NATIONAL Assessment Centre Services [wef 1 Jan'05] MNO/OOO/O444

	Job description	Date &Time Completed	Done by
Date In: 2/1/20-13:36	SAS e-filing		
Ref No: HO/V1P200.1324/24	E-mail (within 5hrs, A/C 2hrs)		
Veh No: SLA422U	i-Motor Claim Form		
D.O.A : 2/1/20 - 09:10	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only (circled)	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:　　Veh No: SMP3432VD.　　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

NA200081q

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt (S) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($80)			
3) TF : Towing Fee	$40/$45		
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) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*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 (Non 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 witholding 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	22/01/2020 13:36
Date Of Accident	22/01/2020 09:10
Exact Location Of Accident	PIE TWDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA4772G

Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	2XXXXX722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V13180/VPZ/R01
Cover Note Number	

Driver

Name of Driver	TAN KIOK WEE (CHEN KEWEI)
NRIC No	SXXXX321G
Date Of Birth	17/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86839091
Fax Number	
Contact Number	OFFICE-86839091
EMail Address	NOEMAIL

Address	BLK 113D MCNAIR ROAD #03-240
Postcode	325113
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?	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)	2
Passenger 1	NAME: : - 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

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	SMP3432D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

_____
Policy holder's signature
Date / time:

_____
Driver's signature
(if driver is not policy holder)
Date / time:

_____
reporting centre personnel's Signature
Date / time:

SKETCH PLAN

A: SLA 4772G
B: SMP 3432 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Airport. Vehicle B in front of me suddenly e-brake causing me unable to stop in time and collide onto his rear.
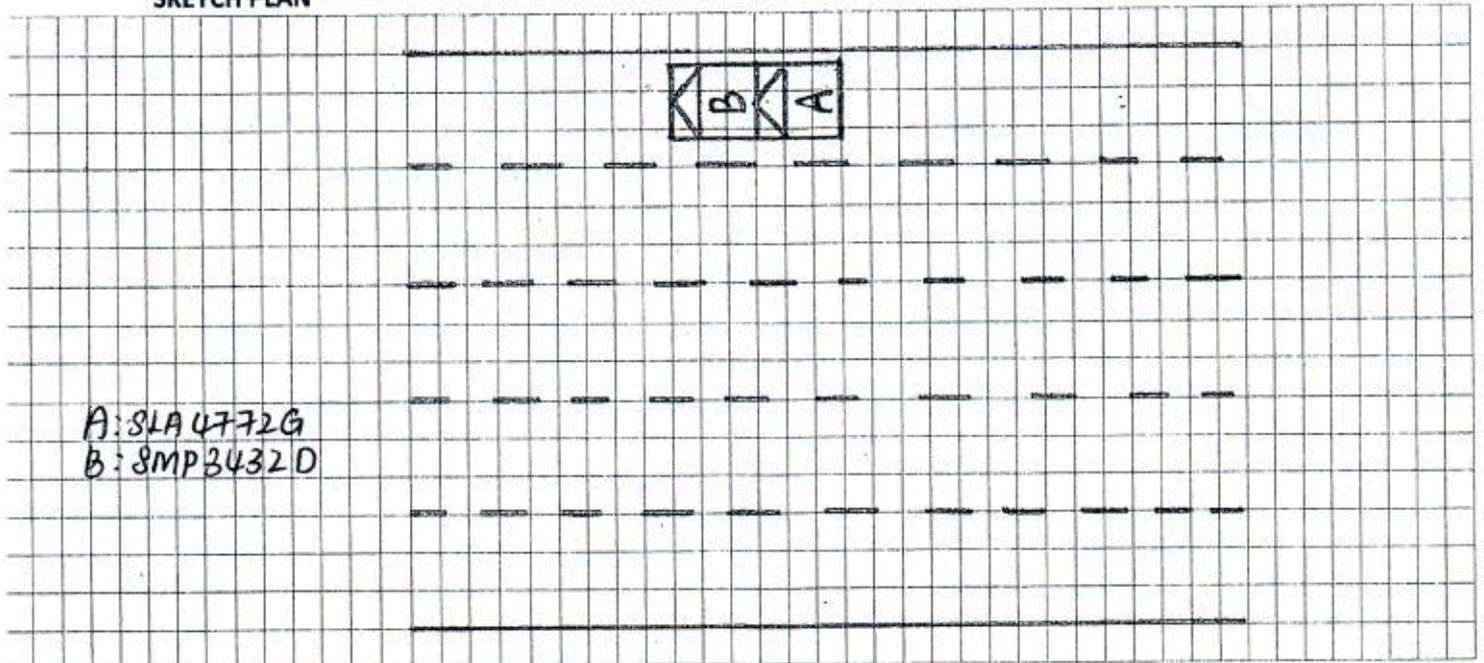
DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DETAILS

Date of accident	22 / 01 / 2020	(DD/MM/YY)
Time of accident	0910	(HH:MM)
Exact location of accident	Along PIE towards Airport	

DETAILS OF VEHICLE

Vehicle registration number	SLA 4772 G
Vehicle make and model	Toyota Wish
Type of vehicle	Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others:_____
Vehicle category	Private ☐ Commercial ☑ Motorcycle ☐
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes ☐ No ☑ if no, please select: Third part claim ☐ Reporting only ☑

INSURANCE INFORMATION

Insurance company	LIBERTY
Policy number	
Type of policy	Comprehensive ☐ Third party fire & theft ☐ TP only ☐

INSURED / POLICY HOLDER

Name	ROSET LIMOUSINE SERVICES PTE LTD Male ☐ Female ☐
NRIC / Fin / Passport number	200406722Z
Contact	6844 5225
Address	53 UBI AVENUE 1 #03-47 PAYA UBI INDUSTRIAL PARK S(408934)

DRIVER   SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Tan Kiok Wee Male ☑ Female ☐
NRIC / Fin / Passport number	S811232 G
Contact	8683 9091
Address	Blk 113D Mcnair Road #03-240 S(325 113)
Email address	
Date of birth	17/04/1981
Occupation	Indoor ☐ Outdoor ☑
Driving date pass	07/08/2017

Page 1

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes ☐ No ☑ If no, relationship of the driver and insured: _Hirer_
Accident captured by camera?	Yes ☐ No ☑
Weather condition	Clear ☑ Raining ☐ Others: _____
Road surface	Dry ☑ Wet ☐
No of passenger	02 _____ (Inclusive of driver)

PASSENGER 1

Name	
Gender	Male ☑ Female ☐

PASSENGER 2

Name	
Gender	Male ☐ Female ☐

PASSENGER 3

Name	
Gender	Male ☐ Female ☐

PASSENGER 4

Name	
Gender	Male ☐ Female ☐

PASSENGER 5

Name	
Gender	Male ☐ Female ☐

PASSENGER 6

Name	
Gender	Male ☐ Female ☐

OTHER INFORMATION

Was anybody injured?	Yes ☐ No ☑
Was other vehicle damaged?	Yes ☑ No ☐

DETAILS OF POLICE STATION ACTION

Reported to police?	Yes ☐ No ☑ If yes, please state which police station.
Police station name	

WITNESS 1

Name	

WITNESS 2

Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SMP3432 D
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes ☐	No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐	No ☐

INJURED PERSON 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes ☐	No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐	No ☐

INJURED PERSON 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes ☐	No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐	No ☐

INJURED PERSON 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes ☐	No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐	No ☐

INJURED PERSON 5

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes ☐	No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐	No ☐

INJURED PERSON 6

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes ☐	No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐	No ☐

Liberty Insurance.

1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE

(24 HR) **ACCIDENT RESPONSE ROADSIDE ASSISTANCE FLOOD ASSISTANCE**

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	SD19V13180 /VPZ /R01
Form	MZ406C
Date Of Issue	24-OCT-2019

1.Index Mark and Registration No. of Vehicle: SLA4772G

2.Chassis number of Vehicle: JTDGG20W40J003763

3.Name of Policyholder: ROSET LIMOUSINE SERVICES PTE LTD

4.Effective date of Commencement of Insurance for the purpose of the Act: 01-NOV-2019 00:00 AM

5.Date of Expiry of Insurance: 31-OCT-2020 23:59 PM

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

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.

7.Limitations as to use*:

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 Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.

8.Policy does not cover:

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.

*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 :	Comprehensive,Unlimited Windscreen,Geographical Area - refer memorandum,PHV Extension
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Refer Memorandum - Section I S$2000,Refer Memorandum - Section II S$2000,Windscreen Excess S$100
FINANCE COMPANY:	MAYBANK SINGAPORE LTD
PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD

Oct 25, 2019, 10:42 AM