NATIONAL Assessment Centre Services (wef : Jan'05) MNA1187839

Date In: 11/09/2018 14:10	Job description	Date & Time Completed	Done by
Ref No: NBA/LUP1201653Y	SAS e-filing		
Veh No: GBH 3927M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 08/09/2018 17:35	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: SGF 3898S 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

NA1805286

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*		
Invoice dated	*Fee Charged*		

MNA118117839 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 11/09/2018 14:10
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 11/09/2018 14:27

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	11/09/2018 14:10
Date Of Accident	08/09/2018 14:25
Exact Location Of Accident	ALONG CHOA CHU KANG STREET 62
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH3027M
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	AHMADAIDEIYL.AMIR@ECOLAB.COM
Mobile Phone No	(LOCAL) +65-97555012
Alternative Phone No	OFFICE-66594810
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME FROM WORK
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	AHMAD AIDEIYL BIN AMIR
NRIC No	S8519467D
Date Of Birth	20/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97555012
Fax Number	
Contact Number	OFFICE-66594810
EMail Address	AHMADAIDEIYL.AMIR@ECOLAB.COM

Address	BLK 811B CHOA CHU KANG AVENUE 7 #15-613
Postcode	682811
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	3
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	SGF3898S
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV8197E

Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 repudiate policy liability.
4. The receipt and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. False or misleading 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.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) 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 on my behalf to 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 yers/law firms, the Monetary Authority of Singapore and any relevant governmental agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing w ith 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 the disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

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

(collectively the "**Purposes**");

(b) the Insurers 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.

GOLDBELL CAR RENTAL PTE LTD

ECLAB PTE LTD

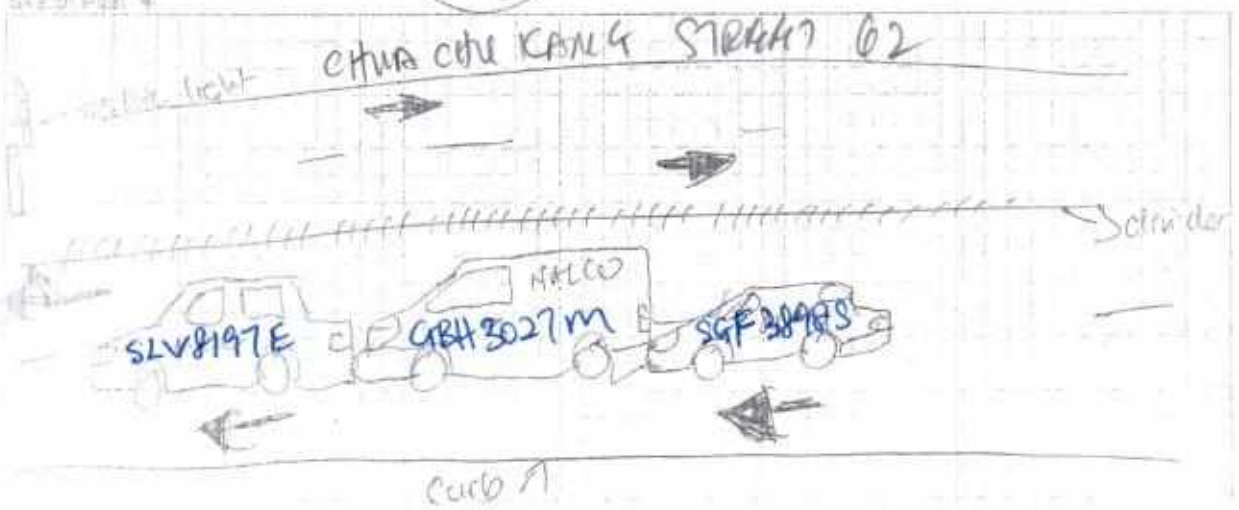
Date & Time

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

Witnessed by /Reporting Centre Personnel

11/09/2018

Sketch Plan :



Circumstance of the Accident *

On the 3rd September 2018, I was driving back home when I was hit by a red nissan sylphy driven by a lady. The force of the collision made me hit the rear mercedes behind. Luckily all three were not injured. My front bumper number plate was bend and my near door area was damaged in a 3 car chain collision. The lady driving the mercedes claimed she saw me brake also when a car in a lane suddenly cut in just in front of her car result in her have to jammed brake. Unfortunately the car behind us did not stop on time and hit my rear. As spoken by the lady driving SLV8197E she do not want any claim cause her car was alright. She did not exchange particulars then cause all the lady in the nissan sylphy SGF3398S asked me what she has to do. I told her we exchange particulars for the insurance claim if she also claimed the car driving other people's car. Finally we all drove away as no obstruct traffic flow. I was lucky that the van has both rear and back camera if both other parties did unreal claims

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

GOLDBELL CAR RENTAL PTE LTD

Driver's Signature (if different from policyholder) / Date & Time

ECOLAB PTE LTD

Witnessed by Reporting Centre Personnel

17/09/2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for eFiling.
2. Please kindly complete 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. Submission and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Erroneous reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	*	Date: 08/09/2018 Time: 1423 hrs
Exact Location of Accident	*	Choa Chu Kang Street 62
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	*	GBH3027M
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner *(See Insurance Cert.)*		
Personal Identification - NRIC (Singaporean/PR)		S8519467D
- FIN/Passport Number		
- Not Applicable		
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model		Manufacturer NISSAN Model NV200
Type of Vehicle*		◯ Saloon ◯ MPV ◯ CRV ✓ Van ◯ Lorry ◯ Bus ◯ M/cycle ◯ Others
Exact Purpose for which vehicle was being used at time of accident	±	On the way home from work
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
Road Tax		◯ Yes ◯ No
Policy Number		
Name of		
DOB and		◯ Same as Insured above
Name of Driver	*	Ahmad Hidayat Bin Amin
Personal Identification - NRIC (Singaporean/PR)	*	S8519467D
- FIN/Passport Number	*	
Date of Birth	*	20 dd/ 06 mm/ 1985 yy
Driving Date First	*	14 dd/ 10 mm/ 2004 yy
No. of Years Experience	*	09 Year(s) 07 Month(s)
Occupation*	*	◯ Indoor ✓ Outdoor
Gender	*	✓ Male ◯ Female
Contact Number / Mobile Phone / Fax No	*	*97549012 / 66949810

Address of Driver	*	21 Gul Lane Postcode (629416
Email Address	*	ahmadzaidan@hotmail.com
Are the driver an employee of the Insured's Company?		○ Yes ○ No
The 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)	*	chain collision, was hit by car at the rear
Weather Conditions	*	✓ Clear ○ Raining ○ Others: _____
Road Surface	*	✓ Dry ○ Wet ○ Others: _____

OTHER INFORMATION

Is there any body injured in the accident?	*	○ Yes ✓ No
Is there any other vehicle or property damaged? (Including Highway)	*	○ Yes ✓ No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	*	✓ Yes (online) ○ 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	*	~~SBH3027M~~ SGF3898S
Vehicle Make/ Model/ Colour		NISSAN SYLPHY
Details of Properties		
Name of Owner		
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.)

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	SLV 8197F
Vehicle Make/ Model/ Colour	MAZDA
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 3	
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	

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	

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	23 Feb 2004
Class 2A	Motorcycles between 201 cc and 400 cc	14 Jun 2005
Class 2	Motorcycles > 400 cc	22 Aug 2006
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	14 Oct 2009

Licence No:S8519467D

NP 428A

5545077

NRIC No. S8519467D

Date of issue
31-12-2015

APT BLK 811B CHOA CHU KANG AVENUE 7 #15-613
SINGAPORE 682811

NRIC No. S8519467D Date: 24/08/2016

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8519467D

Name
AHMAD AIDEIYL BIN AMIR

Race
MALAY

Date of birth
20-06-1985

Sex
M

S8519467D

Country/Place of birth
SINGAPORE

Liberty Insurance Pte Ltd
Registration no 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 9611 Fax: (65) 6223 5869
Website: http://www.libertyinsurance.com.sg

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

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	22-MAY-2018
Make, Mark and Registration No. of Vehicle:	GBH3027M
Chassis number of Vehicle:	VSKYBAM20Z0157552
Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD
Effective date of Commencement of Insurance for the purpose of the Act:	14-APR-2018 00:00 AM
Date of Expiry of Insurance:	31-DEC-2018 23:59 PM
Persons or Classes of Persons entitled to drive*:	Any person 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 not been disqualified 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.
	Provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been suspended at the time of the accident loss or damage.
Limitations as to use*:	For the carriage of passengers or goods in connection with the Policyholder's business.
	For social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.
This policy does not cover:	Racing, pace-making, reliability trials or speed-testing.
	Towing a trailer except for towing (other than for reward) of any one disabled mechanically propelled vehicle.
	Any liability in respect of damage of passengers for hire or reward by any person to whom the vehicle is hired.
	Any liability which by reason of limitation imposed by Section 6 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
CONDITIONED:	MARKET VALUE AT THE TIME OF LOSS
FINANCE COMPANY:	DBS BANK LTD
FINANCE NAME:	ACORN INTERNATIONAL NETWORK PTE LTD