

NATIONAL Assessment Centre Services (Ref: JAN05) *NA18040064*

Date In: <i>02/08/2018 17:56</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/21/1801/4099/Y</i>	SAS e-filing		
Veh No: <i>PC 2194E</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>01/08/2018 18:20</i>	i-Motor Claim Form		
OD: <i>TP</i> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: *GBD 2828X* 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

NA1804870

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl 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 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	02/08/2018 17:56
Date Of Accident	01/08/2018 18:20
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT NEAR EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2194E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	BOYAN6569@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96532419
Alternative Phone No	OFFICE-96532419

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	MOHAMAD RAZALI BIN ASHAR
NRIC No	S1681530F
Date Of Birth	24/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96532419
Fax Number	
Contact Number	OFFICE-96532419
Email Address	BOYAN6569@GMAIL.COM

Address	BLK 45 STIRLING ROAD #06-464
Postcode	140045
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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	GBD2828X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SIM HONG PENG DAMIEN
NRIC/Passport Number	S7514008H
Contact Number	96650493
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
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Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	TOH SAN KUAN
NRIC/Passport Number	S0126577F
Contact Number	90617992
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
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 rescind 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.

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.


Policyholder's Signature (Date: 08/08/2018)


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


Witnessed by Reporting Centre Personnel

Sketch Plan

PIE towards Changi after Euro's BH		My Vehicle PC2194E		2nd Vehicle GBD284X		3rd Vehicle UNKNOWN		4th Vehicle UNKNOWN
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UNKNOWN

Describe Circumstance of the Accident *

I was travelling along PIE towards Changi Airport. The traffic condition was jammed & slow moving. ~~Someone~~ I applied brakes when the vehicle travelling in front of me slowed down. However the vehicle behind me knocked into the rear of my vehicle. There are also other vehicles involved in the chain collision. In total there were 4 vehicles involved in this accident, including mine. I have only taken particulars of the driver behind me. I have also taken the phone number & driving license of the 3rd vehicle in queue. No particular taken from the 4th vehicle. I was the 1st vehicle in front. All vehicles in the same lane. The rear of my vehicle was damaged, dented & scratched.

Declaration

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

 
Policyholder's Signature / Date & Time

*


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

 01/08/2018
Witnessed by Reporting Officer/Personnel



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: 1/8/2018 Time: 620pm
 Exact Location of Accident * PIE towards Changi Airport near Euros exit

DETAILS OF OWN VEHICLE

Vehicle Registration Number * PC2194E

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 * Ferry staff to airport

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 CI

DRIVER ☐ Same as Insured above

Name of Driver * Mohamed Razali Bin Ashar

Personal Identification - NRIC (Singaporean/PR) * S1681530F

- FIN/Passport Number *

Date of Birth * 24 dd/ 09 mm/ 65 yy

Driving Date Pass * 12 dd/ 12 mm/ 03 yy

Year of Driving Experience * 15 Year(s) Month(s)

Occupation * ☐ Indoor ☒ Outdoor

Gender * ☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No. * 96532419

Address of Driver *

Email Address *

Postcode ()

boyan6569@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 Swipes, Front to Rear) *

Chain collision

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 Registration Number *

98D2828X

Vehicle Make/ Model/ Colour

Details of Properties

Name of Driver

Sim Hong Peng Damien

Personal Identification - NRIC (Singaporean/PR)

J7514008H

- FIN/Passport Number

Contact Number

96650493

Address

Name of Insurance Company

No. of Passenger (Including Driver)

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

DETAILS OF OTHER VEHICLE / PROPERTY 2

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	Toh Jan Kuan
Personal Identification - NRIC (Singaporean/PR)	S0126577 F
- FIN/Passport Number	
Contact Number	90617992
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 3

Vehicle Registration Number	UNKNOWN
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)	
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 4

Vehicle Registration Number	
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)	
Name of Insurance Company	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1681530F



Name

MOHAMAD RAZALI BIN ASHAR

محمد رزالي بن عسهار

Race

MALAY

Date of birth

24-09-1965

Sex

M

S1681530F

Country of birth

SINGAPORE

4264854



NRIC No. S1681530F



Date of issue

16-08-2008

APT BLK 45 STIRLING ROAD #06-464
SINGAPORE 140045

NRIC No: S1681530F

Date: 29/05/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1681530F

Name:

MOHAMAD RAZALI BIN ASHAR



Birth Date: 24 Sep 1965

Issue Date: 01 Sep 2008



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 2B	Motorcycles ≤ 200 cc	30 Sep 19
Class 2A	Motorcycles between 201 cc and 400 cc	20 Jan 19
Class 3	Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500 kg	12 Dec 20

NP 428A



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:	PC2194E
2.Chassis number of Vehicle:	JTFHT02P900118317
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 provided he is in the Policyholder's employ and is driving on their order or with their permission. 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 only for the carriage of passengers or goods in connection with the Policyholder's business. B) Use only in the Republic of Singapore.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*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.	
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, 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:	
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLASI/26-DEC-17

S1_C1_T1_T3_OE_Template2-Vet1.

26-DEC-17