NATIONAL Assessment Centre Services [Ref: Jan'08] MMB/1809633 1

Date In: 25/07/2018 17:50	Job description	Date & Time Completed	Done by
Ref No: NBA/UP180135840/Y	SAS e-filing		
Veh No: SLF 5672D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/05/2018 19:00	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: FX 3301P 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

NA1804726

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Dat. 1:

Dat. 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*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 27/07/2018 10:24

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	25/07/2018 17:57
Date Of Accident	15/05/2018 19:00
Exact Location Of Accident	JURONG ISLAND HIGHWAY ,CHECKPOINT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF5672D
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	K.KONDO@ZEON.CO.JP
Mobile Phone No	(LOCAL) +65-85111317
Alternative Phone No	OFFICE-85111317
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMUTING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	KONDO KATSUHITO
Passport No/FIN	G5376504T
Date Of Birth	29/10/1967
Occupation	INDOOR
Date Of Driving Pass	24/09/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85111317
Fax Number	
Contact Number	OTHERS-85111317
EMail Address	K.KONDO@ZEON.CO.JP

Address	5 WEST COAST WALK #18-11 THE PARC
Postcode	127146
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	CLOUDY
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?	YES
If Yes,Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 2 JURONG WEST AVENUE 5 , **POSTCODE:** 649482 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7929999 - **FAX NO**: 67912972
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180516/2107

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	FX3301P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG
NRIC/Passport Number	
Contact Number	81095393
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

IMPORTANT NOTICE

1. Please record correctly the details of the accident to assist us the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as factual 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 report/s may be referred to the Traffic Police Department for investigation.
6. Your 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 by the handphone of the vehicle 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.

I consent under the Personal Data Protection Act (PDPA)

I understand, in acknowledging again 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 authorised by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in the 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) investigating, 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 giving rise to my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering the claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve the disclosure of certain personal data about me to bring about delivery of the same as well as on the external nature of the envelope/mailing);

(v) complying with any applicable law in administering, processing, handling and/or dealing with my claims

(collectively, the "Purposes");

(b) all insurers who have insured vehicle(s) involved in the accident and the relevant lawyers/law firms, may/are permitted to collect, use, disclose and/or process any Personal Information for one or more of the above Purposes; and

(c) any Personal Information may/are 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.

GOLDBELL CAR RENTAL PTE LTD

Policyholder's signature & Date

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

Witness' signature & Name

Sketch Plan

THROUGH JURONG ISLAND HIGHWAY, CHECK POINT.

Describe Circumstance of the Accident *

On 15/May/2018 19:00 hrs, the company car (which I drove, car number SLF 5672 D) was hit by motor bike (FX 3301 P).

I drove my company car along to Jurong Island Highway from BEON Chemicals Singapore to Check point.

At the gateway of Check point (exit gate), I drove on the second lane from left. A taxi driving in front of my car braked. I braked to reduce car speed.

At that time, my car was hit from back-swept (right) by motor bike.

Cover for tail lamp was damaged and back right side body was scratched.

POLICE REPORT T/20180516/2107

Declaration

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

GOLDBELL CAR RENTAL PTE LTD

* 近藤 勝仁

25/07/2018

Rafli Wahab

SINGAPORE · POLICE FORCE

T/20180516/2107

Report No: T/20180516/2107

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
16/05/2018 15:15		130

Informant's Particulars

Name of Informant: KONDO KATSUHITO			Address: APT BLK 5 WEST COAST WALK #18-11 PARC CONDOMINIUM, THE SINGAPORE 127146	
ID Type / ID No.: NRIC NO / G5376504T			Contact No.: Home/Office: Mobile: 85111317	
Nationality: JAPANESE			Email:	
Sex: Male	Age: 50	Date of Birth: 29/10/1967	Type of Informant: Driver	
Race: Others			Language:	Institution / School Name:
Occupation: GENERAL MANAGER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/05/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 JURONG ISLAND HIGHWAY heading towards Jurong Pier Rd				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX3301P	Motorcycle					0
SLF5672D	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE
POLICE FORCE

T/20180516/2107

Report No. T/20180516/2107

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Driver			
Name	KONDO KATSUHITO	ID No.	G5376504T
Related Vehicle	SLF5672D (Car)	Contact No.	85111317
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/05/2018, at 1900hrs, I was driving a rental vehicle (Gold Bell Car Rental Pte Ltd) bearing the registration plate number SLF5672D along Jurong Highway heading towards Jurong Pier Rd. I slowed down as I was approaching the Jurong Island Gantries. Subsequently, a vehicle bearing the registration plate number FX3301P hit the rear right side of my vehicle. I came out of my vehicle and exchange particulars with the rider namely "Chong", Hp no 81095393.

No one was injured from the accident. No police or ambulance was called upon the scene. My vehicle's right rear light was cracked and suffer small scratches at the right rear bumper.

I am lodging this report for insurance purposes.

SINGAPORE POLICE FORCE

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE 649482
Tel No: 1800-7929999

Report No: T[illegible]

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 2 GOH MING LI	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 16/05/2018 15:15
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp: SN 127

Signature:

Singapore Police Force

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to 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 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: 15/May/2018 Time: 19:00 hrs
Exact Location of Accident *	Jurong Island Highway, Check Point

DETAILS OF OWN VEHICLE

Vehicle Registration Number *	SLF5672D

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 ○ M/cycle ○ Others _____
Exact Purpose for which vehicle was being used at time of accident *	Commuting (go home) by car
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	○ Comphensive ○ Third Party Fire & Theft ○ TP Only
Fleet Policy	○ Yes ○ No
Policy Number	
Motor CI	

DRIVER

○ Same as Insured above

Name of Driver *	Kondo Katsuhito
Personal Identification - NRIC (Singaporean/PR) *	
- FIN/Passport Number *	G5376504T / TK4482983
Date of Birth *	dd/29 mm/10 /yy 67
Driving Date Pass *	dd/24 mm/09 /yy 13
Year of Driving Experience *	4 Year(s) 8 Month(s)
Occupation *	GM ✓ Indoor ○ Outdoor
Gender *	✓ Male ○ Female
Contact Number / Mobile Phone / Fax No *	8511-1317

Address of Driver *	5 West coast walk #18-11 The PARC Singapore Postcode (127146)
Email Address *	K. Kondo @ zeon.co.jp
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 collison, Head-On collision, Side Swipe, Front to Rear) *	Side Swipe
Weather Conditions *	○ Clear ○ Raining ☑ Others: Cloudy
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	Nanyang Neighbourhood Police Centre
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 *	FX3301P
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	"Chong" (?)
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	8109-5393
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	

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

EMPLOYMENT PASS

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

Employer
ZEON CHEMICALS SINGAPORE PTE. LTD.

Name
KONDO KATSUHITO
Occupation
GENERAL MANAGER

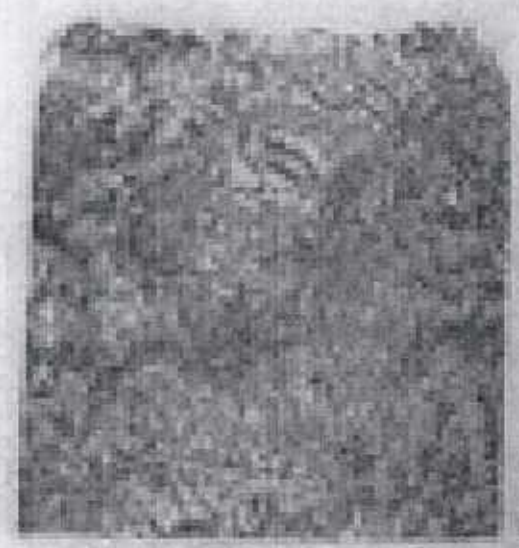
FIN
G5378504T

Date of Application
06-10-2016
Date of Issue
21-10-2016
Date of Expiry
10-12-2018

L7316317

VISIT PASS
Immigration Regulations

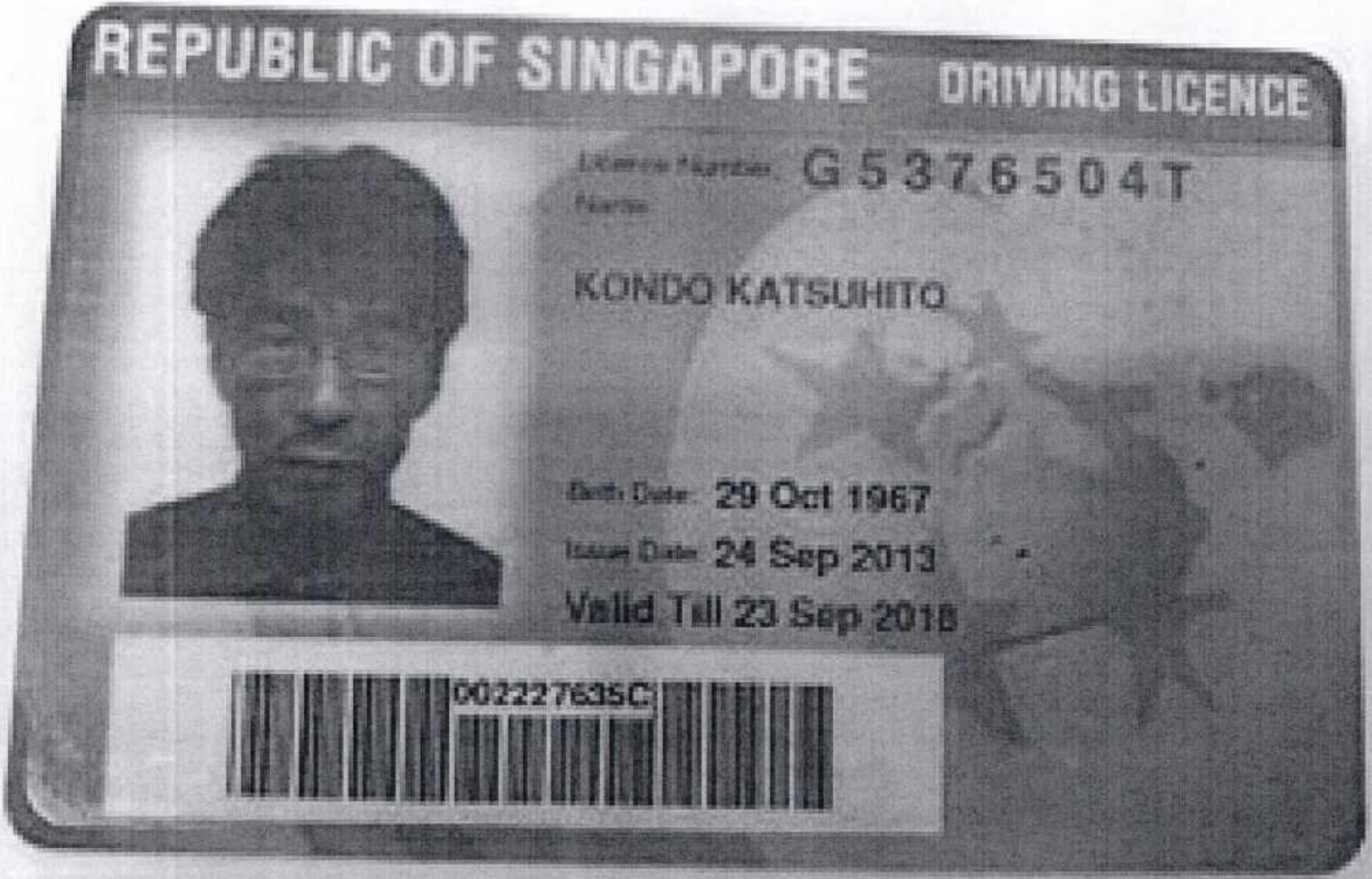
Name
KONDO KATSUHITO

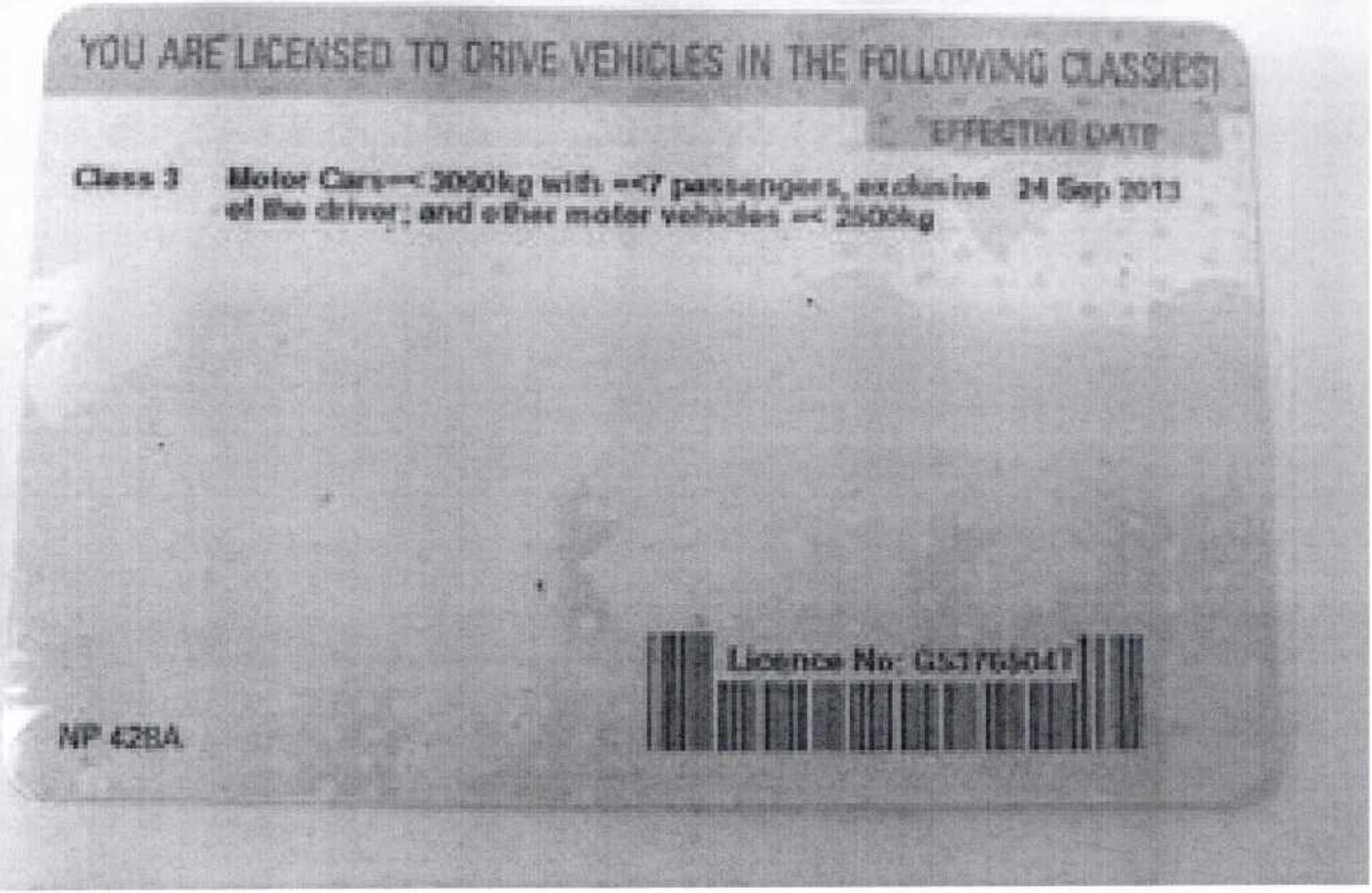


Date of Birth	Sex	Nationality
29-10-1967	M	JAPANESE
FIN	**Date of Issue**	**Date of Expiry**
053765047	21-10-2015	10-12-2015

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.


REPUBLIC OF SINGAPORE
DRIVING LICENCE
G5376504T
KONDO KATSUHITO
29 Oct 1967
24 Sep 2013
Valid Till 23 Sep 2018
0022276350


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
24 Sep 2013
Licence No: G5177[illegible]047
MP 42BA

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)

Certificate No	SD18V00034 /VPZ /R03
Form	MZ406
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SLF5672D
2.Chassis number of Vehicle:	MR053REH104541515
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$850 / Outside Singapore S$1350,Additional Excess for Young & Inexperienced Drivers S$1500,Windscreen Excess S$100
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17.00
UEN: S66SS0020G / GST Reg. No.: M400027738

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 : MNAI1809633I Vehicle Registration No: SLF 5672D

Name(as shown in NRIC) : KONDO KATSUHITO NRIC/FIN/Passport No : G5376504T

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 15/05/2018 Time of Accident : 19:00

Place of Accident : TUAS LINK TUAS HIGHWAY, CHECKPOINT

Insurance Company : LIBERTY

(B) ADDITIONAL INFORMATION ~~AMENDMENTS~~:

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

TO CHANGE FROM T/P CLAIM TO REPORTING ONLY

GOLDBELL CAR RENTAL PTE LTD

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: RAJA WATHIS
NRIC/FIN No.:
Date: 27/07/2018