

NATIONAL Assessment Centre Services

(N/A) (A/C) (P/C)

MNA/18098125

Date In: 30/07/2018 14:18	Job description	Date & Time Completed	Done by
Ref No: N/A/LIP/18013805/V	SAS e-filing		
Veh No: PC 1009R	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 30/07/2018 07:15	i-Motor Claim Form		
OD: (P) 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: FBJ 443D

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

<p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cat 1:</p> <p>Cat 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile \$30</p>		<p>Am't (\$)</p> <p>In Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p>		<p>Fee Charged</p>	
	<p>Invoice dated</p>		<p>Fee Charged</p>	

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	30/07/2018 14:18
Date Of Accident	30/07/2018 07:15
Exact Location Of Accident	AYE TOWARDS CHANGI (ALEXANDRA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1069R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MANTORA1980@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94564696
Alternative Phone No	OFFICE-94564696

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE HIGHROOF
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?	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	SD18V00031/VBZ/R03
Cover Note Number	

Driver

Name of Driver	JURAIMAN BIN MOHAMAD
NRIC No	S8035682Z
Date Of Birth	29/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94564696
Fax Number	
Contact Number	OTHERS-94564696
EMail Address	MANTORA1980@GMAIL.COM

Address	BLK 273C JURONG WEST AVENUE 3 #02-03
Postcode	643273
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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ443D
Vehicle Make/Model/Colour	KTM DUKE 200
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KHAIRUL ANUAR BIN IBRAHIM
NRIC/Passport Number	S9434897H
Contact Number	90253144
Address	BLK 864 JURONG WEST STREET 81 #03-533
Postcode	640864
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 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 firms/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")

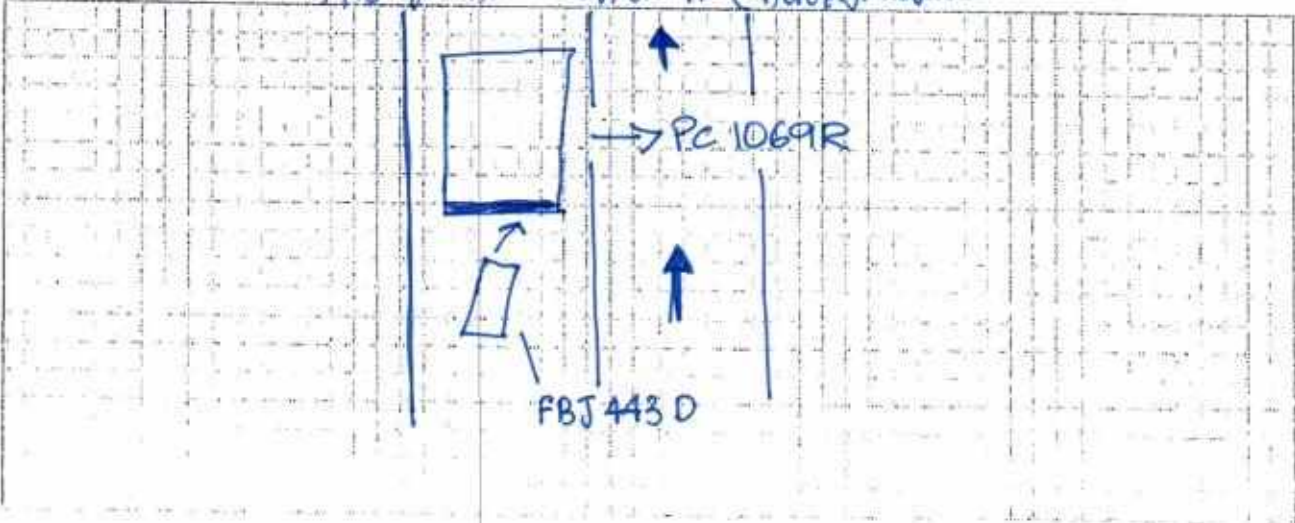
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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  Date & Time  Driver's Signature (if driver is not the policyholder) / Date & Time  30/7/18 Witnessed by Reporting Centre Personnel  30/07/2018

Sketch Plan ↗

AYE TOWARDS OUTPOST (AKHAYANTRA)



Describe Circumstance of the Accident *


On 30/7/18 at 0715, I was driving at AYE (changi). It was a massive jam & my van (PC1069R) was at a complete stop. Suddenly I heard a loud bang which make my vehicle shook heavily. I checked my mirror & saw a bike bearing F0J 443D which already hit me.

I went down & checked my vehicle & the rider. The bumper of my van came off & there was some scratches at the RR Door. The rider informed me that he was OK & he apologies.

We exchange particulars & that he said he was on his way to work.


Declaration

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



Policyholder's Signature



*


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

30/7/18


Witnessed by Reporting Centre Personnel

30/07/2018



and 80/07/2018



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for 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: <u>30/7/18</u> Time: <u>0715</u>
Exact Location of Accident	*	<u>AYE Towards Changi (Alexandra)</u>
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	*	<u>PC 1069R</u>
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 <u>Toyota</u> Model <u>Hiace Highroof</u>	
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input checked="" type="radio"/> Bus <input type="radio"/> Motorcycle <input type="radio"/> Others, _____	
Exact Purpose for which vehicle was being used at time of accident	*	<u>Fetching Customer</u>
Are you claiming under your own insurance policy for repair to your vehicle?		<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*		<input type="radio"/> Private <input checked="" type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company *		
Type of Policy		<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy		<input type="radio"/> Yes <input type="radio"/> No
Policy Number		
Motor CI		
DRIVER		<input type="radio"/> Same as Insured above
Name of Driver	*	<u>Juraiman Bin Mohamad</u>
Personal Identification - NRIC (Singaporean/PR)	*	<u>S8035682Z</u>
- FIN/Passport Number	*	
Date of Birth	*	<u>29</u> dd/ <u>10</u> mm/ <u>1980</u> /yy
Driving Date Pass	*	<u>25</u> dd/ <u>5</u> mm/ <u>2009</u> /yy
Year of Driving Experience	*	<u>9</u> Year(s) <u>2</u> Month(s)
Occupation	*	<input type="radio"/> Indoor <input checked="" type="radio"/> Outdoor
Gender	*	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	*	<u>94564696</u>

Address of Driver	* BIK 273C Jurong West Ave 3 #02-03
Email Address	* Mantora1980@gmail.com
Was driver an employee of the Insured's Company?	<input checked="" 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 checked="" type="radio"/> 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 Swipe, Front to Rear)	* Front To Rear.
Weather Conditions	* <input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	* <input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others, _____

OTHER INFORMATION

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 type="radio"/> Yes <input checked="" type="radio"/> No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	* <input type="radio"/> Yes <input 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?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	* FBJ 4430
Vehicle Make/ Model/ Colour	KTM (Black) Duke 200
Details of Properties	motorcycle.
Name of Driver	Khairul Anwar Bin Ibrahim
Personal Identification - NRIC (Singaporean/PR)	S9434897H
- FIN/Passport Number	
Contact Number	9025 3144
Address	BIK 864 Jurong West St 81 #03-533 Singapore 640864
Name of Insurance Company	-
No. of Passenger (Including Driver)	-

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

**VOCATIONAL LICENCE**

Licence No : S8035682Z

Name : JURAIMAN BIN MOHAMAD

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	25/05/2018
03	BUS VL	10/03/2011
04	BUS ATTENDANT	10/03/2011



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Juraiman Bin Mohamad

Licence Number: **S8035682Z**
Name: **JURAIMAN BIN MOHAMAD**
Birth Date: **29 Oct 1980**
Issue Date: **25 May 2009**

Barcode: 001744874D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8035682Z**

Portrait photo of Juraiman Bin Mohamad

Name: **JURAIMAN BIN MOHAMAD**
Race: **BOYANESE**
Date of birth: **29-10-1980**
Country of birth: **SINGAPORE**
Sex: **M**

Small portrait photo

Security watermark: **S8035682Z**

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

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

PASS DATE: **25 May 2009**

Licence No: **S8035682Z**

NP 428A

4649183

Barcode

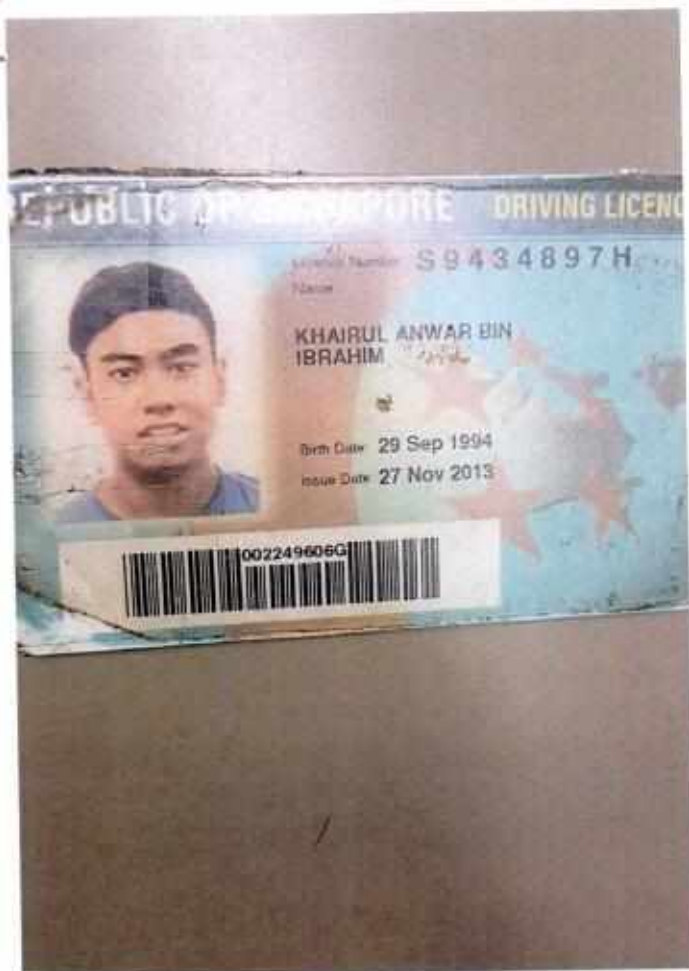
Portrait photo of Juraiman Bin Mohamad

NRIC No. **S8035682Z**

Date of issue: **11-11-2010**

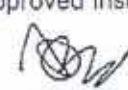
Fingerprint

APT BLK 273C JURONG WEST AVENUE 3 #02-03
SINGAPORE 643273
NRIC No: **S8035682Z** Date: **10/07/2012** No: **7059855**



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	SD18V00031 /VBZ /R03
Form	MZ603A
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	PC1069R
2.Chassis number of Vehicle:	JTFST22P800011535
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*:	
<p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</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>	
7.Limitations as to use*:	
<p>A) Use only for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use only in the Republic of Singapore.</p>	
8.Policy does not cover:	
<p>A) Use for racing, pace-making, reliability trials 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>*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.</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 LIBERTY INSURANCE PTE LTD Approved Insurers</p>	
 _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Airside of Singapore Changi Airport, Personal Accident Benefit, Third Party Property Damage, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$2250, Additional Excess for Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS-/26-DEC-17

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26-DEC-17