Fax Number	
Contact Number	OTHERS-96788072
EMail Address	RYUDH@SSYEITC.COM

Address	21 WEST COAST CRESCENT #19-06
Postcode	128045
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	RAINING
Road Surface	WET

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 Witness 1

Name	KIM SUN MO
Phone Number	84175057
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX4798X
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD AMIN
NRIC/Passport Number	S0414720J
Contact Number	83035922
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.

GOLDBELL RENTAL PTE. LTD.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

18/06/2018

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

SKETCH PLAN

See Enclosed

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See Enclosed.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

18/06/2018

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

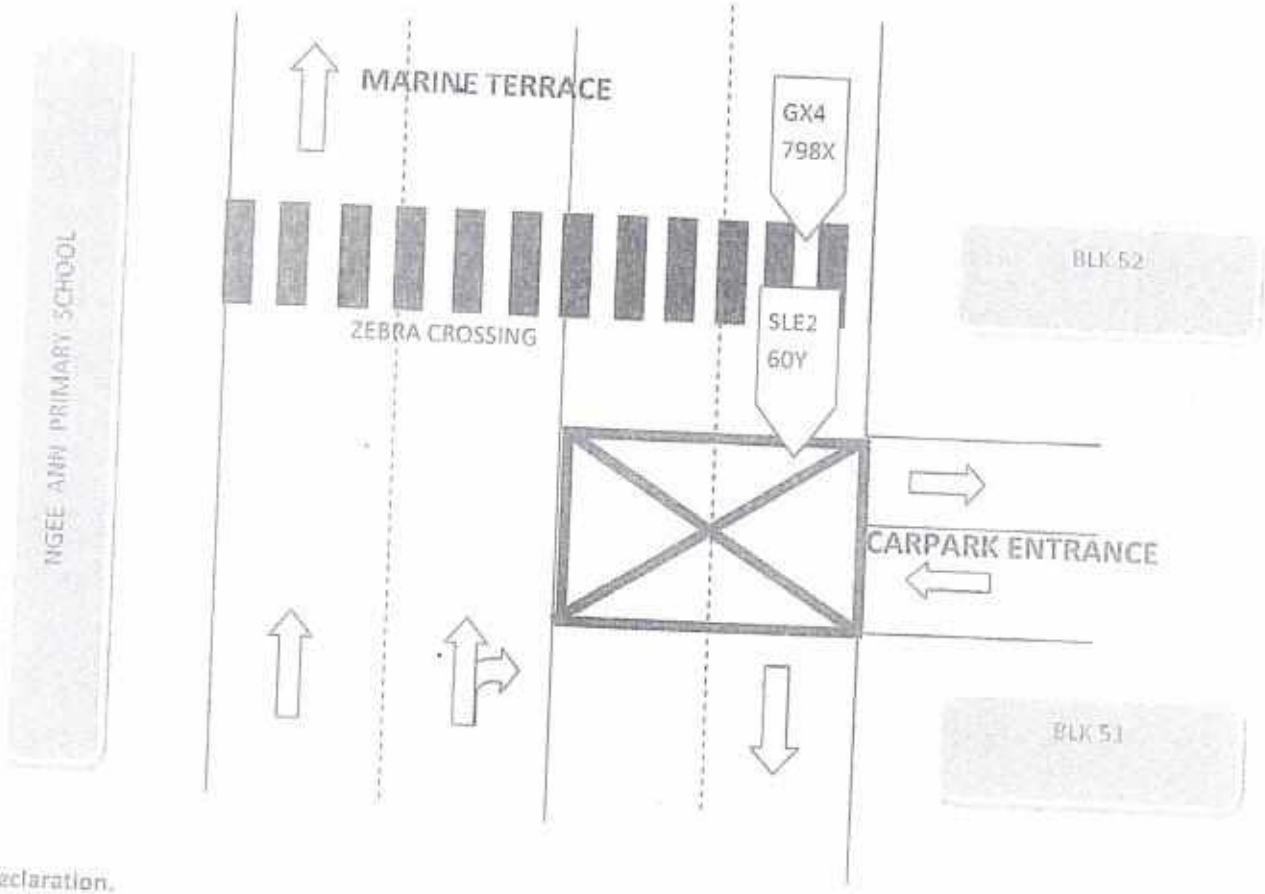
Described Circumstances of the Accident

On 11.06.2018 at around 11.10am, I was driving SLE260Y to my office at 302A Marine Parade Road. It was still raining and the road surface was wet, plus this location was mark as 'Silver Zone', so I drove at a very slow speed.

Upon approaching HDB carpark between Blk 52 & 51 of Marine Terrace entrance, I was about to turn left into the carpark entrance, when suddenly a van GX4798X hit my vehicle SLE260Y at the rear. Due to the impact, my car SLE260Y slides about few metre forward.

I stopped the car and went down to check on the condition. The rear bumper and bonnet compartment of SLE260Y were dented and scratched. GX4798X however suffered minimum damaged.

GX4798X driver Mr Mohammad Amin of Nric No.: S0414720J informed me not to worry as his company's insurance will cover for the damaged. He then passed me his supervisor name card for reference.



Declaration.

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

Policyholder's Signature/Date & Time

18 Jun 2018
Driver's Signature/Date & Time

18/06/2018

18/06/2018

18/06/2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Carefully and submit this form to the 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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
5. The issuance and acceptance of this Form by insurance companies is not 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: 15.06.2018	Time: 11.10am
Exact Location of Accident	Marina Terrace (Yellow Box infront of BLK 51, 52 carpark entrance)	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLE 2604	
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: SLE 2604	Model: Toyota (unsure)
Type of Vehicle	⊘ Saloon ○ MPV ○ CRV ○ Van ○ Lorry ○ Bus ○ M/cycle ○ Others	
Exact Purpose for which vehicle was being used at time of accident	WRK	
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	Khu Boon Hock	
Personal Identification - NRIC (Singaporean/PR)	NA	
- FIN/Passport Number	G5249336K	
Date of Birth	04 /dd 01 /mm 1968 /yy	
Driving Date Pass	/dd /mm 1986 /yy	
Year of Driving Experience	32 Year(s) Month(s)	Month(s)
Occupation	Project Director ⊘ Indoor ○ Outdoor	
Gender	⊘ Male ○ Female	
Contact Number / Mobile Phone / Fax No.	9678 4702	

Address of Driver *	21 West Coast Crescent # 19-06 Blue Horizon S(128041)
Email Address *	Yusuth@ … .com
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
Vehicel Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT	
Tyre of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear) *	Front + Rear
Weather Conditions *	○ Clear ⊘ Raining ○ Others ______
Road Surface *	○ Dry ⊘ Wet ○ Others ______

OTHER INFORMATION	
a. Was anybody injured in the accident?	○ Yes ○ No
b. Was any other vehicle or porperty 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	
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 *	GX 4792 X
Vehicle Make/ Model/ Colour	Toyota / Van / White.
Details of Properties	
Name of Driver	Muhammad Amin
Personal Identification - NRIC (Singaporean/PR)	S0414720J
- FIN/Passport Number	
Contact Number	8303 5922
Vehicle Make/ Model/ Colour	Toyota
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles)

Details of Witness 1	
Name	KIM Sun Mo
Phone	8417 5057
Email Address	

Details of Witness 2	
Name	
Phone	
Email Address	

Details of Injured Person 1	
Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	○ Yes ○ No
Was injured conveyed to hospital by ambulance?	○ Yes ○ No

Details of Injured Person 2	
Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	○ Yes ○ No
Was injured conveyed to hospital by ambulance?	○ Yes ○ No

Details of Injured Person 3	
Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	○ Yes ○ No
Was injured conveyed to hospital by ambulance?	○ Yes ○ No

(Note - Please use page 7 if you need to add more injured person)

EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

For work for
DAEWOONG ENGINEERING & CONSTRUCTION CO LTD

Name
RYU DONG HOON

FIN
G5299233K

K0373761

VISIT PASS

Immigration Regulations

RYU DONG HOON

KOREAN

MULTIPLE JOURNEY VISA ISSUED


REPUBLIC OF SINGAPORE
DRIVING LICENCE
G5299338K
RYU DONG HOON
04 Jan 1968
16 Jun 2017
Valid Till 04/07/2022


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
Class 5
Motor cars with unladen weight <= 3000kg with <= 7 passenger's, inclusive of driver; and other motor vehicles with unladen weight <= 2500kg
16 Jun 2012

Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8811 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)

Certificate No	SD18V00033 /VPZ /R03
Form	MZ406
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SLE250Y
2.Chassis number of Vehicle:	MR053DK5100107514
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$800 / Outside Singapore S$1300,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