

Date In: 13/08/2015 20:41	Job description	Date & Time Completed	Done by
Ref No: NA/9105898	SAS e-filing		
Veh No: SLM 39934	E-mail (within 4hrs. AIC 2hrs)		
D.O.A: 13/08/2015 16.00	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 <u>Fax / Hand</u> to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: () 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	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

Client's Particulars	Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
		In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TP: 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 2015)		
	6) TR: Re-inspection \$15		
	7) NI: (Inc DA + SMRT Survey) \$160		
	8) NTUC Additional Services:		
	DIP		
	*N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N1) : TP (Non INC) against INC \$30		
	N12: New Mobile \$0		
	Pen Charged		
	Fnc 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	13/08/2019 20:41
Date Of Accident	13/08/2019 16:00
Exact Location Of Accident	QUEENSTOWN SHELL PETROL STATION (ALEXANDRA ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3992G
Insured/Policyholder	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	-
Email Address	KIANSENG@MEDIACORP.COM.SG
Mobile Phone No	(LOCAL) +65-91849602
Alternative Phone No	OFFICE-91849602

Vehicle Particulars

Manufacturer	SSANGYONG
Model	TIVOLI-1.6 (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD19V03432/VPZ/R02
Cover Note Number	

Driver

Name of Driver	AKMAL SYAZWAN BIN AYUB
NRIC No	S9421409B
Date Of Birth	23/06/1994
Occupation	INDOOR
Date Of Driving Pass	27/03/2013
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91849602
Fax Number	
Contact Number	OTHERS-91849602
Email Address	KIANSENG@MEDIACORP.COM.SG

Address	BLK 178 EDGEFIELD PLAINS #04-234
Postcode	820178
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SOK HWEE 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

SKETCH PLAN

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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: 13/01/19 17:07hrs


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

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 8 / 2019) (DD/MM/YYYY), TIME: (16:00) (HH:MM)

LOCATION: Queenstown Shell Petrol Station (Alexandra Road)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM3992G
b) INSURANCE COMPANY: INCIDENTAL CAR RENTALS PTE LTD LIBERTY INSURANCE
c) POLICY NUMBER: SD19VD3432/VP2/RO2
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SPANG YONG TIVOLI
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: INCIDENTAL CAR RENTALS PTE LTD (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: _____ CONTACT: _____
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
a) NAME: AKMAL SYAZWAN BIN AYUB (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 39921404B CONTACT: 91249602
c) ADDRESS: BLK 178 EDGEFIELD PLAINS #01-234 S(20139)

- * d) DATE OF BIRTH: (23 / 06 / 1994) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 29 / 1 / 18

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: friend

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) _____

7. a) REPORTED TO POLICE (YES / NO) _____
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: NIL MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

SOK HWENY (F)

No of passengers (including driver) (2)

No of passenger (including driver) ()

No of passenger (including driver) ()

email = KIANSHUN@MEDIA CORP.COM.SG
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9421409B



Name **For LKK/NAC Use Only**

AKMAL SYAZWAN BIN AYUB

اکمال شزوان بن ایوب

Race
BOYANESE

Date of birth
23-06-1994 M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9421409B

Name: AKMAL SYAZWAN BIN AYUB

For LKK/NAC Use Only

Birth Date: 23 Jun 1994

Issue Date: 29 Jan 2019

002768414C

5878038



NRIC No: S9421409B



For LKK/NAC Use Only

Date of issue
05-02-2018

Address

APT BLK 17B EDGEFIELD PLAINS
#04-234
SINGAPORE 820178

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

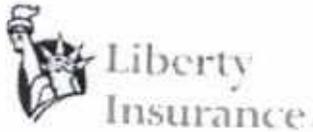
EFFECTIVE DATE

Class 3: Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 27 Mar 2013

For LKK/NAC Use Only

NP 428A





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	SD19V03432 /VPZ /R02
Form	MZ406
Date Of Issue	14-MAR-2019
1.Index Mark and Registration No. of Vehicle:	SLM3992G
2.Chassis number of Vehicle:	KPT30A1VSGP097042
3.Name of Policyholder:	MOTORWAY CAR RENTALS PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-APR-2019 00:00 AM
5.Date of Expiry of Insurance:	31-MAR-2020 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.</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. C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>	
<p>*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</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>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  _____ Authorised Signature	