NATIONAL Assessment Centre Services (wef 1 Jul 06) NMA0118154885

Date In: 29/11/2018 20/08	Job description	Date & Time Completed	Done by
Ref No: NBA/UP18021585/Y	SAS e-filing		
Veh No: SKN 4836 D	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 20/11/2018 13:15	i-Motor Claim Form		
OD / (TP) / Reporting Only	i-Motor W/O (Within OD 3hrs, TP (hrs))		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SBV1487 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 INC Hotline 6788 0616	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

NA1807836

Insured's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Surveyor's Comments

1:

2 / 3:

Invoice Preparation Checklist		Unit(s) Bill	Unit(s) Add Bill
1) AR: Accident Reporting ($30)			
2) DA: Damage Assessment ($100)	INC ($80)		
3) TF: Towing Fee	$40/$45		
4) FT: Follow-Through Survey	$120		
5) FT: Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2010)			
6) TR: Re-Inspection	$35		
7) N1: Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:			
Q11:			
*N2: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$35		
*N8: DY / Collect Excess Coordination	$5		
TP (N11): TP (Non INC) against INC	$20		
9) N12: Idea Mobile	10		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MNA118154885 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 29/11/2018 20:08
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 29/11/2018 20:23

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	29/11/2018 20:08
Date Of Accident	20/11/2018 13:15
Exact Location Of Accident	BEDOK NORTH ROAD AND BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKN4836A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MAGLINALE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94891025
Alternative Phone No	OFFICE-94891025
Vehicle Particulars	
Manufacturer	BMW
Model	SILVER
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	ARUN KUMAR MAGLIN
NRIC No	G5456569R
Date Of Birth	15/05/1970
Occupation	INDOOR
Date Of Driving Pass	04/05/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94891025
Fax Number	
Contact Number	OTHERS-94891025
EMail Address	MAGLINALE@GMAIL.COM

Address	9 NATHAN ROAD #14-02 REGENCY PARK
Postcode	248730
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	SBV148T
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DIXON TAN KUAN HWEE
NRIC/Passport Number	S1798286I
Contact Number	83320332
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 CIA 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.

E. 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 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 instruction 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

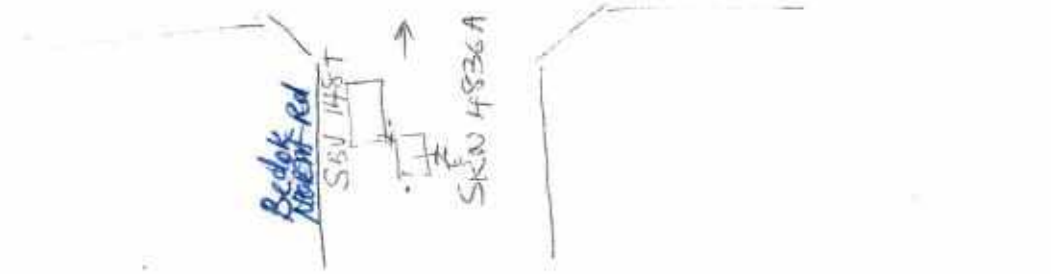
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

The Claimant's Signature & Date

Driver's Signature (if driver is not the policyholder) / Date & Time 31/11/2015 9am

Witnessed by Reporting Centre Personnel

Sketch Plan *



Describe Circumstance of the Accident *

I was driving to my son's school in Tampines from River Valley Road. At around 1.15pm, I reached the Bedok North Road and was approaching the Bedok North Road and Bedok Reservoir junction well in advance of the junction, I slowed down very briefly to check if I needed to turn to the right which I had signalled. I needed to go straight so I had set changed lanes (still in the go straight lane). Suddenly, the driver behind me overtook and scraped my left side. He then gestured me to stop whereupon both cars drove ahead and stopped at Tampines Ave 10 to get each other's particulars.

Declaration

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

Policyholder's Signature

* [signature]

Driver's Signature (if Policyholder is not a Corporate) / Date & Time

22/11/2018
9am.

29/11/2018

Witnessed by Roadshow Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for eFiling.
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: 26/11/2018 Time: 1.15 p.m.
Exact Location of Accident	*	Bedok Northroad & Sedok Driveway

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	SKN 4536 A

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	Comphensive Third Party Fire & Theft TP Only
Fleet Policy	( ) Yes ( ) No
Policy Number	
Motor Cl	

DRIVER

Same as Insured above

Name of Driver		MAGLIN ARUN KUMAR
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		S9156569K
Date of Birth	*	15 dd/ 05 mm/ 1991 /yy
Driving Date Pass	*	04 dd/ 05 mm/ 2011 /yy
Year of Driving Experience	*	1 Year(s) 6 Month(s)
Occupation	*	House wife Indoor Outdoor
Gender	*	Male ✓ Female
Contact Number / Mobile Phone / Fax No	*	94831025

Address of Driver	JONATHAN rd, 14-02 REGENCY PARK SINGAPORE Postcode (248730)
Email Address	Meglinch@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 collison Side Swipe, Front to Rear)	SIDE SWIPE
Weather Conditions	( ) Clear ( ) Raining ( ) Others clear
Road Surface	( ) Dry ( ) Wet ( ) Others clear

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	SBV 148T
Vehicle Make/ Model/ Colour	TOYOTA
Details of Properties	
Name of Driver	DIXON TAN KUAN HUCK
Personal Identification - NRIC (Singaporean/PR)	S1777236I
- FIN/Passport Number	
Contact Number	65 83220321
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

FIN G5456569R

Name
ARUN KUMAR MAGLIN

Date of Birth
15-05-1970

Sex
F

Nationality
INDIAN

GA0025747

06-06-2018

DEPENDANT'S PASS

Immigration Regulations

Download SGWorkPass App to check status

FIN G5456569R

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.

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

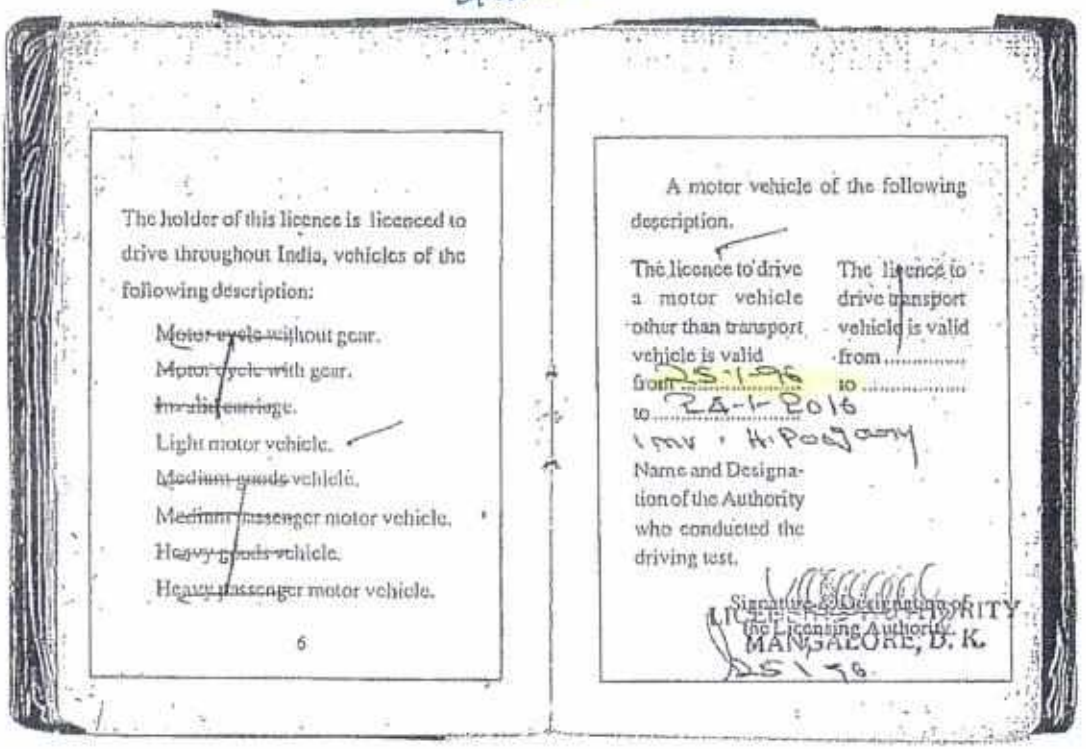
		EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg	04 May 2017

Licence No:G5456569R

NP 428A


Name to be written across the
photograph
(Part of the seal and
signature of the
Licensing Authority
to be on the pho
graph and part
driving licence).
Specimen signatur
Thumb impression of
the Holder of the
licence.
LICENSING AUTHORITY
MANGALORE, D. K.
25396

DRIVING LICENCE



The holder of this licence is licenced to drive throughout India, vehicles of the following description:

~~Motor cycle~~ without gear.
~~Motor cycle~~ with gear.
~~Invalid carriage~~.
Light motor vehicle.
~~Medium goods~~ vehicle.
Medium passenger motor vehicle.
~~Heavy goods~~ vehicle.
Heavy passenger motor vehicle.

6

A motor vehicle of the following description.

The licence to drive a motor vehicle other than transport vehicle is valid from 25-1-96 to 24-1-2016

The licence to drive transport vehicle is valid from ..... to .....

1 MV - H. Passenger

Name and Designation of the Authority who conducted the driving test.

Signature & Designation of the Licensing Authority

LICENSING AUTHORITY
MANGALORE, D. K.
DS 1 96

Liberty Insurance

Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8811 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	SD18V00033 /VPZ /R03
Form	MZ406
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SKN4836A
2.Chassis number of Vehicle:	WBAWX320700B28109
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$800 / Outside Singapore S$1300,Additional Excess for Young & Inexperienced Drivers S$1500,Windscreen Excess S$100
FINANCE COMPANY:	MAYBANK
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD