

NATIONAL Assessment Centre Services

[see: Jan 2005]

Date In: 17/04/2018 13:25	Job description	Date & Time Completed	Done by
Ref No: NA/LIP18007068/K4	SAS e-filing		
Veh No: GY 3308 D	E-mail (w/thin 8hrs, A/C 2hrs)		
DOA: 16/04/2018 08:30	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: SDS 1693X

INC () / Non-INC ()

Tel: ()

Owner / Driver: ()

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 6616)

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cal 1:

Cal 2/3:

Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) RT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idau DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OP*		
*N5: Courtesy Car / Tpl Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (N'n INC) against INC \$20		
2) N12: Idau Mobile 30		

Invoice dated

Invoice dated

Fee Charged

Fee Charged

NA1802414

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 ability.
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 17/04/2018 13:25
 Date Of Accident 16/04/2018 08:30
 Exact Location Of Accident PIE TWDS ADAM
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GY3308D
Insured/Policyholder
 Name Of Registered Owner FORM ARTS PTE LTD
 Co Reg No -
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-85714043
 Alternative Phone No OFFICE-85714043

Vehicle Particulars

Manufacturer HYUNDAI
 Model -
 Exact Purpose for which vehicle was being used at time of accident WORK
 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 THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy NO
 Policy Number SI18V02814/VCV/R03
 Cover Note Number

Driver

Name of Driver HAN QIKUN
 Passport No/FIN G2547084U
 Date Of Birth 02/10/1971
 Occupation OUTDOOR
 Date Of Driving Pass 02/01/2015
 Driving Experience 3 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-85714043
 Fax Number
 Contact Number OTHERS-85714043
 EMail Address NOEMAIL

Address

FORM.ARTS PTE LTD

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

CLEAR

Road Surface

DRY

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) 2

Passenger 1 NAME: : NIL
GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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

SDS1693X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

THAM KOK WENG, EDWIN (TAN GUORONG, EDWIN)

NRIC/Passport Number

S8137338H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

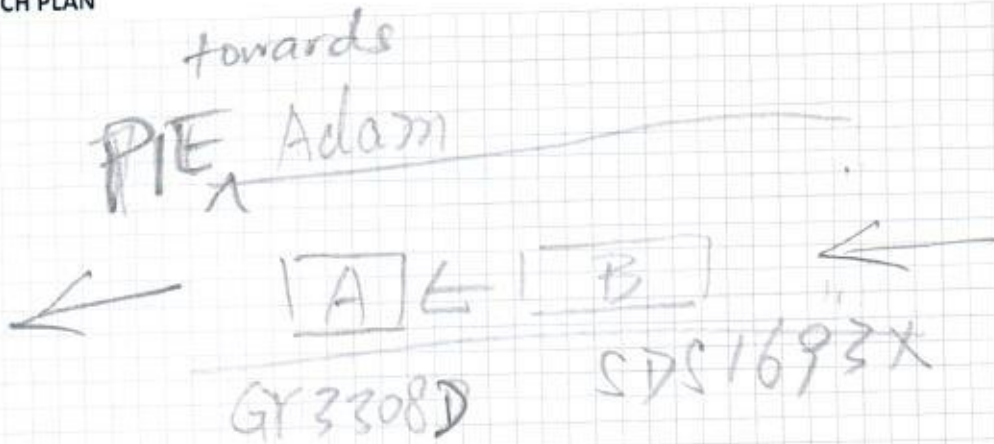
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along PIE towards Adam. When Vehicle A driving in front was traffic jam and Vehicle A slowdown but suddenly from behind Vehicle B hit on Vehicle A rear portion.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
FORMLARTS PTE. LTD.

Sector: **MANUFACTURING**

Name
HAN QIKUN

Occupation
DOOR, WINDOW FRAME, GRILL & DRY-WALL INSTALLER

Work Permit No.
0 76424365

Date of Application
21-10-2014

Date of Issue
18-10-2016

Date of Expiry
22-10-2018

 **L7307272**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G2547084U**

Name
HAN QIKUN

Birth Date: **02 Oct 1971**

Issue Date: **02 Jan 2015**

Valid Till: **01 Jan 2020**

 **0023020388**

SG 50

VISIT PASS
Immigration Regulations

Name
HAN QIKUN

85719043

Date of Birth: **02-10-1971** Sex: **M** Nationality: **CHINESE**

PIN: **G2547084U** Date of Issue: **18-10-2016** Date of Expiry: **22-10-2018**

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 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **02 Jan 2015**

NP 428A

 Licence No: **G2547084U**



Liberty
Insurance



Liberty Insurance Pte Ltd
Rc no. 199002791D
51, #03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 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

S118V02814 /VCV /R03

Form

MZ300A

Date of Issue:

05-Mar-2018

1. Index Mark and Registration No. of Vehicle:

GY3308D

2. Chassis number of Vehicle:

KMFZBN7HR5U031324

3. Name of Policyholder:

FORM ARTS PTE. LTD.

4. Effective date of Commencement of Insurance
for the purposes of the Act:

09-MAR-2018 00:00

5. Date of Expiry of Insurance:

08-MAR-2019 23:59

6. Persons or Classes of Persons
entitled to drive*:

Any person who is driving on the Policyholder's order or with their permission.

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 in connection with the Policyholder's business.
- B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- C) Use for social, domestic and pleasure purposes.

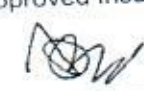
8. The Policy does not cover:

- A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.
- B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.

*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:

Third Party Fire & Theft

SUM INSURED (\$\$):

MARKET VALUE AT THE TIME OF LOSS

EXCESS (\$\$):

Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00

FINANCE COMPANY:

PRODUCER NAME:

B.A.S. INSURANCE AGENCY