NATIONAL Assessment Centre Services (ref : Jul/08) MNA1808504I

Date In: 02/7/2018 14:00	Job description	Date & Time Completed	Done by
Ref No: NIBA/LIP180048/Y	SAS e-filing		
Veh No: SKK 5565 R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/7/2018 05:30	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: PLGAR 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

NA1804231

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 : Idac 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: 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 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	03/07/2018 14:00
Date Of Accident	02/07/2018 05:30
Exact Location Of Accident	CAR PARK EXIT PILLAR NEXT TO TOP UP MACHINE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKK5565R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	ACPCISCO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83460028
Alternative Phone No	OFFICE-83460028
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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?	YES
If No, Please state action to be taken	
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	DINSH KUMAR GANESAN
NRIC No	G2185117K
Date Of Birth	06/06/1992
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83460028
Fax Number	
Contact Number	OTHERS-83460028
EMail Address	ACPCISCO@GMAIL.COM

Address	53, JALAN NUSARIA 5/13 TAMAN NUSANTARA GELANG PATAH, JOHOR
Postcode	81550
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : VICTOR HO GENDER: : MALE

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly 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 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 their copies of this report will 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 thereafter.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, its reinsurance 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 it (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 firm/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 this accident and/or my claims;

(iii) carrying out and/or dealing with any 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 by virtue of the same as well as on the external cover of envelopes/mailing packages); and/or

(v) complying with applicable laws 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/will 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.

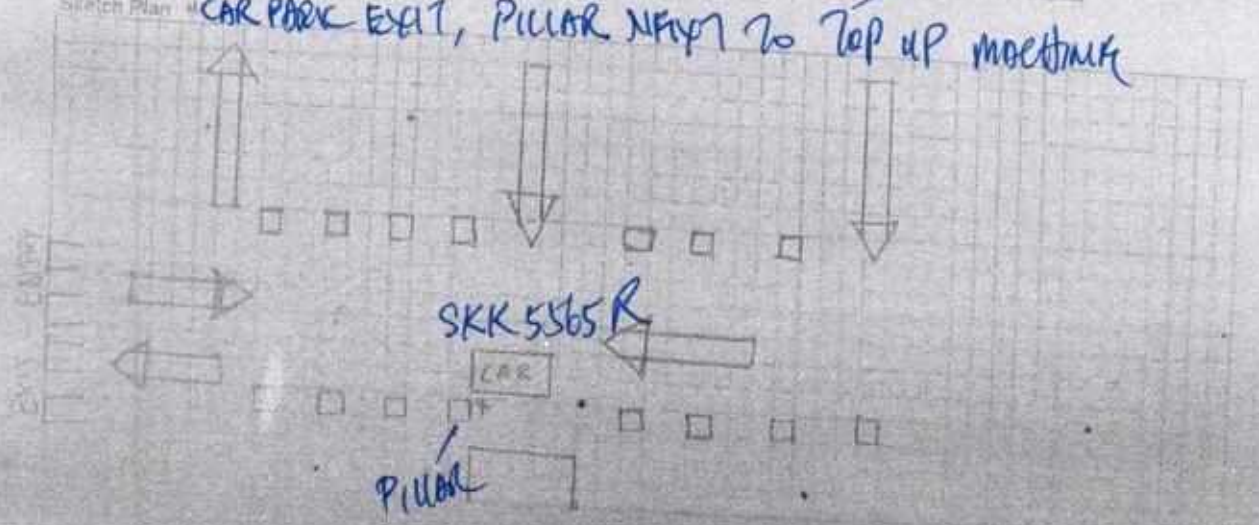
Policyholder's/Vehicle Owner's Name

Driver's Signature (if driver is not the policyholder) | Date

Witnessed by Reporting Centre Personnel

03/07/2018

Sketch Plan : CAR PARK EXIT, PILLAR NEXT TO TOP UP MACHINE



Describe Circumstance of the Accident *

On 2ND July 2018, around 0530 hours I SS DINSH KUMAR GANESAN (68846) (G2185117K) drove vehicle SKK 5565 E to sent SSO Victor Ho back to duty post S2 from SCC. When I was heading towards the exit near the top up machine I saw something coming from right hand side which should not happen because on the right is one way lane towards another direction. I turn to left and try to avoid the possible accident. when I straight turn the car its brush again the car park pillar on the left side.

Declaration

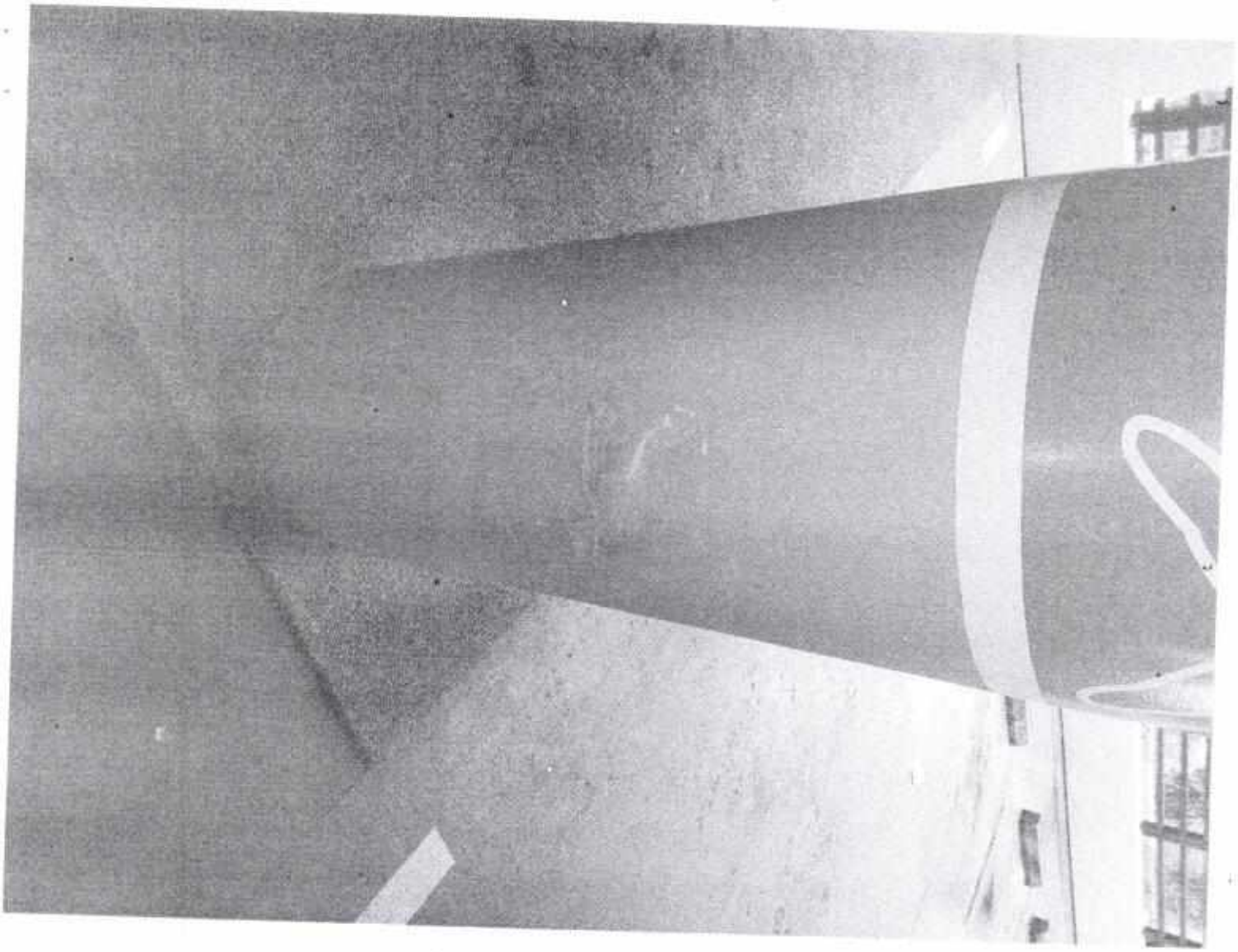
I/We declare the foregoing particulars ... true in every respect.

* 03/07/2018

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

Witnessed by Reporting Centre Personnel

03/07/2018



03/07/2018

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03/07/2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to ____ Authorised Reporting Centre ("ARC") for e-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 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: 2/7/2018 Time: 0530 hrs.
Exact Location of Accident *	Car park exit, pillar next to top up machine

DETAILS OF OWN VEHICLE

Vehicle Registration Number *	SKK 5565 R

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 ◯ Mocycle ◯ Others _____
Exact Purpose for which vehicle was being used at time of accident *	Doing rotation.
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	◯ Comprehensive ◯ Third Party Fire & Theft ◯ TP Only
Fleet Policy	◯ Yes ◯ No
Policy Number	
Motor Cl	

DRIVER

◯ Same as Insured above

Name of Driver *	DINSH KUMAR GANESON
Personal Identification - NRIC (Singaporean/PR) *	MALAYSIAN (WORK PERMIT)
- FIN/Passport Number *	G2185117K
Date of Birth *	06 dd/ 06 mm/ 93 yy
Driving Date Pass *	03 dd/ 03 mm/ 17 yy
Year of Driving Experience *	08 Year(s) 02 Month(s)
Occupation *	SECURITY ◯ Indoor ◯ Outdoor
Gender *	● Male ◯ Female
Contact Number / Mobile Phone / Tel No *	83460028

Address of Driver *	53, JALAN NUSARIA 5/13, TAMAN NUSANTARA GELANG, DARAT, JOHOR Postcode: 81550
Email Address *	acpcisco@gmail.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
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 collision, Head-On collision,Side *)	
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 property damaged? (including Witness) *	○ Yes ✓ No

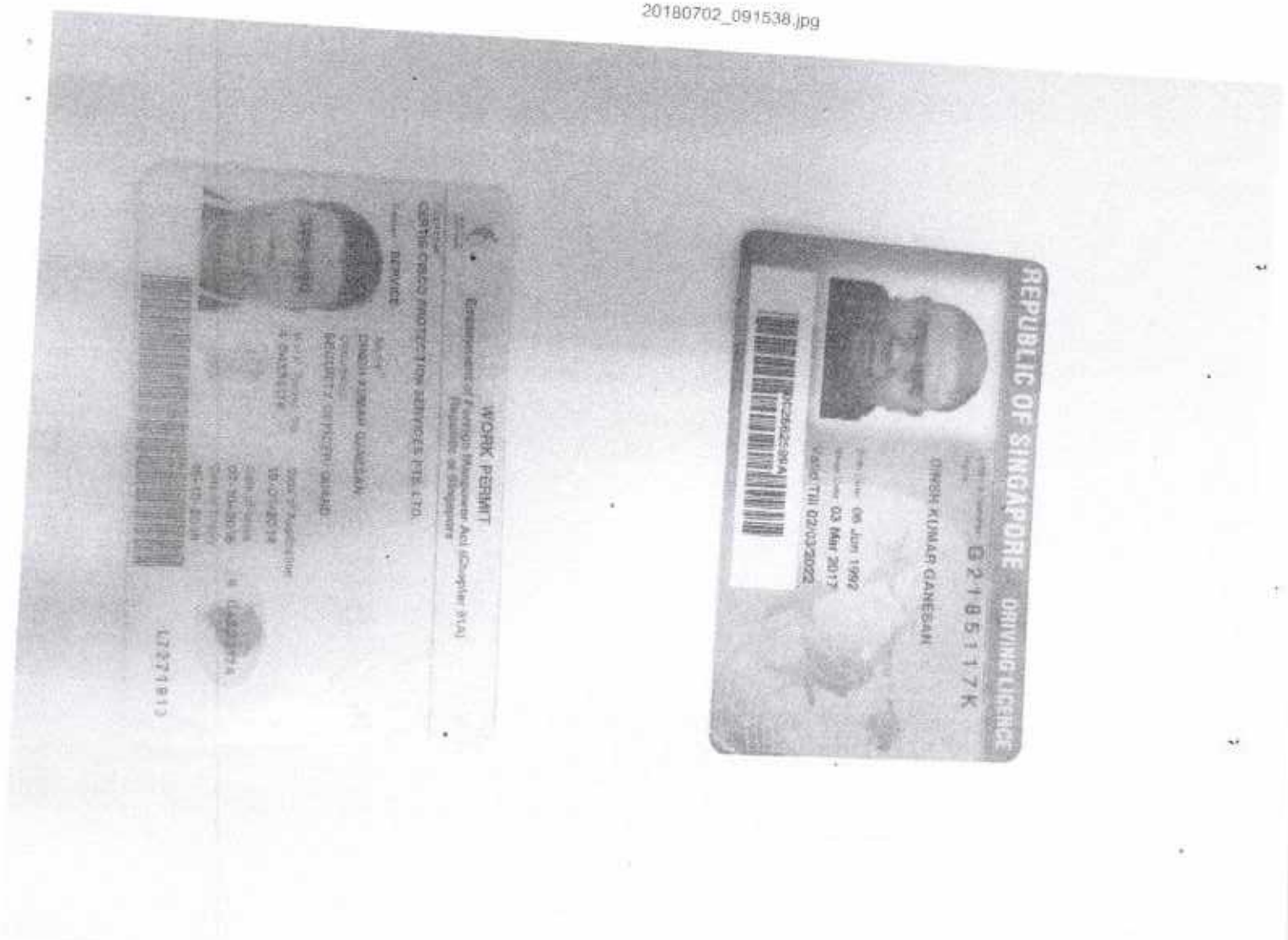
DETAILS OF POLICE ACTION

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 Registraion Number *	~~SKF 5565~~ R PILLAR
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	

(For more, make use pages if you need to add more vehicles.)


REPUBLIC OF SINGAPORE
DRIVING LICENCE
G2185117K
DINESH KUMAR GANESAN
09 Jun 1992
03 Mar 2013
Valid Till 02/03/2022
WORK PERMIT
CENTRIC CROWD PROTECTION SERVICES PTE. LTD.
SERVICE
DINESH KUMAR GANESAN
SECURITY OFFICER (GRADE)

Liberty Insurance

1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE
24 Hrs
ACCIDENT RESPONSE
ROADSIDE ASSISTANCE
FLOOD ASSISTANCE

Liberty Insurance Pte Ltd
Registration no 199002761D
51 Club Street
#03-00 Liberty House
Singapore 069429
Tel: (65) 6221 5611 Fax: (65) 6223 6892
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	MZ40B
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SKK5565R
2.Chassis number of Vehicle:	MR053REE104184240
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 removed inoperative by Section 5 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 96 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings

(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$650 / Outside Singapore: S$1350,Additional Excess for Young & Inexperienced Drivers: S$1500 Windscreen Excess: S$100
FINANCE COMPANY:	
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAD-02-JAN-18

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