

NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

NA148/5044

Date In: 20 Jul 2018 17:10	Job description	Date & Time Completed	Done by
Ref No: N/A/LIP/8021011/Y	SAS e-filing		
Vch No: 84 9628X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16 Jul 2018 18:20	I-Motor Claim Form		
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Vch No: SJY 5889U

INC () / Non-INC ()

Tel:

Owner / Driver: (

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 repeler.

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

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

Remarks: (INC) (Inc) (678860101) 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

NA1807568

<p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Cal. 1:</p> <p>2/2:</p>	<p>Invoice Breakdown:</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$30)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/245</td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">For claiming against INC Only (ver 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$3</td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$3</td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> </tr> <tr> <td>9) N12: Idao Mobile</td> <td>\$0</td> </tr> </table> <p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p>	1) AR: Accident Reporting (\$30)		2) DA: Damage Assessment (\$100)	INC (\$30)	3) TP: Towing Fee	\$40/245	4) FT: Follow-Through Survey	\$120	5) PT: Follow-Through Survey (Resurvey)	\$30	For claiming against INC Only (ver 10 Jan 2003)		6) TR: Re-inspection	\$75	7) NI: Idao DA + SMRT Survey	\$160	8) NTUC Additional Services:		ON:		*N5: Courtesy Car / Tpt Allowance	\$3	*N6: Repair Co-ordination	\$10	*N7: Post Repair Inspection	\$25	*N8: DV / Collect Excess Coordination	\$3	TP (N11): TP (Non INC) against INC	\$20	9) N12: Idao Mobile	\$0
1) AR: Accident Reporting (\$30)																																	
2) DA: Damage Assessment (\$100)	INC (\$30)																																
3) TP: Towing Fee	\$40/245																																
4) FT: Follow-Through Survey	\$120																																
5) PT: Follow-Through Survey (Resurvey)	\$30																																
For claiming against INC Only (ver 10 Jan 2003)																																	
6) TR: Re-inspection	\$75																																
7) NI: Idao DA + SMRT Survey	\$160																																
8) NTUC Additional Services:																																	
ON:																																	
*N5: Courtesy Car / Tpt Allowance	\$3																																
*N6: Repair Co-ordination	\$10																																
*N7: Post Repair Inspection	\$25																																
*N8: DV / Collect Excess Coordination	\$3																																
TP (N11): TP (Non INC) against INC	\$20																																
9) N12: Idao Mobile	\$0																																

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	20/11/2018 17:10
Date Of Accident	16/11/2018 18:20
Exact Location Of Accident	ALONG LOYANG AVENUE TOWARDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9628X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	JOEL.NAVARRO@BOEING.COM
Mobile Phone No	(LOCAL) +65-96245091
Alternative Phone No	OFFICE-96245091

Vehicle Particulars

Manufacturer	HONDA
Model	ODESSEY
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	NO
Policy Number	SD18V00030/VPZ/R03
Cover Note Number	

Driver

Name of Driver	NAVARRO JOEL BATTAD
Passport No/FIN	G3048261T
Date Of Birth	23/11/1972
Occupation	INDOOR
Date Of Driving Pass	07/02/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96245091
Fax Number	
Contact Number	OFFICE-96245091
Email Address	JOEL.NAVARRO@BOEING.COM

Address	175 DUCHESS AVENUE
Postcode	266348
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	SJY5889U
Vehicle Make/Model/Colour	MERCEDES BENZ B180 GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW JIA HAO PAUL
NRIC/Passport Number	S9504475A
Contact Number	93396162
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: :
	GENDER: :

Passenger 2

NAME: :

GENDER: :

SKETCH PLAN

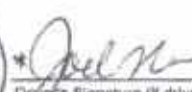

IMPORTANT NOTICE

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.

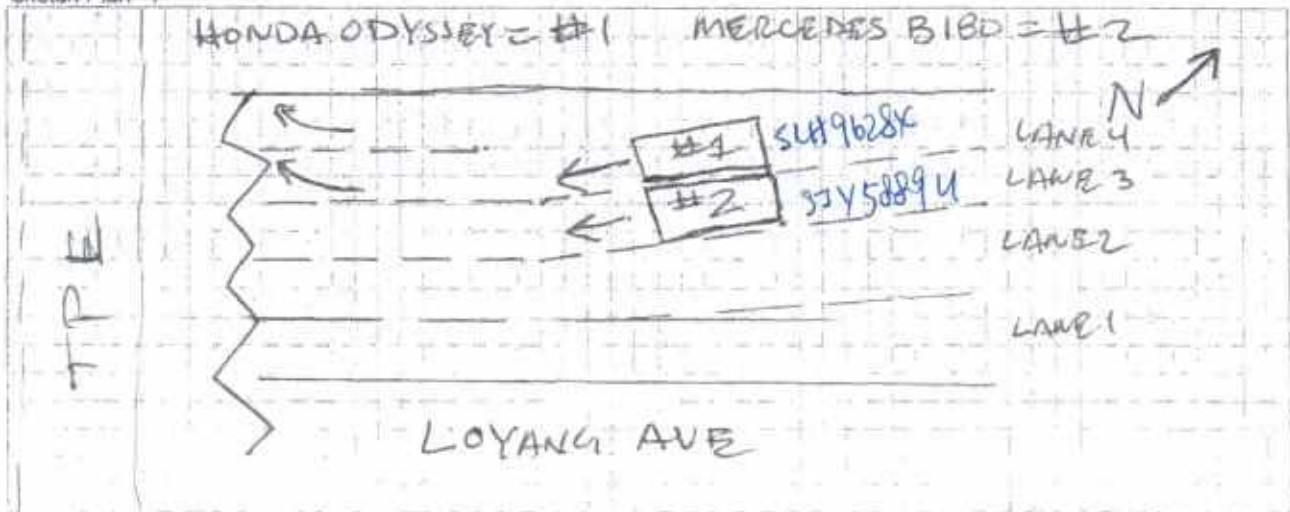
8. Consent under the Personal Data Protection Act (PDPA)

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' law yers/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 w ith 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 w ith applicable law in administering, processing, handling and/or dealing w ith 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  Date 17 NOV 2018 18:00
Driver's Signature (if driver is not the policyholder) / Date
Witnessed by Reporting Centre Personnel  17/11/2018

Sketch Plan *



Describe Circumstance of the Accident *

TRAVELING SOUTHBOUND ON LOYANG AVENUE, I WAS STOPPED WITH THE TRAFFIC APPROXIMATELY 80 TO 100 METERS NORTHEAST FROM THE TPE OVERPASS. I WAS IN THE THIRD LANE (COUNTING FROM LEFT TO RIGHT) OF FOUR LANES. THE LANE I WAS IN IS INTENDED TO TRAVEL STRAIGHT THROUGH THE INTERSECTION. MY INTENTION WAS TO MOVE TO THE FOURTH LANE ON MY RIGHT, WHICH WIDENS AND TRANSITIONS ~~TO~~ FROM ONE TO TWO TURNING LANES. NOTING THE TRAFFIC IN FRONT OF ME BEGINNING TO MOVE, I ALLOWED THE VEHICLE I WAS BEHIND TO TRAVEL FORWARD AND CREATE ENOUGH SPACE SO I WOULD BE ABLE TO CHANGE LANES. WITH AMPLE SPACE BETWEEN MY VEHICLE AND THE VEHICLE IN FRONT, I SWITCHED ON THE RIGHT-TURN SIGNAL, LOOKED AT BOTH THE REAR VIEW MIRROR, RIGHT SIDE MIRROR, AND OVER MY RIGHT SHOULDER, AND NOTED THE OPPORTUNITY TO CHANGE LANES. I BEGAN TO ACCELERATE FORWARD, VEERED RIGHT INTO THE NEXT LANE, AND THEN VEERED LEFT TO STRAIGHTEN THE DIRECTION OF TRAVEL AND COMPLETE THE LANE CHANGE. HOWEVER, I OVER-CORRECTED THE STEERING TOO SOON CAUSING MY VEHICLE TO SIDE SWIPE THE VEHICLE THAT I WAS ORIGINALLY BEHIND.

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

17 NOV 2018
18:00

Witnessed by Reporting Centre Personnel

17/11/2018





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: 16 NOV 18 Time: APPROX 18:20
Exact Location of Accident * Southbound Luyang Ave, 80m NE from TPE

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SLH9628X

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 ☐ Micycle ☐ Others
Exact Purpose for which vehicle was being used at time of accident * PERSONAL - COMMUTING HOME
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 * NAVARRO JOEL BATTAD
Personal Identification - NRIC (Singaporean/PR) *
- FIN/Passport Number * G3048261T
Date of Birth * 23 dd/ 11 mm/ 72 yy
Driving Date Pass * 02 dd/ 02 mm/ 15 yy
Year of Driving Experience * 29 Year(s) Month(s)
Occupation * ENGINEER ☐ Indoor ☐ Outdoor
Gender * ☒ Male ☐ Female
Contact Number / Mobile Phone / Fax No. * +65 9624 5091

Address of Driver	* 175 DUCHESS AVE	Postcode (266348)
Email Address	* joel.navarro@boeing.com	
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)	* 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 type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	* SJ SJYS889U	
Vehicle Make/ Model/ Colour	MERCEDES B180 GREY	
Details of Properties		
Name of Driver	LIEW JIA HAO PAUL	
Personal Identification - NRIC (Singaporean/PR)	S9504475A	
- FIN/Passport Number		
Contact Number	+65 9339 6162	
Address		
Name of Insurance Company		
No. of Passenger (Including Driver)	3	
(Note - Please use page 6 if you need to add more vehicles)		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

License Number: **G3048261T**
Name: **NAVARRO JOEL BATTAD**

Birth Date: **23 Nov 1972**
Issue Date: **07 Feb 2015**
Valid Till: **06 Feb 2020**

Barcode: **002394290E**

INS CO

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
BOEING SINGAPORE PTE. LTD.

Portrait of a man

Name: **NAVARRO JOEL BATTAD**
Occupation: **FIELD SERVICE ENGINEER**

FIN: **G3048261T**

Date of Application: **03-05-2016**
Date of Issue: **16-05-2016**
Date of Expiry: **31-07-2019**

Barcode

L6802053

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 07 Feb 2015

NP 428A



Licence No: G3048251T

VISIT PASS
Immigration Regulations

Name

MAVARRO JOEL BATTAD



Date of Birth	Sex	Nationality
23-11-1972	M	AMERICAN
File	Date of Issue	Date of Expiry
G3048251T	18-05-2015	31-07-2019

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.





Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Cub Street
#03-00 Liberty House
Singapore 059428
Tel: (65) 8221 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.	SD18V00030 /VPZ /R03
Form	MZ406
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SLH9628X
2.Chassis number of Vehicle:	JHMRC1890GC207524
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 1 -Singapore: S\$1050 / Outside Singapore: S\$1550, Additional Excess for Young & Inexperienced Drivers: S\$1500, Windscreen Excess: S\$100
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLASH/27-DEC-17

S1_CI_T1_T3_OE_Template2-Ver1.

27-DEC-17