

NATIONAL Assessment Centre Services		Date: 11/07/2018		Ref: NA/1084374	
Date In: 11/07/2018 15:50	Job description	Date & Time Completed	Done by		
Ref No: NA/1084374	SAS e-filing				
Veh No: SU 2025K	E-mail (within 8hrs, AIC 2hrs)				
D.O.A: 06/07/2018 11:25	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: SGZ 2243H	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/1084374	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
	Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
	Contact No:	3) TF: Towing Fee \$40/\$45		
	Damaged Portion:	4) FT: Follow-Through Survey \$120		
	QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	Cat. 1:	6) TR: Re-inspection \$75		
	Cat. 2 / 3:	7) N1: Idno 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: 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	11/07/2018 15:50
Date Of Accident	06/07/2018 11:25
Exact Location Of Accident	TOWARDS VIVO TURNING TO SENTOSA GATEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2025K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SHERYL.SOH@FOODXSERVICES.COM
Mobile Phone No	(LOCAL) +65-98538426
Alternative Phone No	OFFICE-98538426

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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
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### 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	SOH SHUXIAN (SU SHUXIAN)
NRIC No	S8830416J
Date Of Birth	23/08/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98538426
Fax Number	
Contact Number	OTHERS-98538426
EMail Address	SHERYL.SOH@FOODXSERVICES.COM



Address	BLK 122 SENGKANG EAST WAY #05-01
Postcode	540122
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)	2
Passenger 1	NAME: : ADELYN YEO GENDER: : FEMALE

#### 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	ADELYN YEO
Phone Number	98593961
Email Address	ADELYN@FOODXSERVICES.COM

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ2243H
Vehicle Make/Model/Colour	TOYOTA WISH (WHITE)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

## 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 willful 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 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.

### 6. 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' 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 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.



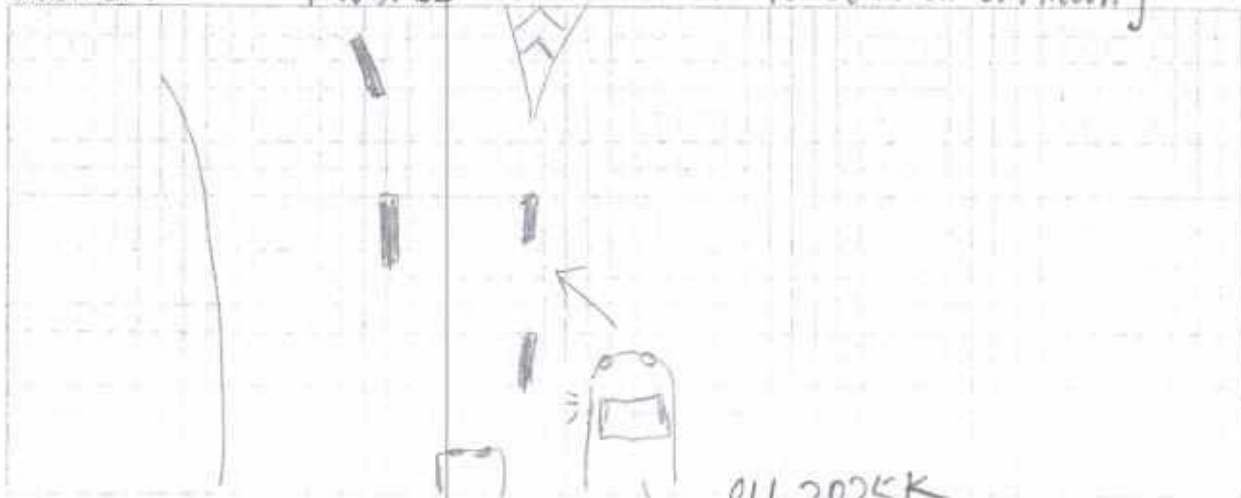
Policyholder's Signature

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

Witnessed by Reporting Centre Personnel

Sketch Plan \*

TOWARDS VIVO TURNING TO SERRA GATEWAY



SGZ 2243H  
that car  
in turning  
lane acceleration  
when my vehicle change lane

SLL 2025K  
my vehicle  
signal already

Describe Circumstance of the Accident \*

was on the main road trying to change lane to turn left. ~~Give~~ Signal and checked blind spot car is still behind me. As I accelerate and moving the car appeared to be accelerating beside my vehicle. As I immediately brake ~~for~~ my vehicle but it was too late that vehicle's back wheel and my front wheel bumper brushed each other.

Then we ~~to~~ moved to the side to check vehicle, there was no dent on other vehicle only paint marks.

Declaration

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



Policyholder's Signature /

\*

*[Signature]*

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

*[Signature]* 11/07/2008

Witnessed by Reporting Centre Personnel





11/07/2018





su 11/07/2018



# 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: 6 July 2018 Time: 11:24am  
 Exact Location of Accident \* toward vivo turning to Sentosa Gateway

## DETAILS OF OWN VEHICLE

Vehicle Registration Number \* SLL 2025K

## 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 Honda Model Vezel  
 Type of Vehicle\* ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ Motorcycle ☐ Others \_\_\_\_\_  
 Exact Purpose for which vehicle was being used at time of accident \* work  
 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 \* Goldbell  
 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 \* Soh Shuxian  
 Personal Identification - NRIC (Singaporean/PR) \* S8830416J  
 - FIN/Passport Number \*  
 Date of Birth \* 23 dd/ 08 mm/ 88 /yy  
 Driving Date Pass \* 19 dd/ 12 mm/ 06 /yy  
 Year of Driving Experience \* 1 Year(s) Month(s)  
 Occupation \* Sales executive ☐ Indoor ☒ Outdoor  
 Gender \* ☐ Male ☒ Female  
 Contact Number / Mobile Phone / Fax No \* 9853 8426



Address of Driver	*	Blk 122 Sengkang East Way #05-01	Postcode ( 540122 )
Email Address	*	Sheryl.soh@foodservices.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)	+	Side swipe	
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 checked="" 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	+	SGZ 2243 H	
Vehicle Make/ Model/ Colour		Toyota Wish (white)	
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)			
(Note - Please use page 6 if you need to add more vehicles.)			

**Details of Witness 1**

Name

Adelyn Yeo

Phone

9859 3961

Email Address

adelyn@foodservices.com

**Details of Witness 2**

Name

Phone

Email Address

**Details of Injured Person 1**

Name

Address

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

Address

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

Address

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.)



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8830416J**



Name  
**SOH SHUXIAN**  
**(SU SHUXIAN)**  
**苏淑娴**



Race  
**CHINESE**

Date of Birth  
**23-08-1988**

Sex  
**F**

Country of Birth  
**SINGAPORE**



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

Licence Number: **S8830416J**

Name  
**SOH SHUXIAN**  
**(SU SHUXIAN)**



Birth Date: **23 Aug 1988**

Issue Date: **19 Dec 2006**



001466304D








**Liberty**  
Insurance



**Liberty Insurance Pte Ltd**  
Registration no: 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069426  
Tel: (65) 6221 8811 Fax: (65) 6225 8880  
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>	<b>SD18V00034 /VPZ /R03</b>
<b>Form</b>	<b>MZ406</b>
<b>Date Of Issue</b>	<b>26-DEC-2017</b>
<b>1.Index Mark and Registration No. of Vehicle:</b>	<b>SLL2025K</b>
<b>2.Chassis number of Vehicle:</b>	<b>RU11210631</b>
<b>3.Name of Policyholder:</b>	<b>GOLDBELL CAR RENTAL PTE LTD</b>
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	<b>01-JAN-2018 00:00 AM</b>
<b>5.Date of Expiry of Insurance:</b>	<b>31-DEC-2018 23:59 PM</b>
<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 5 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.</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 189) 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>	
<p> Authorized Signature</p>	
<b>For Information only:</b>	
<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\$850 / Outside Singapore: S\$1350, Additional Excess for Young & Inexperienced Drivers: S\$1500, Windscreen Excess: S\$100
<b>FINANCE COMPANY:</b>	UNITED OVERSEAS BANK LIMITED
<b>PRODUCER NAME:</b>	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS-02-JAN-18

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02-JAN-18