

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MNA 12002191**

Date In: 6/1/20-16.13	Job description	Date & Time Completed	Done by
Ref No: NA/1920000282/1.1	SAS e-filing		
Veh No: PAS888C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 5/1/20-11.50	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars: Veh No: **JH82503** 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

NA 2002191	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		for Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (N:n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	06/01/2020 16:13
Date Of Accident	03/01/2020 11:50
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6808C
Insured/Policyholder	
Name Of Registered Owner	AURORA WORLD PTE LTD
Co Reg No	2XXXXX992D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81295963
Alternative Phone No	OFFICE-81295963

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 2.5 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	C0102394

Driver

Name of Driver	NORYATON BINTE SAHDAN
NRIC No	SXXXX754I
Date Of Birth	14/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2006
Driving Experience	13 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97109433
Fax Number	
Contact Number	OFFICE-97109433
Email Address	NOEMAIL

Address	BLK 669 CHOA CHU KANG CRESCENT #01-363
Postcode	680669
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 - MAJOR/MINOR RD
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SHA8250S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHONG WAI
NRIC/Passport Number	SXXXX082A
Contact Number	92393403
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 **reputate 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/mall 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.

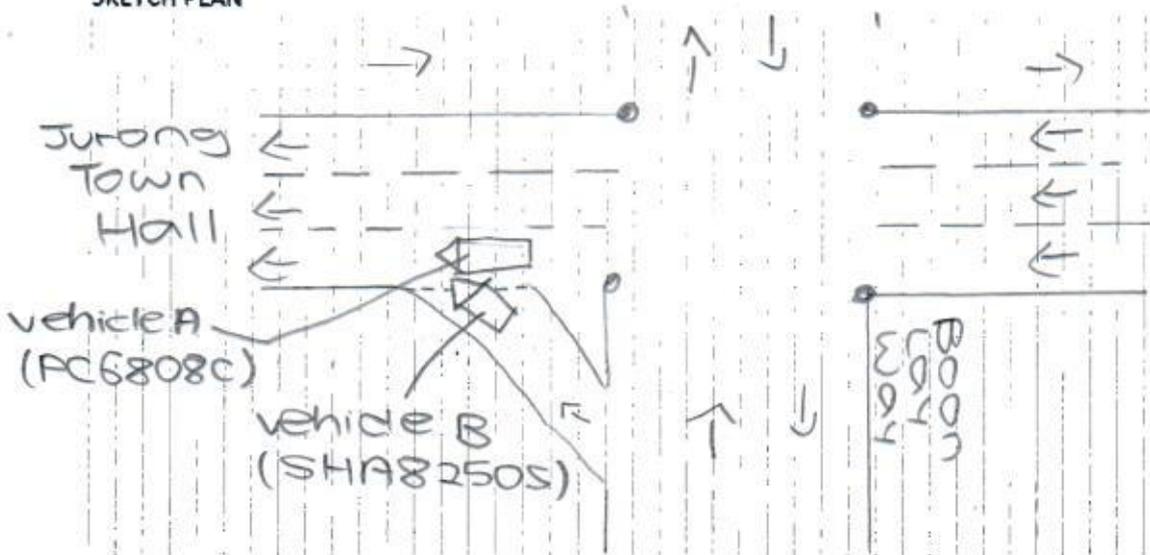
Policyholder's Signature
Date & Time:



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

I was driving along Jurong Town Hall.

Suddenly, vehicle B turned out from Boon Lay Way without stopping to check ~~from~~ for oncoming vehicle, hit onto the front left hand portion of my vehicle

DECLARATION

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



 Policyholder's Signature: _____



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



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

Vehicle No : ^A PC6808C

Make & Model : T. Hiace Hiroof

Date of Accident	3/1/20
Time of Accident	11.50am AM / PM
Location of Accident	Along Jurong Town Hall
Name of Owner	Aurora World Pte Ltd
Tel. No.	4133517 81295963
NRIC No.	201002992D
Claim Type	OD / <u>Third Party</u> / Reporting Only
Insurance Co.	Liberty
Type of Coverage	Comprehensive / Third Party / <u>Third Party Fire & Theft</u>
Policy No.	SD19V09924
Name of Driver	Noryaton Binte Sahdan As above / If no. : No. of Passenger : 0
NRIC No.	51790754I
Date of Birth	14/3/1966
Occupation	<u>Outdoor</u> / Indoor
Date of Driving Pass	11 Sep 1993
Gender	Male / <u>Female</u>
Contact No.	Office : Home : 9710 9433
Address	Blk 669 Choa Chu Kang Crescent #01-363 S(680669)
Driver has any own vehicle ?	No / If yes, Vehicle No. :
Relationship	<u>Employee</u> / If no. :
Weather Condition	<u>Clear</u> / Raining / Others :
Road Surface	<u>Dry</u> / Wet / Others :
Any Injuries ?	<u>No</u> / If yes, Who ?
Contact No. of the Injured	
Police Report	<u>No</u> / If yes, Where ?
Vehicle B No.	SHA8250S No. Of Passenger : 0
Name	Chong Wai S2548082A
Contact No.	9239 3403
Vehicle C No.	No. Of Passenger :
Vehicle D No.	No. Of Passenger :
Vehicle E No.	No. Of Passenger :
Vehicle F No.	No. Of Passenger :
Any Witness ?	Contact No. :
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	Yes / No
Particular Workshop	159 Tick Hai Motor
Tel. No.	68429089 (Office) 68412869 (Fax) admin@tickhaimotor.com
Address	Blk 1 Kaki Bukit Ave 6 #01-20 Autobay @ Kaki Bukit Singapore 417883



Motor Cover Note

www.libertyinsurance.com.sg

Name of Producer:

E TAY TRADING COMPANY (A0066)

Date of Issue:

03 Jan 2020

Cover Note No.:

C0102394

Quotation/ Proposal/ Policy No.:

SD19V09924

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

Name of Insured:	AURORA WORLD PTE. LTD.	
Period of Insurance:	From: 03 Jan 2020 14:26	To: 02 Jan 2021 23:59
Registration No.:	PA6808C	
Make and Model:	TOYOTA / HIACE 2.5 A (13 SEATERS)	
Type of Body:	BUS	
Capacity/Tonnage:	2494	
Year of Manufacture/Registration:	2007/2007	
Chassis No.:	KDH2220036284	
Engine No.:	2KD1665415	
Sum Insured:	MARKET VALUE AT TIME OF LOSS	
Name of Finance Company:	CREDIT LINK PTE LTD	
Type of Plan:	Third Party, Fire and Theft (TPFT)	
Excess:	AS ARRANGE	

The Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987, Road Transport (Amendment) Act 2019, The Motor Vehicles (Third Party Risks) Rules, 1959 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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.

Not valid unless counter-signed by authorized person.



Date: 03 Jan 2020 14:26

For and on behalf of
LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.