NATIONAL Assessment Centre Services. [wef 1 Jan'05] MHA18153917

Date In: 27/11/2018 19:03	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP1802144274	SAS e-filing		
Veh No: SSY7168D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 23/11/2018 16:10	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 Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SLR3560T 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 Regisuration: ( ) 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 / Instructions / Action	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

MHA18077968

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cat 1:

Cat 2 / 3:

Involvement Information Checklist

1) AR : Accident Reporting ($30):			
2) DA : Damage Assessment ($100):	INC ($80)		
3) TP : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against UNC Only (wef 10 Jan 2005)	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idac DA + SMRT Survey			
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA118153917-01 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 27/11/2018 18:46
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 27/11/2018 19:08

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 witholding 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	27/11/2018 18:46
Date Of Accident	23/11/2018 16:10
Exact Location Of Accident	FILTER LANE (EXIT 9A) KPE TOWARDS TAMPINES ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY7168D
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MOHAMEDFIRDAUS.SG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90267252
Alternative Phone No	OFFICE-90267252
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	SD18V00034/VPZ/R03
Cover Note Number	
Driver	
Name of Driver	MOHAMED FIRDAUS
NRIC No	S8490226H
Date Of Birth	10/11/1984
Occupation	INDOOR
Date Of Driving Pass	24/02/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90267252
Fax Number	
Contact Number	OTHERS-90267252
EMail Address	MOHAMEDFIRDAUS.SG@GMAIL.COM

Address	BLK 365A UPPER SERANGOON ROAD #04-1042
Postcode	531365
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	SLR3560T
Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE (BLACK)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NUZZRATH HAZZEENA
NRIC/Passport Number	S9606178A
Contact Number	90014031/90014051
Address	BLK 407 HOUGANG AVE 10 #02-1118
Postcode	530407
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 Mangement 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 w ell 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.

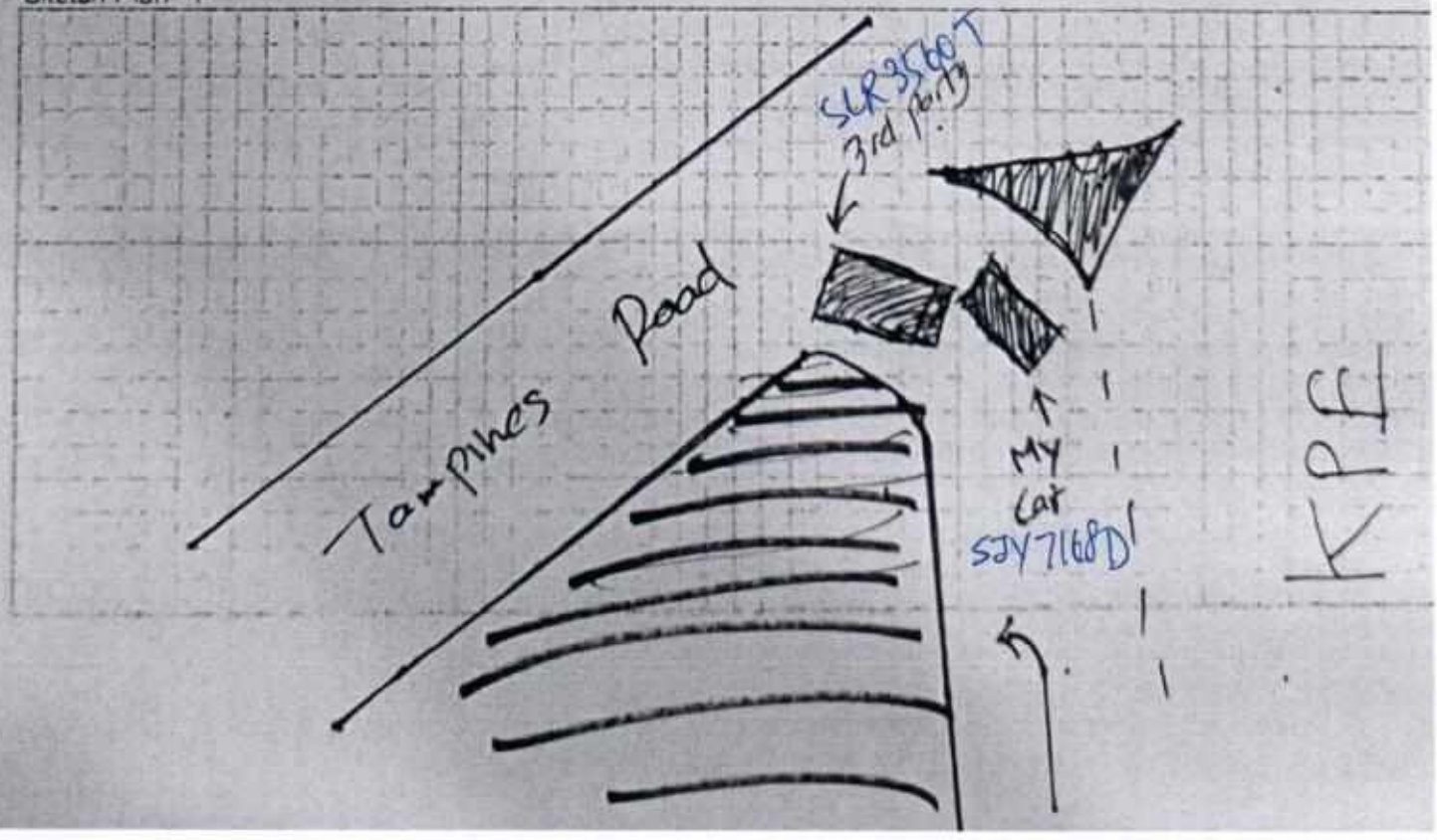
GOLDBELL CAR RENTAL PTE LTD

M 24/11/18 / 1200hrs

27/11/2018

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

Sketch Plan



Describe Circumstance of the Accident *

I, Mohamed Firdas (NRIC S8490226H) drove the vehicle SJY7165D on the 23rd Nov 2018 along KPE. At 16:08 hrs, I exited KPE on exit 9A towards Tampines Road. As I entered the filter lane to ~~join~~ join the main road (Tampines Road), there was another vehicle SLR3560T in front. That vehicle stopped for oncoming vehicles along Tampines Road. I stopped too. When that vehicle started to move, I accelerated to move off while checking on my right for oncoming traffic on the main road.

Then I heard the sound of an impact on my front of the vehicle. My vehicle's ~~front~~ left-side of the front bumper hit the front vehicles (SLR3560T) left-side of back bumper. ~~The vehicle stopped~~ I suspected that the vehicle in front had stopped again and thus I hit that vehicle. We stopped over and took photos and exchanged particulars.

Declaration

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

GOLDBELL GUARANTEE LTD

* [signature] / 26/11/18 / 10:40hrs

Policyholder's Signature / Company Chop

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

[signature] 27/11/2018

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to ____ (Authorised Reporting Centre ("ARC")) for eBilling.
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: 23 Nov 2018 Time: 16:08
Exact Location of Accident	*	Filter lane (Exit 9A) KPE - Towards Tampines Rd

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	SJG 7168D

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 Corolla Altis
Type of Vehicle*	✓ Saloon ○ MPV ○ CRV ○ Van ○ Lorry ○ Bus ○ M/cycle ○ Others Car
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	○ Comphensive ○ Third Party Fire & Theft ○ TP Only
Fleet Policy	○ Yes ○ No
Policy Number	
Motor CI	

DRIVER

○ Same as Insured above

Name of Driver	*	Mohamed Firdaus
Personal Identification - NRIC (Singaporean/PR)	*	S8490226H (Singaporean)
- ~~FIN~~/Passport Number	*	E5441196L
Date of Birth	*	dd/ 10 mm/ 11 yy 1984
Driving Date Pass	*	dd/ 24 mm/ 02 yy 2009
Year of Driving Experience	*	9 Year(s) 9 Month(s)
Occupation	*	✓ Indoor ○ Outdoor
Gender	*	✓ Male ○ Female
Contact Number / Mobile Phone / Fax No	*	90267252

Address of Driver *	365A, Upper Serangoon Road, #04-1042 Postcode (534365)
Email Address *	Mohamed.firdaus.sg@gmail.com
Was driver an employee of the Insured's Company?	○ Yes ✓ No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	○ Yes ✓ No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	

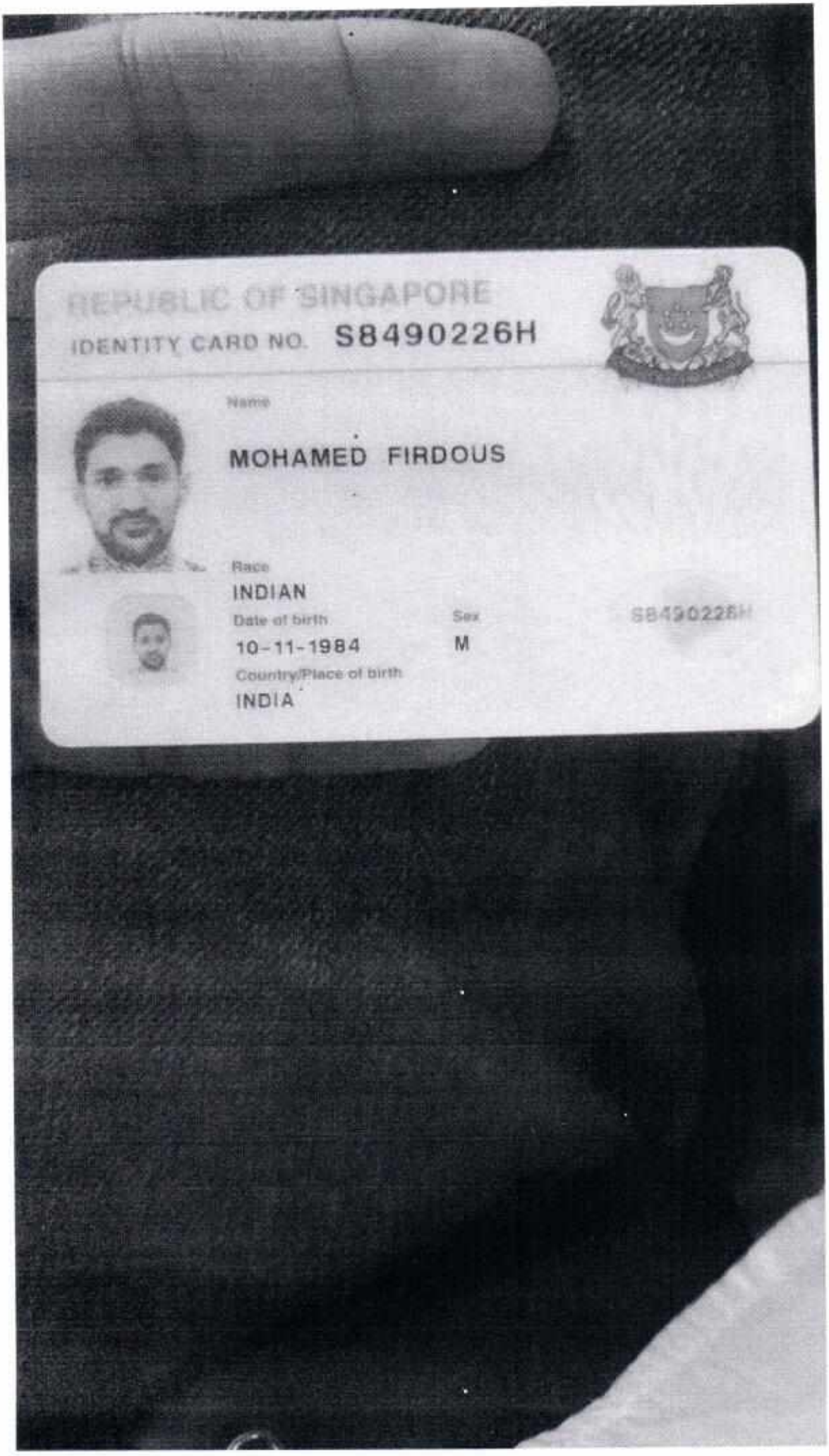
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain collison, Head-On collision,Side Swipe, Front to Rear) *	Front to Rear
Weather Conditions *	○ Clear ✓ Raining ○ Others:_____
Road Surface *	○ Dry ✓ Wet ○ Others:_____

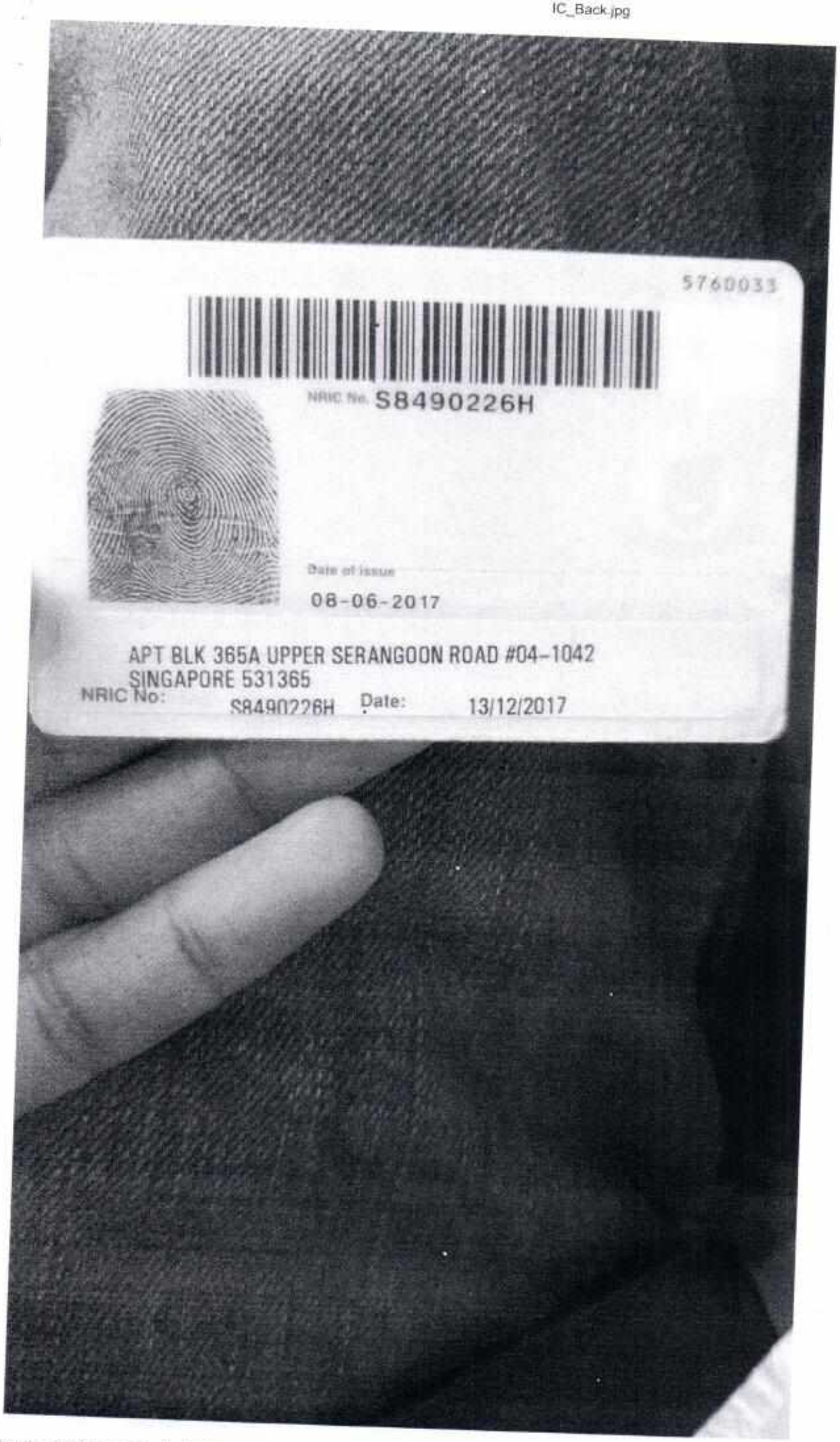
OTHER INFORMATION	
a. Was anybody injured in the accident? *	○ Yes ✓ No
b. Was any other vehicle or property damaged? (Including Witness) *	✓ Yes ○ No

DETAILS OF POLICE ACTION	
Was the Accident reported to the Police? *	○ Yes ✓ 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?	○ Yes ○ No (If Yes, against whom?)

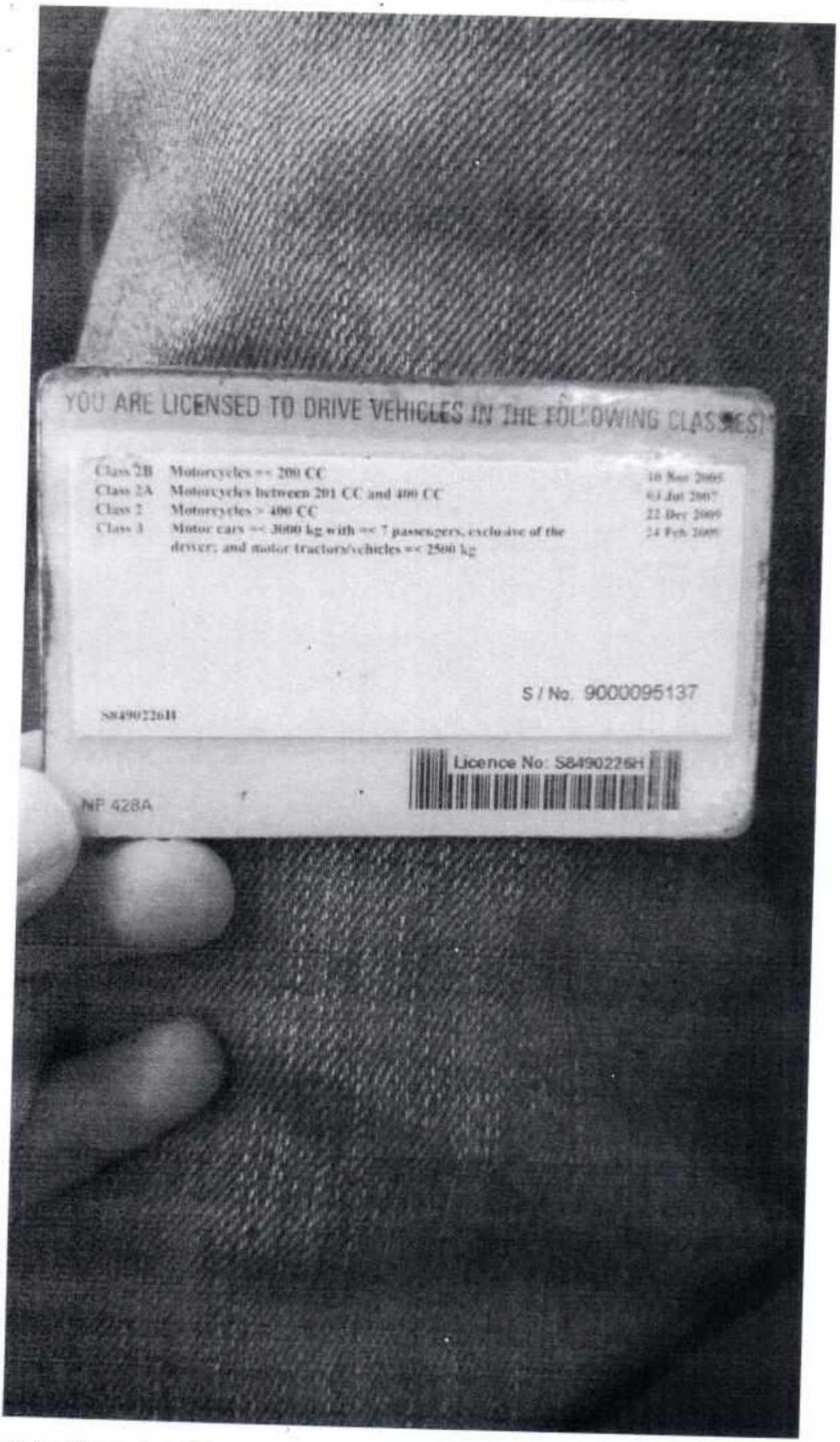
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number *	SLR3560T
Vehicle Make/ Model/ Colour	Mitsubishi \ Attrage \ Black
Details of Properties	
Name of Driver	Nuzzrath Hazzeena
Personal Identification - NRIC (Singaporean/PR)	S9606178A (Singaporean)
- FIN/Passport Number	
Contact Number	~~+65~~ 90014031 \ 90084057
Address	Blk 407, Hougang Ave 10, #02-1118, S(530407)
Name of Insurance Company	
No. of Passenger (Including Driver)	1

(Note - Please use page 6 if you need to add more vehicles.)


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8490226H
Name
MOHAMED FIRDOUS
Race
INDIAN
Date of birth
10-11-1984
Sex
M
Country/Place of birth
INDIA
S8490226H


5760033
NRIC No. S8490226H
Date of issue
08-06-2017
APT BLK 365A UPPER SERANGOON ROAD #04-1042
SINGAPORE 531365
NRIC No: S8490226H Date: 13/12/2017


REPUBLIC OF SINGAPORE
DRIVING
S8490226H
MOHAMED FIRDOUS
Birth Date 10 Nov 1984
Issue Date 10 Nov 2005
G01379847E


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
Class 2B Motorcycles =< 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 2 Motorcycles > 400 CC
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg
10 Nov 2005
03 Jul 2007
22 Dec 2009
24 Feb 2009
S / No. 9000095137
S8490226H
Licence No: S8490226H
NF 428A

Liberty Insurance.

1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE
24 HR ACCIDENT RESPONSE ROADSIDE ASSISTANCE FLOOD ASSISTANCE

Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 0611 Fax: (65) 6225 6690
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, 1967 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	**SD18V00034 /V/PZ /R03**
Form	MZ406
Date Of Issue	28-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SJY7168D
2.Chassis number of Vehicle:	MR053ZEE106177633
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, 1967 (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,1967 (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$850 / Outside Singapore S$1350,Additional Excess for Young & Inexperienced Drivers S$1500,Windscreen Excess S$100
FINANCE COMPANY:	
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/V/02-JAN-18 S1_CI_T1_T3_OE_Template2-Ver1 02-JAN-18

Jan 2, 2018, 7:09 PM

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MN0118153917 Vehicle Registration No: SJY 7168D

Name(as shown in NRIC) : MOHAMED FIRDOUS NRIC/FIN/Passport No : S8490226 H

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : ______ Singapore( )

Contact (Tel) : ______ Mobile No.: 90067252

Email Address : ______

Date of Accident : 23/11/2018 Time of Accident : 16:10

Place of Accident : Filter Lane (EY17 9A) CPE towards Tampines Road

Insurance Company: LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle number to SJY7168D

Policyholder / Driver's Signature
Date:

27/11/2018

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