

NATIONAL Assessment Centre Services. [ref: 1 Jan 05] **NA118145239**

Date In: 09/11/2008 15:16	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP/8020348/Y	SAS e-filing		
Veh No: SKM 9260H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/10/2008 16:30	I-Motor Claim Form		
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch 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
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	Invoice Description	Charged	Done by
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
Tel 1:	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
Tel 2/3:	OD:		
	*NS: Courtesy Car / Tpt Allowance	\$3	
	*NG: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*NB: DV / Collect Excess Coordination	\$3	
	TP (NI) : TP (Non INC) against INC	\$20	
	9) NI2: Idao Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

COUNTY

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	09/11/2018 15:16
Date Of Accident	29/10/2018 16:30
Exact Location Of Accident	SITE AT TUAS SOUTH BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM9260H
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	JINSUNG@DAELIM.CO.KR
Mobile Phone No	(LOCAL) +65-90551504
Alternative Phone No	OFFICE-90551504
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA8 5-DOOR WAGON 2.3L SP. 5EAT
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?	YES
If No, Please state action to be taken	
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	LIM JINSEONG
Passport No/FIN	G3264347M
Date Of Birth	10/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90551504
Fax Number	
Contact Number	OTHERS-90551504
Email Address	JINSUNG@DAELIM.CO.KR

Address	65 JURONG WEST CENTRAL 3 #09-32 THE CENTRIS
Postcode	648332
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 BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	WINDY
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 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.

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;

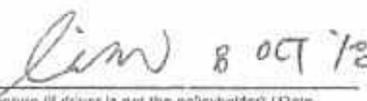
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

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

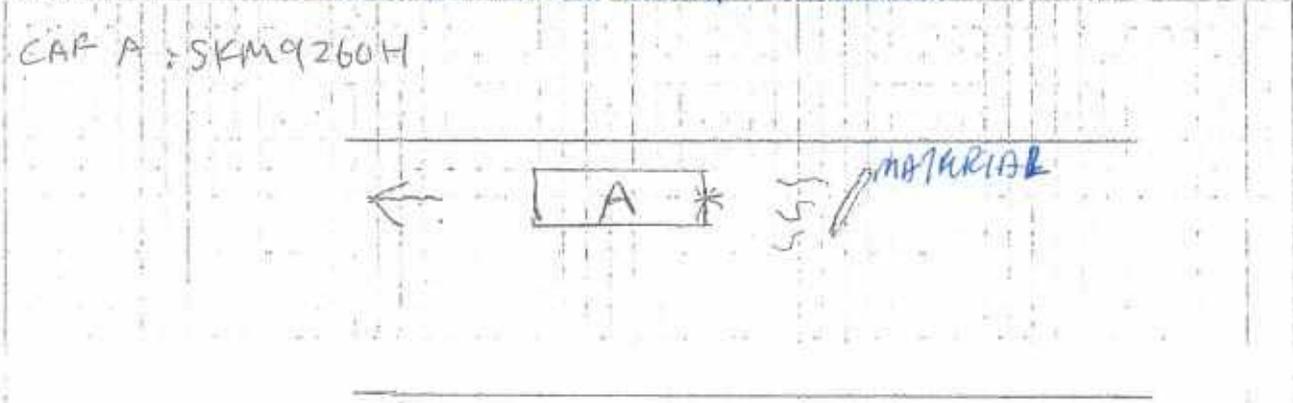
(collectively the "Purposes")

(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.

   8 OCT '18  09/10/2018
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan * SITE A7 TUAS SOUTH BOULEVARD



Describe Circumstance of the Accident *

The incident happened on the 29th October 2018, 16.30.
Due to strong wind, a piece of material flew
towards the rear end on my vehicle and damaged
it.

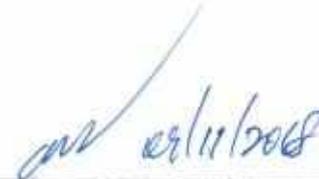
Declaration

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


Policyholder's Signature



*  8 OCT '18
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 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 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: 29/10/18 Time: 16:30
 Exact Location of Accident † SITE TUAS SOUTH BOULEVARD

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SKM 9260H

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 ‡ Site inspection
 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 † LIM JINSEONG
 Personal Identification - NRIC (Singaporean/PR) ‡ _____
 - FIN/Passport Number † G3264347M
 Date of Birth † 10 dd/ 04 mm/ 1982/yy
 Driving Date Pass † 04 dd/ 02 mm/ 2017/yy
 Year of Driving Experience † 15 Year(s) Month(s) inc (correct)
 Occupation † SAFETY OFFICER Indoor Outdoor
 Gender † Male Female
 Contact Number / Mobile Phone / Fax No. † 90551504

Address of Driver	* 65 Jurong West Central 3 The Centre #09-32 Postcode (648332)
Email Address	* Jinsung@dael.M.co.kr
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)	+ <input checked="" type="radio"/> NIL
Weather Conditions	+ <input type="radio"/> Clear <input type="radio"/> Raining <input checked="" type="radio"/> Others, <u>WINDY</u>
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 type="radio"/> Yes <input checked="" 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 type="radio"/> 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 5 if you need to add more vehicles)



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

Employer
DAELIM INDUSTRIAL CO. LTD.



Name
LIM JONGDONG
Occupation
CIVIL & STRUCTURAL ENGINEER

Passport No.
G326-4347M Issue Date
19-01-2016



Employment Start Date
01-02-2016
Employment End Date
21-03-2020



L8594871



VISIT PASS
Immigration Regulations

Name
LIM JONGDONG



Date of Birth
10-04-1962 Gender
M

Nationality
KOREAN, SOUTH

Passport No. Issue Date Expiry Date
G326-4347M 01-02-2016 21-03-2020

MULTIPLE JOURNEY VISA ISSUED

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



REPUBLIC OF SINGAPORE DRIVING LICENCE

G3264347M



LIM JINSEONG

Date of Birth: 10 Apr 1962
Issue Date: 04 Feb 2017
Valid Till: 03/02/2022

002653601K



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 04 Feb 2017

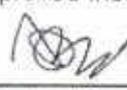
WP 428A

Licence No: G3264347M



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:	SKM9260H
2.Chassis number of Vehicle:	JM6LY1033E0301085
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  <hr/> 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

PLASI/27-DEC-17

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27-DEC-17