

NATIONAL Assessment Centre Services.

[ref: 1 Jan 2008]

MAIL 18160460

Date In: 12/12/2018 15:36	Job description	Date & Time Completed	Done by
Ref No: N/A/UP/18022870/Y	SAS e-filing		
Veh No: SMC 36567	E-mail (within 4hrs, A/C 2hrs)		
D.O.A: 10/12/2018 10:00	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: SHC 5306A

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: (INC) Mobile: 6788 6616

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time: Actions:

NA1802171

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref: 1:

2/3:

Invoice Item	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ref 10 Jan 2008)		
6) TR: Re-inspection	\$75	
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 (Non INC) against INC	\$20	
9) N12: Idao Mobile	\$0	
Invoice dated		Fees Charged
Invoice dated		Fees 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	12/12/2018 15:36
Date Of Accident	10/12/2018 10:00
Exact Location Of Accident	TAMPINES STREET 91 BLK 930 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3656T
Insured/Policyholder	
Name Of Registered Owner	K-10 CAR RENTAL PTE LTD
Co Reg No	201724040C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96713703
Alternative Phone No	OFFICE-96713703

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	SD18V04593/VPZ/R00
Cover Note Number	

Driver

Name of Driver	MOHAMED HELMI BIN SABARI
NRIC No	S7600981C
Date Of Birth	17/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96713703
Fax Number	
Contact Number	OTHERS-96713703
Email Address	NOEMAIL

Address	BLK 981B BUANGKOK CRESCENT #03-23
Postcode	532981
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)	2
Passenger 1	NAME: : NOOR HIDAH GENDER: : FEMALE

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	SHC5306A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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 shed outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to remedy claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information collected under (c) above may be stored / disclosed:
- (i) to all Insurers and/or workshop and parties that are involved in the accident, for the purpose of settling the claims; and
 - (ii) for compliance with regulatory requirements, for example, for the purpose of:



Submitted/Agent to
Consent/Time:

[Signature]

Signature of the Insured
Name: *[Signature]*
Date: *[Signature]*

[Signature] 12/12/2018
Roshan Kumar

SKETCH PLAN

- A) SMC 3656T
- B) SHC 4306A

TAMPINES ST 91 BLK 930 CARPARK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned details, I was driving to exit carpark & was in my lane when suddenly vehicle B upon turning bump onto my front portion. After colliding he reversed back his vehicle immediately.

DECLA



Date & Time

John

Date & Time

12/12/2018
Rafiq Hassan

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10 / 12 / 2018 (dd/mm/yy) Time of Accident: 10 : 00 (24-HR-FORMAT)

Vehicle No.: SNC 3656T Vehicle Make & Model: Subaru Impreza

Exact location of Accident: Tampines St 91 Blk 930 carpark

Policyholder's Name / IC No.: K-10 CAR RENTAL Pte LTD / 2017240400

Driver's Name / IC No.: Mohamed Helmi Bin Sabani 846009810 (As Above) ☐

Driver's Contact No.: 96713703 Company Contact No (Company Veh Only): _____

Driver's Address: Blk 981B Bangkok Crest #03-33 S 532 981

Email address: _____ Insurance Company: Liberty

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer / Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): 2

*Passenger Name: Noor Hidayah

Gender: Male / Female

*Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SNC 5306A

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

3987757



APRIC No: S7600981C



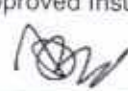
Date of issue: 03-02-2007

APT BLK 981B BUANGKOK CRESCENT #03-23
SINGAPORE 532981

APRIC No: S7600981C Date: 11/09/2018

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	SD18V04593 /VPZ /R00										
Form	MZ406C										
Date Of Issue	01-AUG-2018										
1.Index Mark and Registration No. of Vehicle:	SMC3656T										
2.Chassis number of Vehicle:	JF1GH3KS58G022114										
3.Name of Policyholder:	K-10 CAR RENTAL PTE LTD										
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-AUG-2018 00:00 AM										
5.Date of Expiry of Insurance:	10-MAY-2019 23:59 PM										
6.Persons or Classes of Persons entitled to drive*: <p>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.</p>											
7.Limitations as to use*: <p>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. C) Use for the carriage of passengers for hire or reward under "Uber/Grabcar" by the person to whom the vehicle is hired.</p>											
8.Policy does not cover: <p>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.</p> <p>*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.</p>											
<p>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).</p> <div style="text-align: right; margin-top: 20px;"> <p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <p>_____ Authorised Signature</p> </div>											
For Information only: <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Third Party Only, Grabcar Extension (Singapore only)</td> </tr> <tr> <td>SUM INSURED:</td> <td></td> </tr> <tr> <td>EXCESS:</td> <td>Section II (Singapore) - S\$2000, Section II (Outside Singapore) - S\$4000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers - S\$3000</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td></td> </tr> <tr> <td>PRODUCER NAME:</td> <td>GENERAL INSURANCE AGENCY PTE LTD</td> </tr> </table>		COVERAGE :	Third Party Only, Grabcar Extension (Singapore only)	SUM INSURED:		EXCESS:	Section II (Singapore) - S\$2000, Section II (Outside Singapore) - S\$4000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers - S\$3000	FINANCE COMPANY:		PRODUCER NAME:	GENERAL INSURANCE AGENCY PTE LTD
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PLYW/PLYW/01-AUG-18

S3_CL_T1_T3_TEMPLATE2-VER1 01-AUG-18