

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MMA 118109450

Date In: 23/08/2018 20:04	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP/8015384/Y	SAS e-filing		
Veh No: GBH 452m	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 20/08/2018 14:00	i-Motor Claim Form		
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SE 6973J	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

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		In Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: 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: Idac 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: Idac 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	23/08/2018 20:04
Date Of Accident	20/08/2018 14:00
Exact Location Of Accident	ALONG TIONG BAHRU MARKET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH452M
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96840720
Alternative Phone No	OFFICE-96840720

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Exact Purpose for which vehicle was being used at time of accident	GOING FOR LUNCH
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	SD18V00032/VCZ/R03
Cover Note Number	

Driver

Name of Driver	CHIN FUN BOON (ZENG FANWEN)
NRIC No	S7925727C
Date Of Birth	05/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96840720
Fax Number	
Contact Number	OTHERS-96840720
Email Address	NOEMAIL

Address	BLK 780 YISHUN RING ROAD #10-3560
Postcode	760781
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO: 62362541
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	SLE6973J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEVERMANN ANJA
NRIC/Passport Number	G3255608L
Contact Number	91706876
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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 Authorized 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 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' 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' 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.

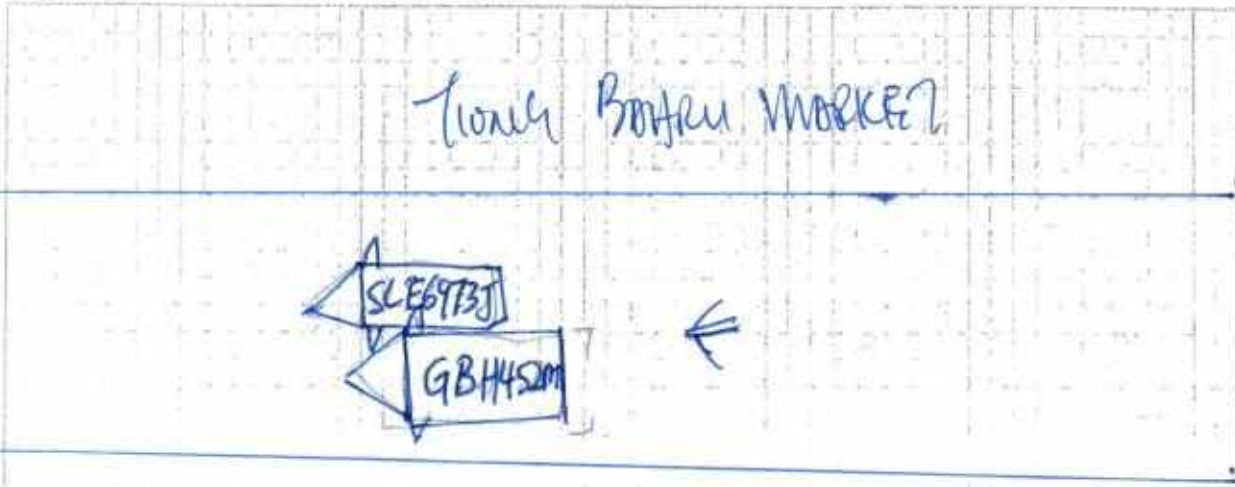

Policyholder's Signature & Date




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


Witnessed by Reporting Centre Personnel

Sketch Plan *



Describe Circumstance of the Accident *

My car vehicle is parked on a narrow street while a fast moving car drive pass and hit my side mirror. The driver did not stop immediately due to many vehicles, he stop a bit further and we meet to exchange details.

The opposite driver admitted that he is at fault and is willing to pay for the damage, my right side mirror fall off and crack to pieces.

The opposite driver details:

Levermann Anja, G325560BL

Tel: 91706876

Vehicle Number: SLE 6973J

Declaration:

We declare the foregoing particulars are true in every respect.


Policyholder's Signature



*


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

 26/08/2019
Witnessed by Reporting Centre Personnel

NOTICE OF REPORTING

This is to confirm that Chin Fun Boon (Zeng Fanwen), NRIC
S7925727C, has reported to the Police a non-injury traffic accident which
occurred outside Tiong Bahru Market, after taxi stand

on 20/08/2018 at 02:00pm involving the following vehicles:

V1) GBH452M – right side mirror dislodged

V2) SLE6973J – No damage

V1 was parked along the road (parallel) when V2 drove passed and hit
onto V1's right side mirror. Particulars was exchanged.

V2 driver details:

Levermann Anja

G3255608L

Tel: 91706876

2 If this accident was reported to the Police within 24 hours of its
occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act,
Cap 276.

Rank/Name of Issuing Officer: SI Abdul Rahim

Date: 21/8/18 Time: 1030hrs

S/D Ref: 10

KRETA AYER NPP
50 North Canal Road
Singapore 059202
Central Division

Police Post/Unit : _____

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police



SINGAPORE POLICE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorized 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 Authorized 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: 20/8/18 Time: 2pm
 Exact Location of Accident * Tiong Bahru Market

DETAILS OF OWN VEHICLE

Vehicle Registration Number * G6H452M

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
 Type of Vehicle*
 Manufacturer _____ Model _____
☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others _____
 Exact Purpose for which vehicle was being used at time of accident * For lunch
 Are you claiming under your own insurance policy for repair to your vehicle?
☐ Yes ☐ No (If No, Please 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 * Linfaun Boon
 Personal Identification - NRIC (Singaporean/PR) * S7925222C
 - FIN/Passport Number *
 Date of Birth * 05 dd/ 09 mm/ 1979 yy
 Driving Date Pass * 31 dd/ 05 mm/ 2004 yy
 Year of Driving Experience * 14 Year(s) 03 Month(s)
 Occupation *
☐ Indoor ☒ Outdoor
 Gender * ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No * 96840720

Address of Driver *	Bike 781 Yishun Ring Road Hq10-3560	Postcode (140781)
Email Address *		
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 Swipe, Front to Rear) *	Right Mirror	
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	Kreta Ayer NPP	
Police Station Address	55 North Canal Road Singapore 059282	
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 *	SLE 6973J	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	LEVERMAN AMJA	
Personal Identification - NRIC (Singaporean/PR)	G3258608L	
- FIN/Passport Number		
Contact Number	91706876	
Address		
Name of Insurance Company		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles)		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. S7925727C

CHIN FUN BOON
(ZENG FANWEN)

Date of Birth 05 Sep 1979

Valid Until 13 Mar 2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7925727C

Name

CHIN FUN BOON
(ZENG FANWEN)

曾繁文

Race

CHINESE

Date of birth

05-09-1979

Sex

M

Country of birth

SINGAPORE

S7925727C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 2 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 31 May 2004



Licence No. S7925727C

4959487



NRIC No. S7925727C

Date of issue

17-04-2013

100, LUN RING ROAD



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069429
Tel: (65) 6221 8811 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	SD18V00032 /VCZ /R03
Form	M2407
Date Of Issue	25-JAN-2018
1. Index Mark and Registration No. of Vehicle:	GBH452M
2. Chassis number of Vehicle:	ZFA26300006H37980
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 and pleasure purposes and business purposes of any person to whom the vehicle is hired.	
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. 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 Of Singapore Changi Airport, Geographical Area: Singapore only
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I: S\$1250, Additional Excess for Young & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100
FINANCE COMPANY:	HONG LEONG FINANCE LTD
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/PLASYS/JAN-18

St_Cl_T1_T3_OE_Template2_Ver1

25-JAN-18