

NATIONAL Assessment Centre Services [Ver 1.003]

MAA18123983

Date In: 24/09/2018 11:30	Job description	Date & Time Completed	Done by
Ref No: XBA/LIP/0017354/V	SAS e-filing		
Veh No: SJ 743 H	E-mail (within 8hrs, AtC 2hrs)		
D.O.A: 21/09/2018 08:55	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SBS 8665 E	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 No./line: 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] ( )			

Date/Time	Actions

Client's Particulars	Invoice Preparation Checklist	Amnt (\$) In Bill	Amnt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)		
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		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idco DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idco Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

MAA1806112

## 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	24/09/2018 17:32
Date Of Accident	21/09/2018 08:55
Exact Location Of Accident	MARINE PARADE ROAD TURN TO SIGLAP ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ743U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SWATI.GUPTA@TETRAPAK.COM
Mobile Phone No	(LOCAL) +65-97247667
Alternative Phone No	OFFICE-97247667
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 L CVT (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO ACCESS CLINIC
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
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	
<b>Driver</b>	
Name of Driver	SWATI GUPTA
Passport No/FIN	G5076460K
Date Of Birth	30/05/1974
Occupation	INDOOR
Date Of Driving Pass	27/01/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97247667
Fax Number	
Contact Number	OTHERS-97247667
EMail Address	SWATI.GUPTA@TETRAPAK.COM

Address	68 BAYSHORE ROAD #09-05 COSTA DEL SOL
Postcode	469986
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?	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	SBS8665E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	HEW KOK HIN
NRIC/Passport Number	G7052671P
Contact Number	96934146
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 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 revoke their 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.

#### B. 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;

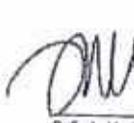
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

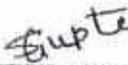
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

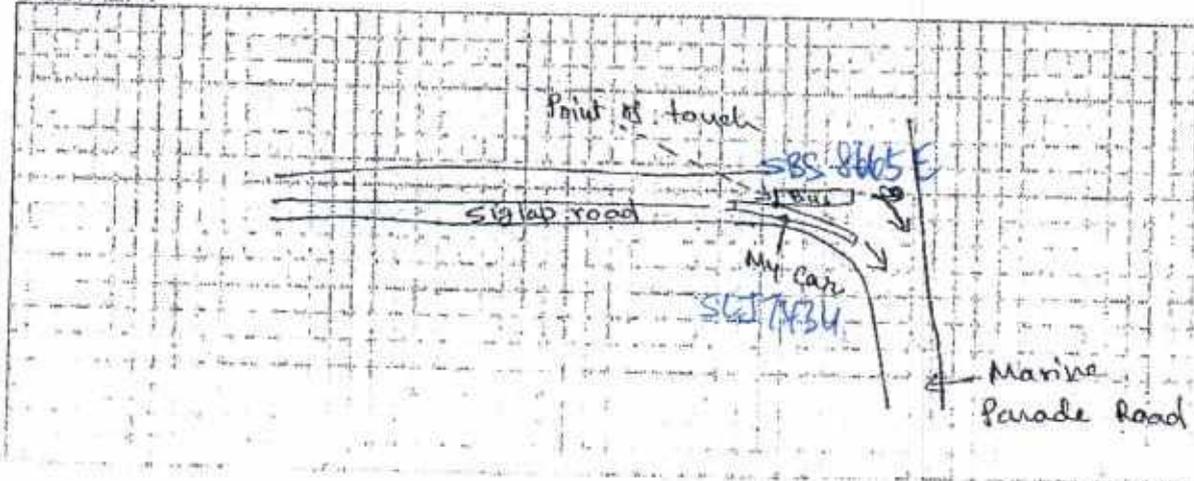
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Name & Time

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

  
Witnessed by Reporting Centre Personnel

#### Sketch Plan \*

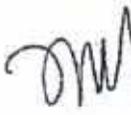


Describe Circumstance of the Accident \*

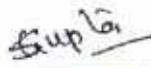
My car was behind another Bus. My car made right turn and this accident happend. Either the bus stopped or slowed down at the same time of accident.

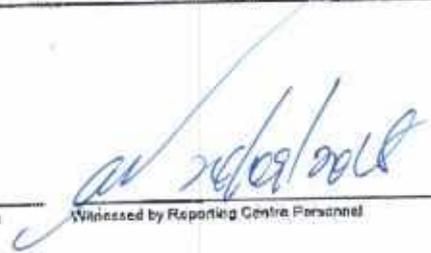
Declaration

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

  
Policyholder's Signature / Date 07/07/2018



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

  
Witnessed by Reporting Centre Personnel

# 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 willful 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: 21 / 09 / 2018 Time: 8:55 am  
 Exact Location of Accident \* Marine Parade Road - turn Siglap Road

## DETAILS OF OWN VEHICLE

Vehicle Registration Number \* SLJ 743U

## 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 \* Going to Access clinic

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 \* Swati Gupta

Personal Identification - NRIC (Singaporean/PR) \*

- FIN/Passport Number \* G5076460K

Date of Birth \* dd/ 30 mm/ 05 yy 1974

Driving Date Pass \* dd/ 28 mm/ 01 yy 2022 (Driving license expiry date)

Year of Driving Experience \* 20 Year(s) Month(s)

Occupation \* Project Manager  Indoor  Outdoor

Gender \*  Male  Female

Contact Number / Mobile Phone / Fax No. \* +65 97247667

Address of Driver	* 68 Bayshore Road, Unit no - 0905 Costa del Sol Postcode ( 469986 )
Email Address	* Swati .Gupta @ tetrapak .com
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 type="radio"/> 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)	* Side swipe
Weather Conditions	* <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others _____
Road Surface	* <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others _____

#### OTHER INFORMATION

a. Was anybody injured in the accident?	* <input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	* <input checked="" type="radio"/> Yes <input type="radio"/> No

#### DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	* <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 checked="" type="radio"/> No (If Yes, against whom?)

#### DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	* SBS 8665E
Vehicle Make/ Model/ Colour	Green / Blue
Details of Properties	
Name of Driver	Hew kok Hin
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	G7052671 P
Contact Number	+65 96934146
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	

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

**VISIT PASS**  
Immigration Regulations

Name: **SHWATI GUPTA**

Date of Birth: **20-09-1974** Sex: **F** Nationality: **INDIAN**

File No: **90078450K** Date of Issue: **23-02-2017** Date of Expiry: **26-08-2018**

**MULTIPLE JOURNEY VISA ISSUED**

TO APPLY TO ENTER SINGAPORE FOR LONGER THAN IT IS CALLED FOR OR FOR EXTENSION, AN OTHER A NEW CARD IS ISSUED TO YOU.



**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 51A)  
Republic of Singapore

Employed by: **TETRA PAK SOUTH EAST ASIA PTE LTD**

Name: **SHWATI GUPTA**  
Occupation: **EXAMINER ANALYST**

File No: **90078450K** Date of Expiry: **13-02-2017**

Date of Issue: **23-02-2017**  
Date of Expiry: **13-02-2019**




LT688128

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class	Description	Expiry Date
Class 2B	Motorcycles up to 200 cc	27 Jan 2012
Class 3	Motor cars with maximum weight not exceeding 2000 kg, excluding 25 driver seats, and motor vehicles with maximum weight not exceeding 2500 kg	27 Jan 2012

License No: **90078450K**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

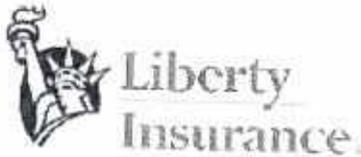
**90078450K**

Name: **SHWATI GUPTA**

Date of Birth: **20 Sep 1974**  
Date of Issue: **17 Jan 2017**  
Valid To: **26/01/2022**







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, 1980  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>Certificate No</b>	SD18V00034 /NPZ /R03
<b>Form</b>	MZ406
<b>Date Of Issue</b>	26-DEC-2017
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLJ743U
<b>2.Chassis number of Vehicle:</b>	MR053REH104550619
<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.          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.</p>	
<b>7.Limitations as to use*:</b>	
<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.          B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p>	
<b>8.Policy does not cover:</b>	
<p>A) Use for racing, pace-making, reliability trial 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.</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  <b>LIBERTY INSURANCE PTE LTD</b>          Approved Insurers</p>  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabcar Extension
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I - Singapore S\$850 / Outside Singapore S\$1350, Additional Excess for Young & Inexperienced Drivers S\$1500, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	HONG LEONG FINANCE LTD
<b>PRODUCER NAME:</b>	ACORN INTERNATIONAL NETWORK PTE LTD

PLASJ-02-JAN-18

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

02-JAN-18