NATIONAL Assessment Centre Services (wef 1 Jan05) MNA18115059

Date In 05/09/2018 12:34	Job description	Date & Time Completed	Done by
Ref No NBA/LIP1801619014	SAS e-filing		
Veh No GBG 5085L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 30/08/2018 13:00	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: SLZ5715 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**

NA1805674

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 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*		[redacted]
Invoice dated	*Fee Charged*	[redacted]	

MNA118115059 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 05/09/2018 12:34
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 05/09/2018 12:50

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	05/09/2018 12:34
Date Of Accident	30/08/2018 13:00
Exact Location Of Accident	OASIS @ SAKRA CARPARK AT 2ND STOREY CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG5085L
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MINGHOWE626@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97215426
Alternative Phone No	OFFICE-97215426
Vehicle Particulars	
Manufacturer	NISSAN
Model	NAVARA D/CAB 7AT
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	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	SD18V00032/VCZ/R03
Cover Note Number	
Driver	
Name of Driver	YANG MINGFENG
NRIC No	S2704431Z
Date Of Birth	26/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97215426
Fax Number	
Contact Number	OTHERS-97215426
EMail Address	MINGHOWE626@HOTMAIL.COM

Address	BLK 509A YISHUN AVENUE 4 #12-10
Postcode	761509
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

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. [illegible] provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow [illegible] companies to repudiate policy liability.
4. [illegible] acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. [illegible] may be referred to the Traffic Police Department for investigation.
6. [illegible] be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of [illegible] for archiving, and that copies of this report will for a fee be made available upon application by interested parties.
7. [illegible] of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the [illegible] available aforesaid.

[illegible] the Personal Data Protection Act (PDPA)

[illegible] acknowledge, agree and consent that:

[illegible] workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose [illegible] personal data-personal information set out in this [form] and any other personal information provided by me or [illegible] insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) [illegible] vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be [illegible] as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant [illegible] authority (such as the police), for the purpose(s) of:

[illegible] and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to [illegible];

[illegible] the accident and/or my claims;

[illegible] and/or dealing with my instructions or responding to any enquiries by me;

[illegible] claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve [illegible] personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail [illegible]; and/or

[illegible] applicable law in administering, processing, handling and/or dealing w ith my claims.

[illegible] the "Purposes")

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

[illegible] information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents [illegible] law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[illegible] GOLDBELL [illegible]

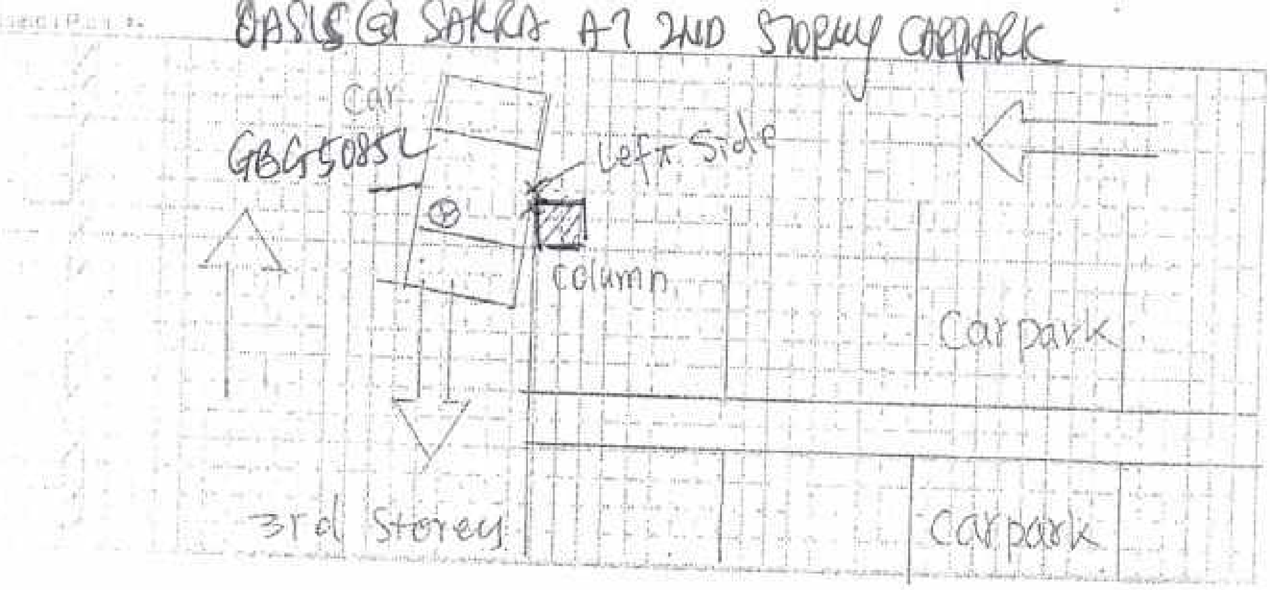
* Yamyme 31/08/2018 20:30pm

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

05/09/2018

Witnessed by Reporting Centre Personnel

SKETCH PLAN:



[illegible] Circumstance of the Accident *

[illegible] pm 30/08/2018 I drive the car go to Sakra

[illegible] and drive inside Oasis @ Sakra multi Carpark,

[illegible] storey I turn left along ramp to 3rd Storey,

I [illegible] my car touch the column beside the ramp,

I drive very slow so just have a little bit feeling.

When finish parking at 3rd Storey I check my car,

[illegible] left side swipe the column corner and demaged

[illegible] back door and wheel.

[illegible]
[illegible] the foregoing particulars are true in every respect.

GOLDBELL CAR RENTAL PTE. LTD.

[illegible] Signature / Date & Time

* [signature] 31/08/2018 20:30 pm

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

[signature] 05/09/2018

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to any 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: 30/08/2018 Time: 1:00 pm
Exact Location of Accident	*	Oasis @ Sakra carpark at 2nd Storey

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	GBG 5085L

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	*	To cafeshop at 1st Storey for lunch
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 Cl		

DRIVER

◯ Same as Insured above

Name of Driver	*	YANG MINGFENG
Personal Identification - NRIC (Singaporean/PR)	*	S2704431Z
- FIN/Passport Number	*	E4270074D
Date of Birth	*	26 dd/ 06 mm/ 1967 yy
Driving Date Pass	*	31 dd/ 10 mm/ 2013 yy
Year of Driving Experience	*	4 Year(s) 10 Month(s)
Occupation	*	◯ Indoor ☑ Outdoor
Gender	*	☑ Male ◯ Female
Contact Number / Mobile Phone / Fax No.	*	97215426

Address of Driver	*	APT BLK 509A YISHUN AVE 4 #12-10 Postcode (761509)
Email Address	*	minghowe626@hotmail.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 collison, Head-On collision, Side Swipe, Front to Rear)	*	Side Swipe
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	*	/
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)		

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

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2704431Z

YANG MINGFENG

杨 明 峰

CHINESE

28-08-1967 M

CHINA

S2704431Z

28-08-2028

APT BLK 208A YISHUN AVENUE 4 #12-10
SINGAPORE 760208

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S27044312

YANG MINGFENG

Birth Date: 20 Jun 1987

Issued on: 31 Oct 2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Car =< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 3000kg 31 Oct 2013

Licence No: S27044312

TP 4284

Liberty Insurance.

1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE
24 HR ACCIDENT RESPONSE
ROADSIDE ASSISTANCE
FLOOD ASSISTANCE

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	SD18V00032 /VCZ /R03
Form	MZ407
Date Of Issue	26-DEC-2017
1. Index Mark and Registration No. of Vehicle:	GBG5085L
2. Chassis number of Vehicle:	MNTCB4D23Z0001527
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*:

(a) 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.

(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:	MAYBANK
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD