NATIONAL Assessment Centre Services (wef 1 Jan 06) NGNA1L815535Y

		Job description	Date & Time Completed	Done by
Date In: 30/4/2018 18:09		SAS e-filing		
Ref No: NBA/LIP/18024634		E-mail (within 3hrs, A/C 3hrs)		
Veh No: SLM 6510Y		I-Motor Claim Form		
D.O.A : 23/4/2018 16:00		I-Motor W/O (Within OD 3hrs, TP 1hrs)		
OD / TP / Reporting Only		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: SLW 3016Y INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (*Date:* *Time:*)

Insured/Driver Liability: (%) [Note-BSL 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: 67888616	D/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

MA1807871

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Surveyor's Comments:

Invoice Preparation Checklist	Bill	Shed Bill
1) AR : Accident Reporting ($30):		
2) DA : Damage Assessment ($100): INC ($30)		
3) TP : Towing Fee $40/$45		
4) FT : Follow-Through Survey $130		
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 Only:		
*N5: Courtesy Car / Tpt Allowance $5		
*N6: Repair Co-ordination $30		
*N7: Post Repair Inspection $35		
*N8: DV / Collect Excess Coordination $5		
TP (N11) : TP (Non INC) against INC $30		
9) N12: Idea Mobile 10		

Invoice dated *Not Charged*

Invoice dated *Not Charged*

1 / 2 / 3:

MNA118155354 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 30/11/2018 18:09
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 30/11/2018 18:33

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	30/11/2018 18:09
Date Of Accident	23/11/2018 16:00
Exact Location Of Accident	22 ST.THOMAS WALK CARPARK ENTRANCE/EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLM6510U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	LANDJKLINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98579462
Alternative Phone No	OFFICE-98579462
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250 AVG (R18 LED)
Exact Purpose for which vehicle was being used at time of accident	EXITING BUILDING FOR GROCERIES
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	KLINE LORIE ANN
Passport No/FIN	G3337547L
Date Of Birth	02/04/1959
Occupation	INDOOR
Date Of Driving Pass	11/01/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98579462
Fax Number	
Contact Number	OTHERS-98579462
EMail Address	LANDJKLINE@GMAIL.COM

Address	22 ST. THOMAS WALK #23-01/02
Postcode	238107
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 ON COLLISION
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	SLW3016Y
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH YEAN CHENG
NRIC/Passport Number	S2765052Z
Contact Number	94613303
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 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

Policyholder's Signature / Date & Time

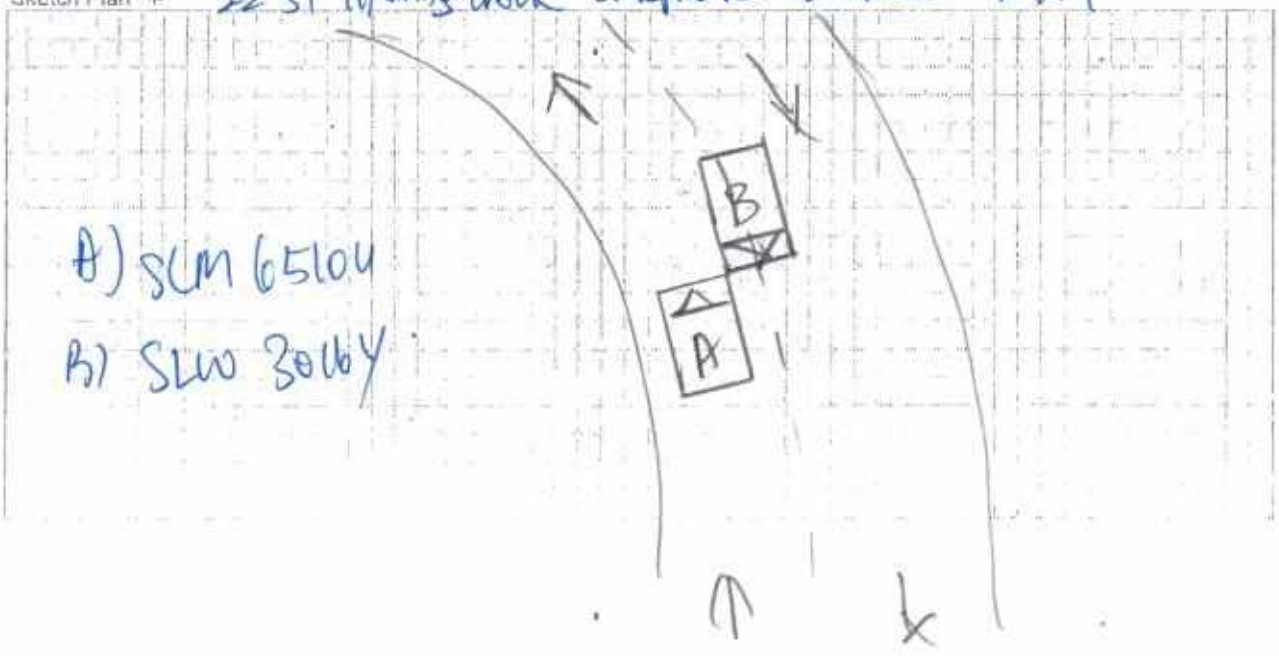
Driver's Signature (if driver is not the policyholder) / Date & Time

30/4/2018

Witnessed by Reporting Centre Personnel

Sketch Plan

22 ST THOMAS WALK CARPARK ENTRANCE EXIT



Describe Circumstance of the Accident *

I was exiting the car park at 22 St. Thomas Walk in said car. As I was staying on the left side of the white divider line, I noticed a silver car coming down the "center" of the white divider line. I immediately stopped my car (cement wall on left) and waited for car to swerve away from my car. The silver Audi did not swerve away and drove down the center line and hit my right front bumper and side of right car. She hit the car & immediately backed up (see photos).

Declaration

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

GOLDBELL CAR RENTALS LTD

Policyholder's Signature / Name

* Marie A. St Brie

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

30/11/2018

Witnessed by Reporting Centre Personnel

Gmail

TJ Car Care Service <tjccser@gmail.com>

Accident statement for SLM6510U

1 message

Colin Tan Ban Hoe <ColinTanBH@gbcr.com.sg> Fri, Nov 30, 2018 at 1:21 PM
To: Dennis Gmail <tjccser@gmail.com>
Cc: Md Suhaimi Bin Hussain <MdSuhaimi@gbcr.com.sg>, Alfred Ong Wan Hang <AlfredOngWH@gbcr.com.sg>

Hi Mr Lim,

Please refer to attached report.

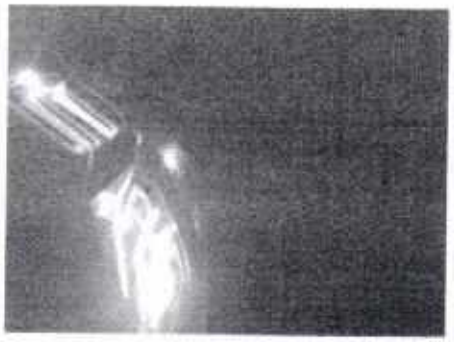
GOLDBELL CAR RENTAL
10,000 Leasing Clients Served. And Counting.

Colin Tan Ban Hoe | Goldbell Car Rental Pte Ltd
Senior Assistant, Customer Care

DID: +65 6603 9387 | Tel: +65 6838 6300 | Fax: +65 6225 1029 |
Mobile: +65 9176 9839 | Web: http://www.gbcr.com.sg

Sales | Leasing | Financing | Insurance | Fuel Card | Advanced Fleet Management System

12 attachments



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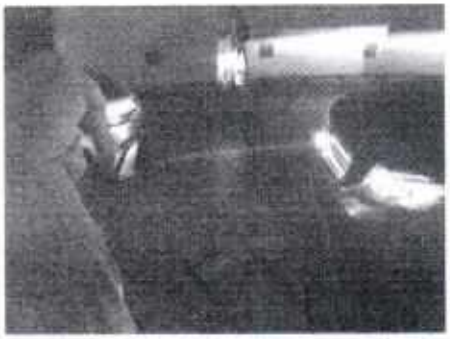

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DL_Front.jpg
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CI.JPG
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Passport.JPG
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SLM6510U accident report.pdf
502K

DRIVING BEHIND PASSPORT & MCB

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: 23-11-18 Time: 16:00
Exact Location of Accident	*	22 St. Thomas Walk, Car park entrance/exit
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	*	SLM6510U ~~WBD21304521A148610~~

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	*	exiting building for groceries
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	*	Lorie Ann Kline
Personal Identification - NRIC (Singaporean/PR)	*	
- FIN/Passport Number	*	G3337547L
Date of Birth	*	2 dd/ 4 mm/ 1959/yy
Driving Date Pass	*	11 dd/ 1 mm/ /yy
Year of Driving Experience	*	43 Year(s) 2018 Month(s)
Occupation	*	housewife ◯ Indoor ◯ Outdoor
Gender	*	◯ Male ✓ Female
Contact Number / Mobile Phone / Fax No.	*	9857-9462

Address of Driver *	22 St Thomas Walk #23-01/02 Postcode (238107)
Email Address *	Landj Kline@gmail.com
Was driver an employee of the Insured's Company?	○ Yes ✓ No
If No, Relationship of the Driver with the Insured	wife
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) *	headon - front side to front side
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 the other car Audi

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 *	
Vehicle Make/ Model/ Colour	Audi silver (see photos)
Details of Properties	license# SLW 3016Y
Name of Driver	Goh Yean Chang
Personal Identification - NRIC (Singaporean/PR)	S7650522
- FIN/Passport Number	
Contact Number	9641-3303
Address	22 St Thomas Walk #10
Name of Insurance Company	
No. of Passenger (Including Driver)	1

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

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Country code / Code du pays / Código del país: USA
Passport No. / No de Passeport / No de Pasaporte: 506110535

Surname / Nom / Apellidos
KLINE

Given Names / Prénoms / Nombres
LORIE ANN

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
02 Apr 1959

Place of birth / Lieu de naissance / Lugar de nacimiento
PENNSYLVANIA, U.S.A.

Sex / Sexe / Sexo
F

Date of issue / Date de délivrance / Fecha de expedición
13 Feb 2015

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
12 Feb 2025

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 51

USA

P<USAKLINE<<LORIE<ANN<<<<<<<<<<<<<<<<<<<<<<<<<<<<
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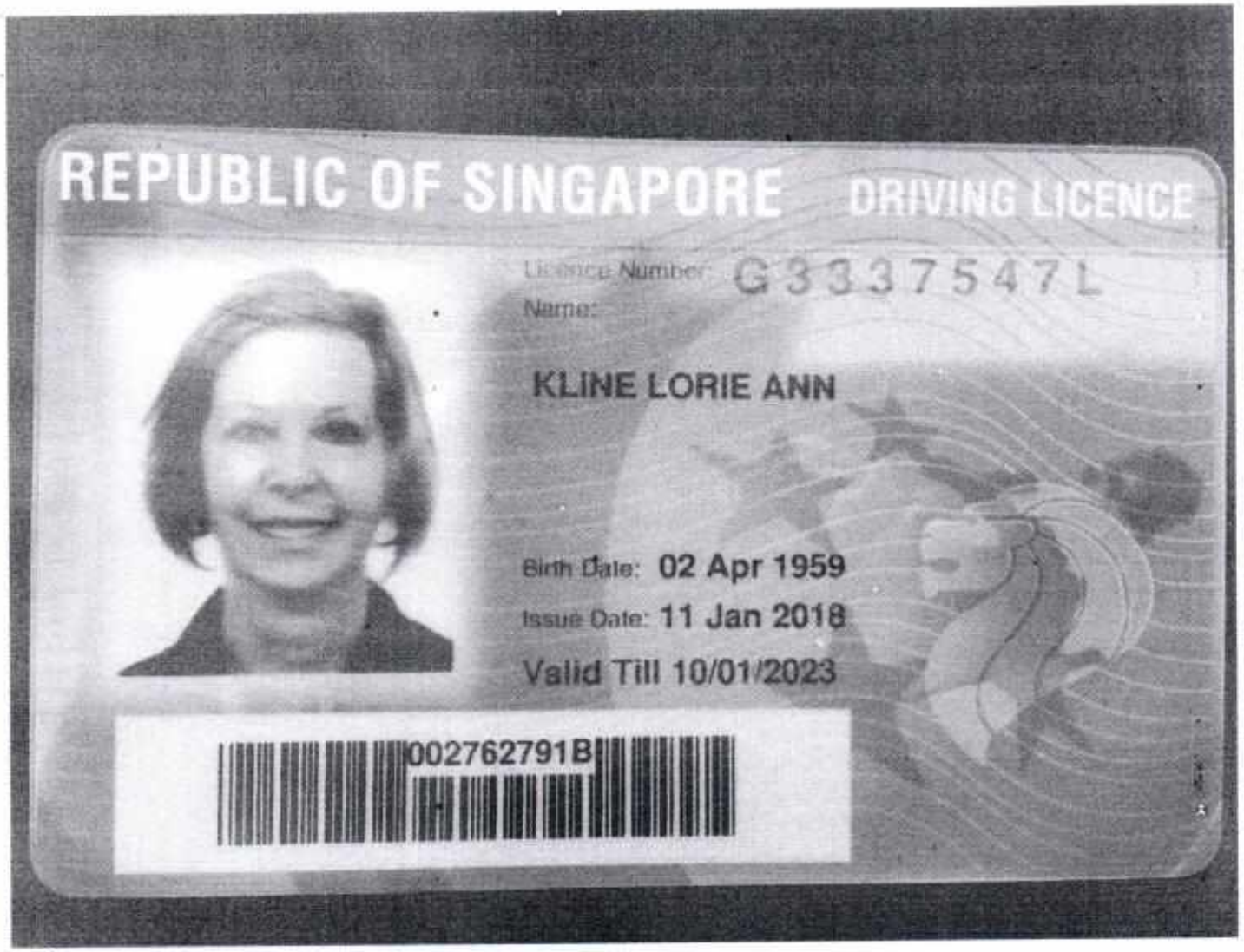
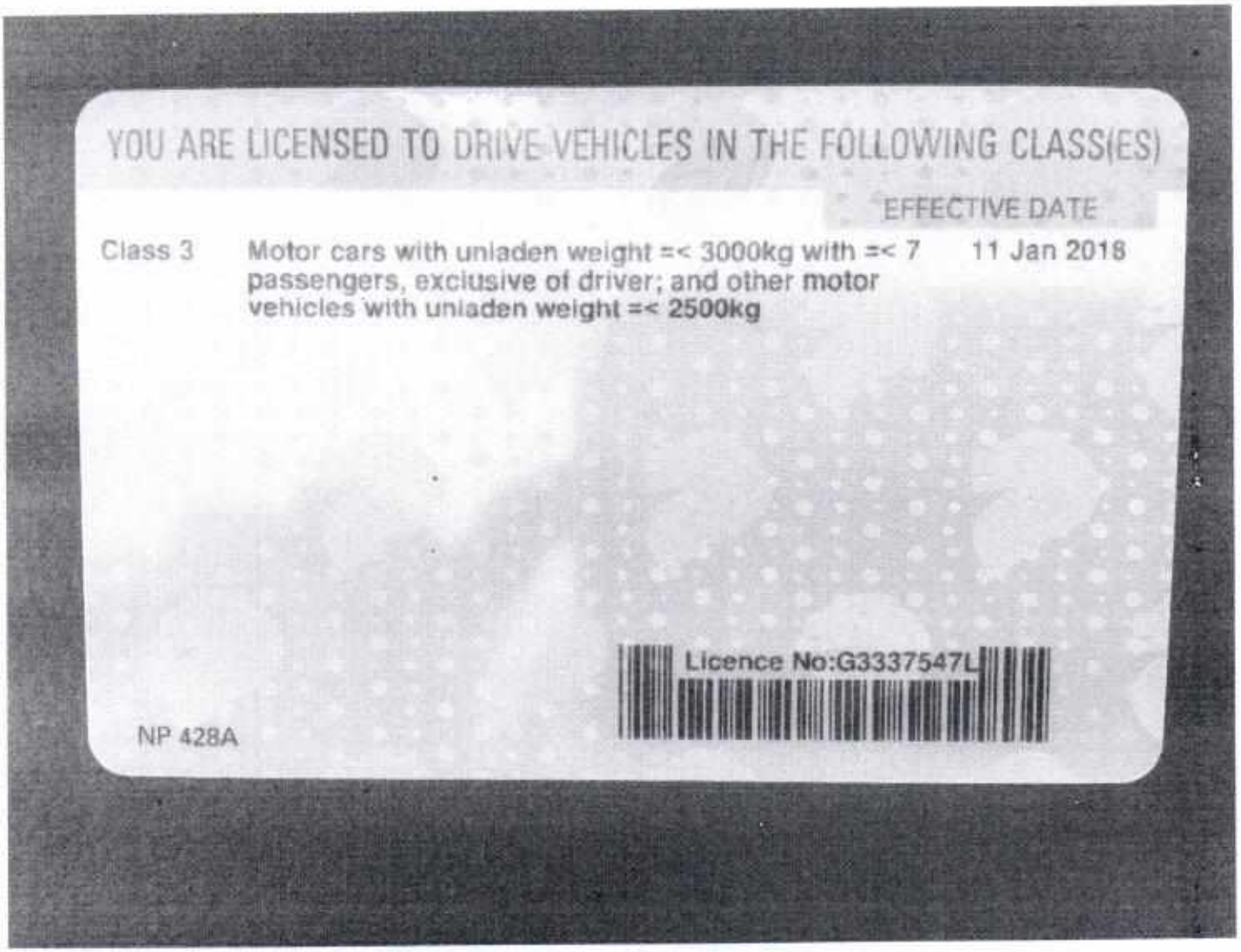

REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: G3337547L
Name:
KLINE LORIE ANN
Birth Date: 02 Apr 1959
Issue Date: 11 Jan 2018
Valid Till 10/01/2023
002762791B


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3
Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg
11 Jan 2018
Licence No:G3337547L
NP 428A

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 8611 Fax: (65) 6225 5690
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	SD18V00035 /VPZ /R03
Form	MZ406
Date Of Issue	29-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SLM8510U
2.Chassis number of Vehicle:	WDD2130452A146810
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

PLYW/-/29-DEC-17 S1_CI_T1_T3_OE_Template2-Ver1 29-DEC-17

Dec 29, 2017, 11:21 AM