

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

NA18150910

Date In: 21/1/2008 15:37	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP/8021075/Y	SAS e-filing		
Veh No: SCG 3312B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/1/2008 14:10	I-Motor Claim Form		
OID (T) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SCR 8948M 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 repairer.

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

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

Remarks	INC () / Non-INC ()	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

Client Particulars	Invoice Particulars	Fee Charged	Add'l Bill
NA1807654	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Add'l Comments:	6) TR: Re-inspection \$75		
Dat. 1:	7) NI: Idao DA + SMRT Survey \$160		
Dat. 2/3:	8) NTUC Additional Services:-		
	* NS: Courtesy Car / Tpt Allowance \$5		
	* NG: Repair Co-ordination \$10		
	* NP: Post Repair Inspection \$25		
	* NR: DV / Collect Excess Coordination \$5		
	* NI: Idao Mobile \$20		
	* TP (NI): TP (Non INC) against INC \$0		
	Invoice dated	Fee Charged	
	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	21/11/2018 15:37
Date Of Accident	16/11/2018 14:10
Exact Location Of Accident	HUME AVENUE OPPOSITE PARC PALAIS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG3312B
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	YULIA@GARDARIKA.COM.SG
Mobile Phone No	(LOCAL) +65-90731982
Alternative Phone No	OFFICE-90731982
Vehicle Particulars	
Manufacturer	BMW
Model	X3 SDRIVE 20I HID SR NAV
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	SD18V00033/VPZ/R03
Cover Note Number	
Driver	
Name of Driver	YULIA KALININA
NRIC No	S7361346I
Date Of Birth	15/01/1973
Occupation	INDOOR
Date Of Driving Pass	15/12/2007
Driving Experience	10 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90731982
Fax Number	
Contact Number	OTHERS-90731982
Email Address	YULIA@GARDARIKA.COM.SG

Address	49 HILLVIEW AVENUE #01-01
Postcode	669615
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	SKR8948M
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAMNAH LATIPAH
NRIC/Passport Number	G5851902U
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

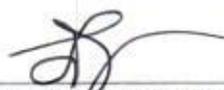
IMPORTANT NOTICE

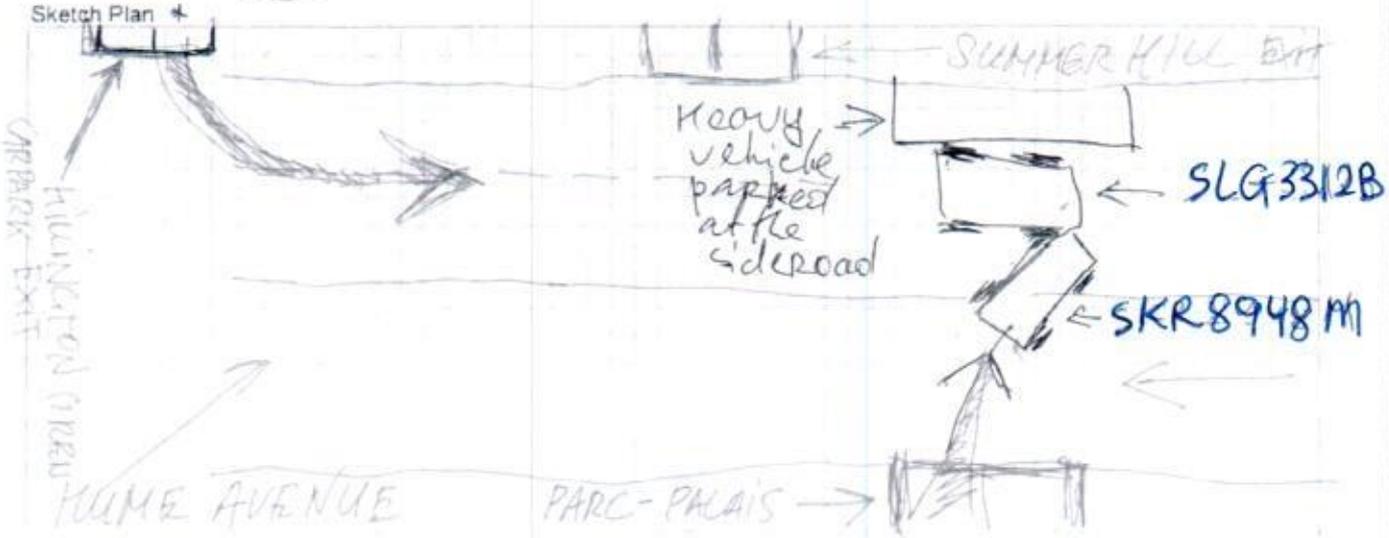
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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.

6. 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.

Policyholder's Signature  Driver's Signature (if driver is not the policyholder) / Date & Time  Witnessed by Reporting Centre Personnel  21/11/2018



Describe Circumstance of the Accident *

Collision happened 20-30 meters away from the basement exit from the carpark of Killington Green Condominium where I reside and from where I started my trip. As I drove on a main road (Hume Avenue) opposite Parc Palais condominium, I was hit by the other vehicle, which was exiting from the gate of Parc Palais condominium. While oncoming to the main road the driver didn't stop and didn't check for incoming cars. Obviously the driver didn't see me and at the same time I didn't expect that car to drive in into my lane. As a result, I didn't have time and space to manoeuvre for make an emergency stop and our vehicles collided.

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

[Signature] 20/11/18; 12:00 PM *[Signature]* 21/11/2018

Witnessed by Reporting Centre Personnel



21/11/2018
ResLi karta

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: 16/11/18 Time: 14:09
 Exact Location of Accident * Hume Ave, opp. Park Palatka

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SLG3312B

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 *
 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 * Yulia Kalivina
 Personal Identification - NRIC (Singaporean/PR) * S7361346I
 - FIN/Passport Number *
 Date of Birth * 15 dd / 01 mm / 73 yy
 Driving Date Pass * 15 dd / 12 mm / 07 yy
 Year of Driving Experience * 10 Year(s) 11 Month(s)
 Occupation * house-wife Indoor Outdoor
 Gender * Male Female
 Contact Number / Mobile Phone / Fax No. * 90731982

Address of Driver	* 49 Hillview Ave 01-01 Singapore Postcode 1669615
Email Address	* Julia@gardavika.com.sg
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 Front 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	* SKR 8948M
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 DRIVING LICENCE



Licence Number **S73613461**
Name
YULIA KALININA

Birth Date **15 Jan 1973**
Issue Date **17 May 2012**



0020665668

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S73613461**



Name
YULIA KALININA

Race
CAUCASIAN

Date of birth **15-01-1973** Sex **F**

Country of birth
UKRAINE



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 15 Dec 2007

NP 426A



4851056



NRIC No: S7361346I



Date of issue
24-04-2012

49 HILLVIEW AVENUE #01-01
SINGAPORE 669615
NRIC No: S7361346I Date: 29/07/2017

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	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SLG3312B
2.Chassis number of Vehicle:	WBAWY920900R99753
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> 	
<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 I -Singapore S\$800 / Outside Singapore S\$1300, Additional Excess for Young & Inexperienced Drivers S\$1500, Windscreen Excess S\$100
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD