

# NATIONAL Assessment Centre Services.

[ver 1 Jan'02]

MAA19007596

Date In: 16/04/2019 17:49	Job description	Date & Time Completed	Done by
Ref No: NBARIP19001031/Y	SAS e-filing		
Veh No: SLD 4585 P	E-mail (w/dln 3hrs, AIC 2hrs)		
D.O.A: 01/09/2018 14:15	I-Motor Claim Form		
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLP 608X	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:	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:
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Date/Time	Action

MAA1900435	Invoice/Particulars	Amount	Balance
Client's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
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		
Auditor's Comments:	For claiming against INC Only (ver 10 Jan 2002)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil) : TP (Nil) INC against INC \$20		
	9) N11: Idao Mobile \$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	16/01/2019 17:49
Date Of Accident	01/09/2018 14:15
Exact Location Of Accident	JUNCTION OF CANTONMENT LINK AND CANTONMENT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD4585P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	CLIFTONCHUA@FEDEX.COM
Mobile Phone No	(FOREIGN) +861-80197988
Alternative Phone No	OFFICE-80197988

### 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?	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	SD18V00034/VPZ/R03
Cover Note Number	

### Driver

Name of Driver	CHUA CHUNG HOW CLIFTON
NRIC No	S1789945G
Date Of Birth	18/10/1967
Occupation	INDOOR
Date Of Driving Pass	18/03/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(FOREIGN) +861-80197988
Fax Number	
Contact Number	OTHERS-80197988
Email Address	CLIFTONCHUA@FEDEX.COM

Address	BLK 345 UPPER BUKIT TIMAH ROAD #02-10
Postcode	588197
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181210/2042

#### 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	SLP608X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. The 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 lodgment 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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

67 Jan 2019

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

16/01/2019

Rosh, W. H. H.



SKETCH PLAN

X10 COLLISION!  
HIRE UNWARE OF THE  
COLLISION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 01/9/2018 at around 1345hrs, I had -

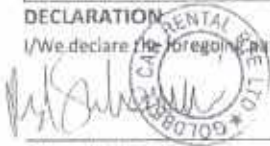
(please see attached police report)

7/2018/20/2042

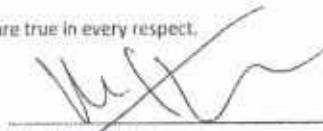
\* Am not aware that there is a collision.

DECLARATION

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

 POLICY RENTAL

Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

07 Jan 2019

 16/01/2019

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



# SINGAPORE POLICE FORCE



T/20181210/2042

1 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20181210/2042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/12/2018 12:38		Vide Report No.:		Station Diary No.: 65	
<b>Informant's Particulars</b>					
Name of Informant: CHUA CHUNG HOW CLIFTON			Address: NO16, 2239 HONGQIAO LU, CHANG NING, SHANGHAI 200336		
ID Type / ID No.: NRIC NO / S1789945G			Contact No.: Home/Office:		Mobile: 8618019798818
Nationality: SINGAPORE CITIZEN			Email: cliftonchua@fedex.com		
Sex: Male	Age: 51	Date of Birth: 18/10/1967	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: CFO		Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/09/2018 14:00	Type of Location:
Location: Along Road 1 CANTONMENT LINK CANTONMENT ROAD At the junction of Cantonment Link to Cantonment Road, (Zebra Crossing)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLD4585P	Car					0
SLP608X	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20181210/2042

2 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20181210/2042

**CONTINUATION OF REPORT**

<b>Driver:</b>			
Name	CHUA CHUNG HOW CLIFTON	ID No.	S1789945G
Related Vehicle	SLD4585P (Car)	Contact No.	8618019798818
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 01/09/2018, at around 1345hrs, I had picked up a rented vehicle (SLD4858P) from a guy name Camel from Goldbell Car Rental and drove it alone to Holiday Inn Atrium located at Havelock to check in. I wish to inform that during the journey, I recalled at the junction of Cantonment Link and Cantonment Road, at the Zebra Crossing, I was looking out for on coming traffic on the right. There was a car in front of me who had suddenly stopped and I also managed to stop in time to avoid collision. After the road was clear for to move, I moved and carried on with my journey. I wish to emphasis that I was not involve in any collision and there was also no sign of scratch or damage to the rental car.

Subsequently on the 8/10/2018, I received an email from Goldbell Car Rental informing me that I was alleged to be involved in a case of hit at run located at Cantonment link, junction of Cantonment road. I already spoke to Goldbell Car Rental with regards to the matter and they advised me to lodge a Police report.





SINGAPORE  
POLICE FORCE



T/20181210/2042

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

3 of 3

Report No. T/20181210/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
E /  
Sgt 2 AZRULIZWAN BIN ABDUL RAZAK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
10/12/2018 12:38

Classification Of Case:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1789945G



CHUA CHUNG HOW CLIFTON

蔡俊豪

Race

CHINESE

Date of Birth

10-10-1967

Country of Birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1789945G

Name: CHIA CHUNG-HOW CLIFTON

Date of Birth: 18 Oct 1967

Valid Until: 26 Feb 2004




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

CLASS	VEHICLE TYPE	WEIGHT
Class 2	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 star 1994

NP 425A







**Liberty  
Insurance.**



**Liberty Insurance Pte Ltd**  
Registration no. 199002797D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8511 Fax: (65) 6225 8888  
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)

<b>Certificate No</b>	SD18V00034 /VPZ /R03
<b>Form</b>	MZ406
<b>Date Of Issue</b>	26-DEC-2017
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLD4585P
<b>2.Chassis number of Vehicle:</b>	MR053REH104641975
<b>3.Name of Policyholder:</b>	GOLDBELL CAR RENTAL PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	01-JAN-2018 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	31-DEC-2018 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	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.
<b>7.Limitations as to use*:</b>	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.
<b>8.Policy does not cover:</b>	A) Use for racing, pace-making, reliability trial or speed-testing. B) Use whilst towing 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 6 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.	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers	
 Authorised Signature	
<b>For information only:</b>	
<b>COVERAGE:</b>	Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Usher/Grasop Extension
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I -Singapore: S\$850 / Outside Singapore: S\$1350, Additional Excess for Young & Inexperienced Drivers: S\$1500, Windscreen Excess: S\$100
<b>FINANCE COMPANY:</b>	HONG LEONG FINANCE LTD
<b>PRODUCER NAME:</b>	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS-02-JAN-18

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02-JAN-18