

NATIONAL Assessment Centre Services

(wef: 1 Jan 2005)

MAL 118128476

Date In: 05/02/08 17:02	Job description	Date & Time Completed	Done by
Ref No: NBS/LIP/8018170/Y	SAS e-filing		
Veh No: SLU 7744M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/09/2008 12:15	i-Motor Claim Form		
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	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: () 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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 :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	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) NI: 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		

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 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 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	05/10/2018 17:02
Date Of Accident	28/09/2018 12:15
Exact Location Of Accident	66B GREENLEAF VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7744M
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	GIANFRANCO.CUNEO@US.MCD.COM
Mobile Phone No	(LOCAL) +65-97240531
Alternative Phone No	OFFICE-97240531

Vehicle Particulars

Manufacturer	VOLVO
Model	XC90
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	YES
Policy Number	SD18V00033/VPZ/R03
Cover Note Number	

Driver

Name of Driver	CUNEO BONNIE KAY
Passport No/FIN	G3427869K
Date Of Birth	01/05/1971
Occupation	INDOOR
Date Of Driving Pass	05/06/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97240531
Fax Number	
Contact Number	OTHERS-97240531
Email Address	GIANFRANCO.CUNEO@US.MCD.COM

Address	66B GREENLEAF VIEW
Postcode	279317
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 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 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.

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

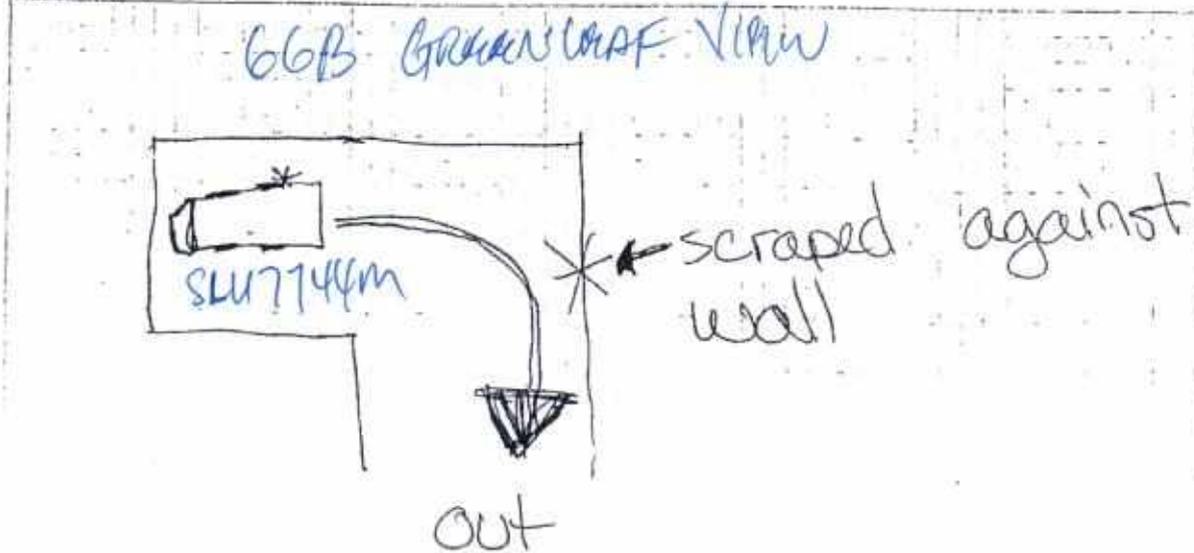
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Handwritten Signature]
Policyholder's Signature & Date

[Handwritten Signature]
Driver's Signature (if driver is not the policyholder) & Date

[Handwritten Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan *



Describe Circumstance of the Accident *

I was reversing out of the garage and the driver's side passenger door scraped against the garage wall.

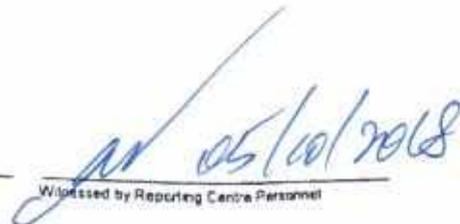
Declaration

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


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 Sept. 28, 2018 Time 12:15pm
 Exact Location of Accident * 1615 Greenleaf View

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SLU77AA M

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 Volvo Model XC90

Type of Vehicle*

Saloon MPV CRV Van Lorry
 Bus Micycle Others, _____

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

Personal

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 Cl

DRIVER

Same as Insured above

Name of Driver

* Bonnie Cuneo

Personal Identification - NRIC (Singaporean/PR)

* G3427869K

- FIN/Passport Number

Date of Birth

* dd/ mm/ yy 1 5 1971

Driving Date Pass

* dd/ mm/ yy

Year of Driving Experience

* Year(s) 30 Month(s)

Occupation

* Housewife Indoor Outdoor

Gender

* Male Female

Contact Number / Mobile Phone / Fax No

* 9724-0531

Address of Driver * 66B Greenleaf View
 Postcode 1279317
 Email Address * ~~XXXX~~ Gianfranco.cunzio@us.mcd.com
 Was driver an employee of the Insured's Company? Yes No
 If No, Relationship of the Driver with the Insured SPOUSE
 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) * ~~Collision~~ Own Damage
 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
FIN G3427869K



Name
CUNEO BONNIE KAY

Date of Birth
01-05-1971

Sex
F

Nationality
AMERICAN

FA1978760

DEPENDANT'S PASS
Immigration Regulations



FIN G3427869K

Date of Issue
03-01-2018

Date of Expiry
03-01-2021



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

MINNESOTA
DRIVER'S LICENSE



BONNIE KAY CUNEO
6320 SUMMIT CIRCLE
CHANHASSEN, MN 55317

Date of Birth: 05-01-1971

Sex: F Eyes: BLU Class: D

Height: 5-4 Weight: 120 DONOR

ISSUED 06-2017 EXPIRES 05-01-2021

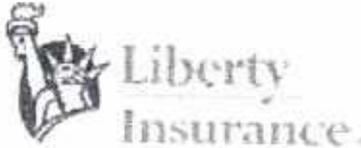
H348080642215



CLASS: D - VALID SINGLE UNIT AND COMBINATIONS UP TO 25000
LBS GVWR, ALL RECREATIONAL & FARM VEH. (M.S. 171.02)
ENDORSEMENTS: NONE
RESTRICTIONS: NONE

Living Will / Healthcare Directive





Liberty Insurance Pte Ltd
 Registration no: 199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069426
 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	SD18V00033 /VPZ /R03
Form	MZ406
Date Of Issue	25-JAN-2018
1.Index Mark and Registration No. of Vehicle:	SLU7744M
2.Chassis number of Vehicle:	YV1LF10ACJ1204055
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*:	<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>
7.Limitations as to use*:	<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p>
8.Policy does not cover:	<p>A) Use for racing, pace-making, reliability trial 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 LIBERTY INSURANCE PTE LTD Approved Insurers</p> <hr style="width: 20%; margin: 0 auto;"/> <p>Authorised Signature</p>	
For information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabcar Extension
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section 1 -Singapore S\$1050 / Outside Singapore S\$1550, Additional Excess for Young & Inexperienced Drivers S\$1500, Windscreen Excess S\$100
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/PLAS/25-JAN-18

S1_CI_T1_T3_OE_Template2-Ver1.

25-JAN-18