

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 07/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/1901034	SAS e-filing		
Veh No: SCR93404	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/02/19 1545	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: (N-51)	Tel: ()	Fax: ()
TP Particulars:	Veh No: SJQ565D	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 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

NA1901034

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	07/02/2019 19:29
Date Of Accident	02/02/2019 15:45
Exact Location Of Accident	ECP TWDS AIRPORT AFT MARINE PARADE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9340Y
Insured/Policyholder	
Name Of Registered Owner	DARWIN-51 CAR RENTAL PTE LTD
Co Reg No	201407909C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88215151

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V07071/VPZ/R01
Cover Note Number	

Driver

Name of Driver	CHOY WEN HAN,BENJAMIN
NRIC No	S9328158F
Date Of Birth	06/08/1993
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94556040
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 340 BUKIT BATOK ST 34 #08-36
Postcode	650340
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 TO REAR
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?	YES
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKOWN 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ565D
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	PAWAN RAZDAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHOY WEN HAN,BENJAMIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLR9340Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 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:

 07/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

(A) 3LR 9340 Y.

(B) 5JQ 565D.

ECP towards Airport after Marine Parade Exit.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/02/19 at @ 1545 hrs, I was travelling in my vehicle along ECP towards Airport after Marine Parade exit on the extreme right lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a car (5JQ 565D) from behind collided onto the rear portion of my vehicle.

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.:

Vehicle No.	SLR 9340Y	Model / Make	Toyota Prius Alpha.
Date of Accident	02 / 02 / 19		
Time of Accident	1545 HRS		
Location of Accident	ECP towards Airport after Marine Parade exit.		
Exact purpose use during accident	Chauffeur.		
Name of Owner	Darwin-51 Car Rental Pte Ltd.		
Telephone No.	H/P : 8821 5151	Home :	Office :
NRIC	201407909C		
Address	2, Kaki Bukit Ave 2 #01-17, Kaki Bukit Autohub (S) 417921.		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	Liberty		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	SD18V07071 / VP2 / RO1		
Name of Driver	As Above If No, CHOY WEN HAN, BENJAMIN.		
NRIC	S 9328 158F	Any Passengers :	04 (2M) (2F)
Date of birth	06 / 08 / 1993		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	05 / 04 / 2012		
Gender	<u>Male</u> / Female		
Contact No.	H/P : 9455 6040	Home :	Office :
Address	BLK 340, Bukit Batok St 34 #08-36 (S) 650340.		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, If no, state <u>freel</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	CHOY WEN HAN, BENJAMIN (H/P: 9455 6040)		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SJQ 565 D.	Any Passengers :	N.A.
Name of Driver	Pawan Razdan.	Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact :	N.A.
Accident Portion	Rear Portion.		
Camera Recorder	<u>Yes</u> / No		
Email Address	mrbeantastic@gmail.com		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9328158F**

Name:

CHOY WEN HAN, BENJAMIN

Birth Date: **06 Aug 1993**

Issue Date: **05 Apr 2012**



002057779K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9328158F**



Name

CHOY WEN HAN, BENJAMIN

蔡文漢

Race

CHINESE

Date of birth

06-08-1993

Sex

M

Country of birth

SINGAPORE

S9328158F

Land Transport Authority



VOCATIONAL LICENCE

Licence No : **S9328158F**

Name : **CHOY WEN HAN BENJAMIN**

Please visit www.lta.gov.sg to check the status of this vocational licence

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 05 Apr 2012



Licence No: S9328158F

NP 428A



4265306



NRIC No: **S9328158F**

Date of issue

20-08-2008

Address

**APT BLK 340 BUKIT BATOK STREET 34
#08-36
SINGAPORE 650340**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	31/07/2018





Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#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	SD18V07071 /VPZ /R01
Form	MZ406C
Date Of Issue	10-JUL-2018
1.Index Mark and Registration No. of Vehicle:	SLR9340Y
2.Chassis number of Vehicle:	ZVW400025977
3.Name of Policyholder:	DARWIN-51 CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	28-JUL-2018 00:00 AM
5.Date of Expiry of Insurance:	27-JUL-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.</p> <p>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.</p> <p>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.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>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.</p> <p>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>
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).	
<div style="text-align: right;">For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature</div>	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, Uber/Grabcar Extension
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I - Singapore S\$2000 / Outside Singapore S\$4000, Section II - Singapore S\$1500 / Outside Singapore S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	MAYBANK
PRODUCER NAME:	INSURE HOUSE

PLYW/PLYW/10-JUL-18

10-JUL-18

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SLR9340Y		
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon /Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	PRIUS ALPHA 1.8S CVT
Chassis No.:	ZVW400025977	Engine No.:	2ZR1984133
Motor No.:	317F00451	Trailer Chassis No.:	-
Propellant:	Petrol-Electric	Passenger Capacity:	6
Engine Capacity:	1797 cc	Power Rating:	60.0 kW
Maximum Power Output:	100.0 kW (134 bhp)		
Unladen Weight:	1460 kg	Maximum Laden Weight:	1845 kg
Primary Colour:	Black	Secondary Colour:	-
First Registration Date:	31 Aug 2017	Original Registration Date:	31 Aug 2017
Manufacturing Year:	2017	Open Market Value:	\$29,656.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$9,259.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$9,656.00 (140%)
Actual ARF Paid:	\$18,519.00		
Owner Particulars			
Owner Name:	DARWIN-51 CAR RENTAL PTE LTD		
Owner ID Type:	Company		
Owner ID:	201407909C		
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes		
Registered Block /House No.:	1		
Registered Street Name:	KAKI BUKIT ROAD 1		
Registered Unit No.:	# 01 - 09		
Registered Building Name:	ENTERPRICE ONE		
Registered Postal Code:	415934		
COE No. / Expiry	2017050103002601D / 30		

Date: Aug 2027
COE Bid Category: B - Car above 1600cc or
97kW (130bhp)
QP Paid: \$54,406.00

Transaction Details

Business
Transaction Ref. 20170831093721507096
No.:

Business
Transaction Date: 31 Aug 2017

Business
Transaction Time: 09:37:21

Message

The above vehicle has been successfully registered.

Please note that \$63,552.00 will be deducted from your GIRO account.