

<b>NATIONAL Assessment Centre Services</b> [ver: Jan'09] <b>29/08/18/22417</b>			
Date In: <b>21/09/2018 10:13</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/21P/80/7203/Y</b>	SAS e-filing		
Veh No: <b>GBG 8221 R</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>17/09/2018 10:00</b>	i-Motor Claim Form		
OD: <b>TP (Repairing Only)</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <b>Fax / Hand to Owner/Wksp</b>		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>GBG 4871</b>	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 ( )			

<b>General Remarks:-</b>	
( ) 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: ( )	

<b>Remarks:-</b> (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] ( )		

<b>Injury:</b>
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Date/Time	Actions

<b>NA806102</b>	<b>Invoice Preparation Checklist</b>		<b>Amt (\$)</b> In Bill	<b>Amt (\$)</b> Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);			
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)			
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45			
<b>Damaged Portion:</b>	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 / Tpf Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N'n INC) against INC \$20			
	9) N12: Idac Mobile 30			
<b>QC Checked by (Engr-In-Charge):</b>	Invoice dated	Fee Charged		
<b>Auditors' Comments:-</b>	Invoice dated	Fee Charged		
<b>Cat. 1:</b>				
<b>Cat. 2/3:</b>				

## 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	21/09/2018 10:13
Date Of Accident	17/09/2018 10:00
Exact Location Of Accident	48 TOH GUAN ROAD EAST ENTERPRISE HUB
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8221R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96336417
Alternative Phone No	OFFICE-96336417
<b>Vehicle Particulars</b>	
Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
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
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00032/VCZ/R03
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN BEE YOONG
NRIC No	S6902203J
Date Of Birth	27/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	27/01/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96336417
Fax Number	
Contact Number	OTHERS-96336417
Email Address	NOEMAIL



Address	BLK 12A MARSILING LANE #18-01
Postcode	730855
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	
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	GBC4871
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 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.

#### 5. 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  & Time  Driver's Signature (if driver is not the policyholder) / Date 12/11/18 0900 PM  
Witnessed by Reporting Centre Personnel 21/09/2018

#### Sketch Plan \*

48 Toh Guan Road East, Enterprise Hub

6/10/22/18

6/10/22/18

Describe Circumstance of the Accident \*


On 17 Sept '2012 @ 1000 Hrs, I was stopping at the  
 said location on the extreme left of 1st storey, to  
 pick up a phone call, with Hazard lights & Hand  
 light on. After ending call, I signal to right  
 intended to move out, suddenly a lorry hit on  
 my said vehicle right front. Nobody was injured.  
 The other party vehicle has no damaged. My  
 said vehicle right front was dented.

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

12/9/12  
 0902 Hrs

  
 Witnessed by Reporting Centre Personnel



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for e-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: 17/9/18 Time: 10:00 Hrs  
 Exact Location of Accident \* 48 Toh Guan Rd East, Enterprise Hub

## DETAILS OF OWN VEHICLE

Vehicle Registration Number \* G6G8221R

## 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 ☐ Motorcycle ☐ Others, \_\_\_\_\_

Exact Purpose for which vehicle was being used at time of accident \*

Under Sales

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

Tan Bee Young

Personal Identification - NRIC (Singaporean/PR)

S6902203J

- FIN/Passport Number

Date of Birth

27 Oct 01 mm/ 69 yyy

Driving Date Pass

27 Oct 01 mm/ 1997 yyy

Year of Driving Experience

Year(s) 2

Month(s) 7

Occupation

\*

Indoor ☒ Outdoor

Gender

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No

96336417

Address of Driver	31 <u>Bic 355, Woodlands St. 83</u> <u># 06-64</u> Postcode <u>730855</u>
Email Address	4 <u>-</u>
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" 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)	
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	4 <u>Side Swipe</u>
Weather Conditions	4 <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	4 <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____
<b>OTHER INFORMATION</b>	
a. Was anybody injured in the accident?	3 <input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (including Witness)	4 <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>DETAILS OF POLICE ACTION</b>	
Was the Accident reported to the Police?	3 <input type="radio"/> Yes <input checked="" 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?)
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>	
Vehicle Registration Number	4 <u>GBC 4871</u>
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 DRIVING LICENCE

Licence Number: S6902203J

YAN SEE YOUNG

Valid From: 27 Jan 1997

Valid Until: 12 May 2003

9604708877

9633 6417  
ZOEY

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

		VALID DATE
Class 2B	Motorcycles not exceeding 200 cc	29 Jan 1997
Class 3	Motor Cars and Motor Tractors the weight of which (including driver) not exceed 3500 kilograms	27 Jan 1997



SPR 4024K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. 56902203J



TAN BEE YOONG

陈美容

CHINESE

101.2.000

21-01-1969

Singapore, Asia  
SINGAPORE



IDENTITY CARD NO. 56902203J

Blood Group: O+ Date of Birth: 20-12-1983


APT BLK 12A MARSHALLS LANE #10-01  
SINGAPORE 701012

Expiry: 11/06/2012

No. 7000727

## 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)

<b>Certificate No</b>	SD18V00032 /VCZ /R03
<b>Form</b>	MZ407
<b>Date Of Issue</b>	26-DEC-2017
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBG8221R
<b>2.Chassis number of Vehicle:</b>	ZFA26300006H32900
<b>3.Name of Policyholder:</b>	GOLDBELL CAR RENTAL PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	01-JAN-2018 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	31-DEC-2018 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</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>	
<p><b>7.Limitations as to use*:</b></p> <p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.</p>	
<p><b>8.Policy does not cover:</b></p> <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>C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</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</p> <p><b>LIBERTY INSURANCE PTE LTD</b></p> <p>Approved Insurers</p> 	
<p>_____          Authorised Signature</p>	
<p><b>For Information only:</b></p>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside Of Singapore Changi Airport, Geographical Area: Singapore only
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I S\$1250, Additional Excess for Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	HONG LEONG FINANCE LTD
<b>PRODUCER NAME:</b>	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS-/27-DEC-17

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

27-DEC-17

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MNA118122417 Vehicle Registration No: GBG 8221P  
Name(s) shown in NRIC: Tan Eke Young NRIC/FIN/Passport No: S6902202J  
(☒ Vehicle Driver / ☐ Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96336417  
Email Address: \_\_\_\_\_  
Date of Accident: 17/09/2018 Time of Accident: 10:00  
Place of Accident: 48 Jett Creek Road East Enterprise Hub  
Insurance Company: Liberty Insurance

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

change to third party claim

Policyholder / Driver's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



Reporting Centre Personnel's Signature: \_\_\_\_\_  
Name: Po Shi Lim  
NRIC/FIN No.: \_\_\_\_\_  
Date: 26/09/2018