

NATIONAL Assessment Centre Services

(with 1/1/2009)

MAN18140091

Date In: 29/10/2018 15:10

Ref No: NGA/LP/180 9626/Y

Veh No: SLS 7450X

O.O.A: 21/10/2018 07:45

OD: (P) / Reporting Only

T? Insured:

Job description	Date & Time Completed	Done by
S&S e-billing		
E-mail (vehicle data, AIO sheet)		
1-Motor Claim Form		
1-Motor VVO (within 60 days of claim)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/Whop		

Preferred Whop / INC Assgn Whop / OWI

Tell Fax

TP Particulars: Yell No: SLP 2458M INC () / Non-INC ()

Owner / Driver: () Tell ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: BIL Steno (WO): NI 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

() Work-In-Progress / Customer's Information already Confidential & strictly NO refer of reporter

() Total Loss Case / to e-mail Insurer URGENTLY

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

Remarks: ()

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date Time: ()

Driver/Owner: ()

Policy No: ()

Assigned Portion: ()

C. Checked by (Engineer-in-Charge): ()

Vehicle Comments: ()

7/2

Invoice Preparation Checklist	Bill	Hand B
1) ARI Accident Reporting (330)		
2) DA: Damage Assessment (3100)	INC (40)	
3) TP: Towing Fee	300/10	
4) PT: Follow Through Survey	1100	
5) PT: Follow Through Survey (Recovery)	220	
6) TR: All Insured	433	
7) NI: (40) DA & SMRT Survey	3300	
8) NTUC Additional Fee (200)		
9) NI: Courtesy Car / Tpl Allowance	11	
10) NI: Repair Coordination	110	
11) NI: Post Repair Inspection	111	
12) NI: DV / Collision / Survey / Coordination	11	
13) NI: (11) TP (11) INC - Control INC	110	
14) NI: (11) Fee	10	
Invoice dated	File Closed	
Invoice total		

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	29/10/2018 15:10
Date Of Accident	27/10/2018 07:45
Exact Location Of Accident	CARPARK @ BLK 754A CHO A CHU KANG NORTH 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7450X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81804732
Alternative Phone No	OFFICE-81804732

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA AERAS 2.4 CVT MR
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	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	SD18V00030/VPZ/R03
Cover Note Number	

Driver

Name of Driver	CHUA GEOK TOH
NRIC No	S0146987H
Date Of Birth	08/11/1952
Occupation	INDOOR
Date Of Driving Pass	25/07/1974
Driving Experience	44 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81804732
Fax Number	
Contact Number	OFFICE-81804732
EMail Address	NOEMAIL

Address	BLK 754 CHOA CHU KANG NORTH 5 #09-217
Postcode	680754
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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SLR2458M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KRISHNAN S/O THANGAVELU
NRIC/Passport Number	S1723026C
Contact Number	86001640
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 Police for investigation.
6. The 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 lodgment 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

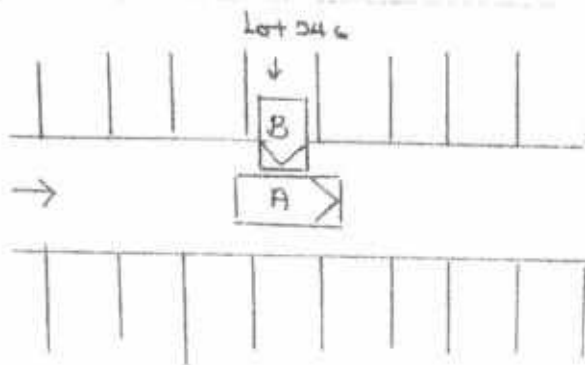
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



Veh A: SLS 7450 X

B: SLS 2458 M

B1K754A Chua Chu Kang Rd S
sheltered carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/10/18 at about 7:45 am, I was travelling along the carpark driveway at Level 3B. Vehicle B which was parked at Lot 246 suddenly moved out without checking for traffic. As a result, veh B collided into my vehicle's mid left portion causing damages.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 29/10/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature] Rosh Nor/1003



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	Date: 27/10/2018	Time: 0745 HRS
Exact Location of Accident	CARPARK @ BLK 754A CHOA CHU KANG NORTH 5	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLS7450X	
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	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____	
Exact Purpose for which vehicle was being used at time of accident		
Are you claiming under own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)	
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company		
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only	
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No	
Policy Number		
Motor CI		
DRIVER	<input type="radio"/> Same as Insured above	
Name of Driver	CHUA GEOK TOH	
Personal Identification - NRIC (Singaporean/PR)	S0146987H	
- FIN/Passport Number		
Date of Birth	_____/dd ____/mm ____/yy	
Driving Date Pass	_____/dd ____/mm ____/yy	
Year of Driving Experience	1974 Year(s) Month(s) JUL Month(s) 25	
Occupation	<input type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	8180 4732	

Address of Driver			
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)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)			
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	SLR 2458 M		
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver	KRISHNAN S/O THANGAVELU		
Personal Identification - NRIC (Singaporean/PR)	S1723026C		
- FIN/Passport Number			
Contact Number	8600 1640		
Vehicle Make/ Model/ Colour			
Address of Driver			
Name of Insurance Company			
No. of Passenger (Including Driver)	1 PAX		
(Note - Please use page 6 if you need to add more vehicles)			



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	SD18V00030 /VPZ /R03
Form	MZ406
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SLS7450X
2.Chassis number of Vehicle:	JTEGD56M007149909
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*: 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.	
7.Limitations as to use*: 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.	
8.Policy does not cover: 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 LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
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 I -Singapore S\$1050 / Outside Singapore S\$1550, Additional Excess for Young & Inexperienced Drivers S\$1500, Windscreen Excess S\$100
FINANCE COMPANY:	MAYBANK
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/27-DEC-17

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27-DEC-17