

# NATIONAL Assessment Centre Services

Form 1 (2000)

19/01/18/35228

Date In: 18/01/2018 11:57	Job description	Date & Time Completed	Done by
Ref No: NGA/LUP/1801893814	SAS e-illing		
Veh No: SKD 749 Y	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 17/01/2018 15:45	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor VVO (within 24 hrs, TP check)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars	Yeli No: XD 901 U	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%; P: 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 repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	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	Action

NA 1806815

Item	Description	Amount	Unit
1)	AR: Accident Reporting (\$30)		
2)	DA: Damage Assessment (\$100)	INC (\$20)	
3)	TP: Towing Fee	\$10/\$40	
4)	FT: Follow-Through Survey	\$120	
5)	PT: Follow-Through Survey (Post-urvey)	\$20	
6)	TR: Re-inspection	\$33	
7)	NT: 144 DA + SMAT Survey	\$140	
8)	NTUC Additional Service		
9)	NT: Courtesy Car / Tol Allowance	\$1	
10)	NT: Repair Coordination	\$10	
11)	NT: Post Repair Inspection	\$13	
12)	NT: DY / Collect Unacc Coordination	\$1	
13)	TP (NT) / TP (Non-INC) against INC	\$20	
14)	NT: 144 DA + SMAT Survey	\$140	

C. Checked by (Engr-In-Charge):

Invoice dated: 18/01/2018

Recd. Checked: 18/01/2018

## 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	18/10/2018 11:57
Date Of Accident	17/10/2018 15:45
Exact Location Of Accident	ESSO PETROL KIOSK AT UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD749Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96626381
Alternative Phone No	OFFICE-96626381

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	

### Driver

Name of Driver	TAN SENG LEONG
NRIC No	S1565496A
Date Of Birth	29/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2001
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96626381
Fax Number	
Contact Number	OFFICE-96626381
EEmail Address	NOEMAIL

Address	61 BRIGHT HILL DRIVE #13-06
Postcode	579653
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	XD901U
Vehicle Make/Model/Colour	PETROL DIESEL OIL TANKER TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	MR. OH CHEOW SIONG
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT PLAN

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 the copies of this report will be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, hereby consent to the archiving of this report at the centre and the copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

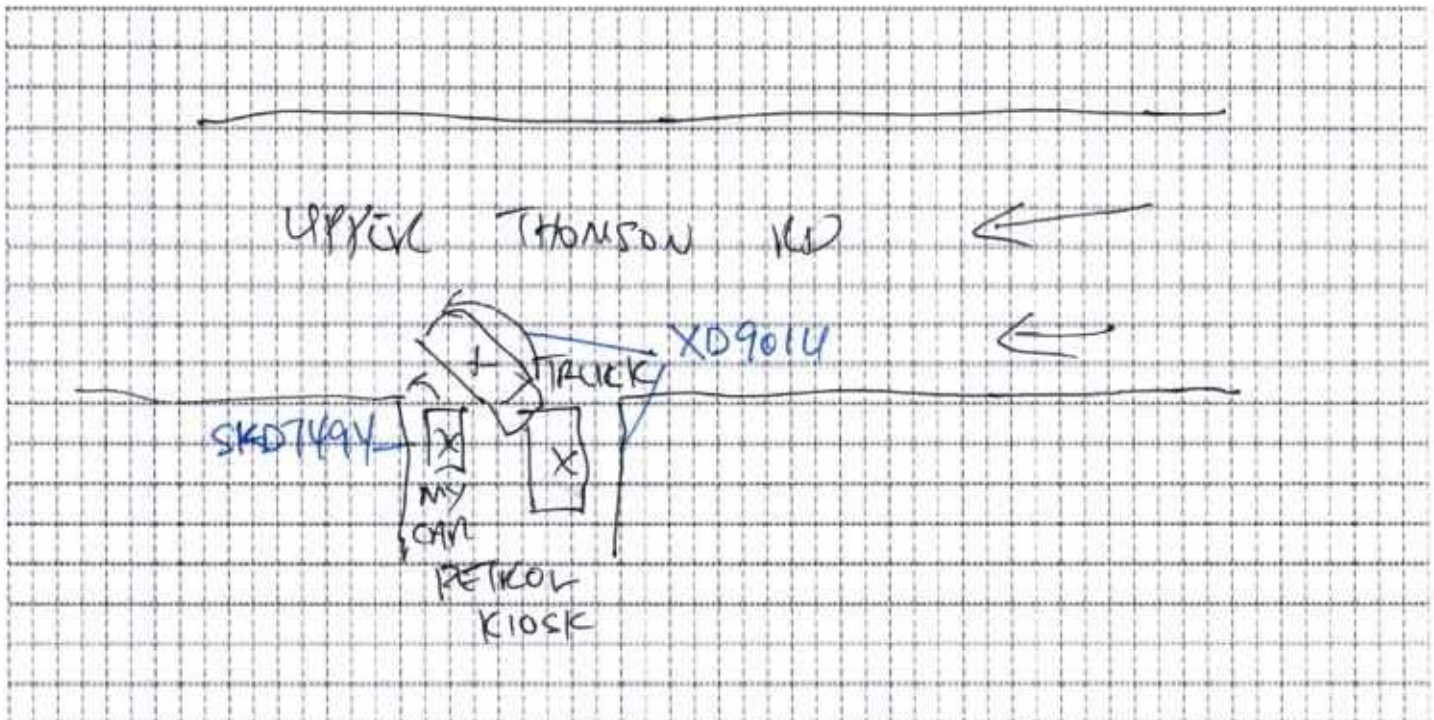
- (a) My insurer, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurer (collectively the "Personal Information") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurer lawyers/ 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 or 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 Insurer's lawyer/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 / Date & Stamp

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

 18/10/2018  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstance of the Accident

MY CAR WAS READY TO EXIT ESSO PETROL AND WAS IN STATIONARY MODE. THIS OIL TANKER TRUCK WAS ALSO EXITING PETROL KIOSK BUT DID NOT LOOK AT BLIND SPOT FOR OBJECTS OR VEHICLE BESIDE IT. WHEN HE TURN, HE SIDE SWIPE MY VEHICLE AND DRAG IT ONTO MAIN ROAD.

Declaration

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

Policyholder's Signature / Date & Stamp



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

 18/10/2018

Witnessed by Reporting Centre Personnel

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this form to the 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 insurance and acceptance of this Form by insurance companies is not an admission of the 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 17/10/18 3:45PM Date: 17/10/18 Time: 3:45PM

Exact Location of Accident ESSO PETROL KIOSK UPPER THOMSON RD

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SKD 749Y

## 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: TOYOTA Model: ALTIS

Type of Vehicle ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ Others

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

Are you claiming under own insurance policy for repair to your vehicle? ☐ Yes ☒ No (If No, Pls select ☒ Third Party ☐ Reporting)

## 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 SENG LEONG

Personal Identification - NRIC (Singaporean/PR) S1565496A

- FIN/Passport Number

Date of Birth 29 /dd 08 /mm /yy 1962

Driving Date Pass 18 /dd 02 /mm /yy 2003

Year of Driving Experience 15 Year(s) Month(s) Month(s)

Occupation MARKETING MANAGER ☐ Indoor ☒ Outdoor

Gender ☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No. 96626381

Address of Driver	61, BRIGHT HILL DRIVE, #13-06 BISHAN POINT, S(579653)			
Email Address				
Was Driver An Employee of the Insured's Company?	<input type="radio"/>	Yes	<input 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)				
<b>GENERAL INFORMATION OF THE ACCIDENT</b>				
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		
<b>OTHER INFORMATION</b>				
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 type="radio"/>	Yes	<input checked="" type="radio"/>	No
<b>DETAILS OF POLICE ACTION</b>				
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 type="radio"/>	No (if Yes, against whom?)
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>				
Vehicle Registration Number	XD 901U			
Vehicle Make/ Model/ Colour	PETROL DIESEL OIL TANKER TRUCK			
Details of Properties				
Name of Driver	MR OH CHEOW SIONG			
Personal Identification - NRIC (Singaporean/PR)				
- FIN/Passport Number				
Contact Number				
Vehicle Make/ Model/ Colour				
Address of Driver				
Name of Insurance Company				
No. of Passenger (Including Driver)	NIL			
(Note - Please use page 6 if you need to add more vehicles)				

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1565496A



Name

TAN SENG LEONG

陈胜龙

Race

CHINESE

Date of birth

29-08-1962

Sex

M

S1565496A

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S1565496A

Name: TAN SENG LEONG

Birth Date: 29 Aug 1962

Issue Date: 18 Feb 2003

Barcode: 1000285586J

579285



NRIC No. S1565496A



Date of issue

30-08-2017

Address

61 BRIGHT HILL DRIVE  
#13-06  
SINGAPORE 579653

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

12 Mar 2001




Licence No. S1565496A

NP 428A

## 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>	<b>SD18V00034 /VPZ /R03</b>
<b>Form</b>	MZ406
<b>Date Of Issue</b>	26-DEC-2017
<b>1.Index Mark and Registration No. of Vehicle:</b>	SKD749Y
<b>2.Chassis number of Vehicle:</b>	MR053REE104126036
<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>	
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.	
<b>7.Limitations as to use*:</b>	
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.	
<b>8.Policy does not cover:</b>	
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.	
*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.	
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).	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ 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>	
<b>PRODUCER NAME:</b>	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/02-JAN-18

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02-JAN-18