

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

1/1/1/200223016

Date In: 20/01/2020 18:26	Job description	Date & Time Completed	Done by
Ref No: 1/1/1/200223016	SAS e-filing		
Veh No: X0 8143M	E-mail (8 jobs 2hrs, AIC 2hrs)		
D.O.A: 19/02/2020 21:15	I-Motor Claims 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/Whse		

Preferred Wkep / INC Assgn Wkep / 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% 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 repolier.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NA2001581

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection For claiming against INC Only (ver 10 Jan 2003) \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil) / TP (Nil INC) against INC \$30	
	9) NI2: Idas Mobile	
	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	20/02/2020 18:26
Date Of Accident	19/02/2020 21:15
Exact Location Of Accident	ALONG WOODLANDS AVENUE 2 TOWARDS RIVERSIDE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XD8143M
Insured/Policyholder	
Name Of Registered Owner	EE HUP CONSRTUCTION PTE LTD
Co Reg No	1XXXXXX194K
Email Address	EEHUP@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-82349440
Alternative Phone No	OFFICE-82349440
Vehicle Particulars	
Manufacturer	ISUZU
Model	FXZ77M-9.8 D (M)
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	SD19V13185/VCH/R00
Cover Note Number	
Driver	
Name of Driver	SELVARAJ SENTHIL
NRIC No	GXXXX583R
Date Of Birth	30/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82349440
Fax Number	
Contact Number	OTHERS-82349440
EMail Address	EEHUP@SINGNET.COM.SG

Address	22A BEATTY ROAD
Postcode	209948
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	SIDE SWIPE
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?	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)	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH5989T
Vehicle Make/Model/Colour	TOYOTA VELLFIRE
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


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:

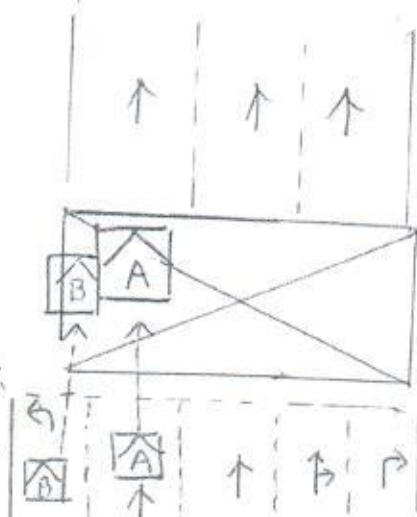
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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

SKETCH PLAN: Along Woodlands DRK 2 TOWARDS RIVERSIDE RD.



Vehicle B - SMH 5989T

LICENSE PLATE: ACCIDENT DATE & TIME:

CONTACT NUMBER: E-MAIL ADDRESS:

LOCATION:

On 19/2/2020 around 2116 hrs, Vehicle A along Woodlands Ave 2 towards Riverside Rd (lamp post 29) at lane 3 Suddenly vehicle B from lane 4 (lane 4 must turn to left) cut into vehicle A lane 3 (stright lane) and Vehicle B collided onto vehicle A left portion. No one injury.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

☐ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

DECLARATION:

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



Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel *9501*

Home

NRIC/FIN NO.:

ACCIDENT STATEMENT

Date of Accident: 19/2/2020

Time of Accident: 2116

Exact Location of Accident: Along Woodlands Ave 2 towards Riverside Rd

DETAILS OF OWN VEHICLE

Vehicle Registration Number: XD 8143M

Insured/Policyholder

Name of Registered Owner: EE HUP CONSTRUCTION PTE LTD

NRIC No: 19790 92194 K

Email Address: eehup@singnet.com.sg

Mobile Phone No: (LOCAL) +65 -

Alternative Phone No: (HOME) -

Vehicle Particulars

Manufacturer: 1SUZU

Model: FX27M

Type of Claims / Report: Own Damaged / Third Party / Reporting Only

Vehicle Category: Private / Commercial / Motorcycle / Bus / Others:

Insurance Company

Name of Insurance Company: Liberty

Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Policy Number: SD19V13185/VCH/ROO

Driver

Name of Driver: SELVARAJ SENTHIL

NRIC No: G 7706583 R

Date of Birth: 30/5/1979

Occupation: Indoor / Outdoor

Date of Driving Pass Date: 27/5/2008

Gender: Male / Female

Mobile Phone No: (LOCAL) +65 - 8234 9440

Email Address: -

Address: 22A BEATTY ROAD SG 209948

Was driver an employee of the Insured's Company: Yes / No

If No, Relationship of the Driver with the insured :

General Information of the Accident

Type of Accident :

Weather Conditions : Clear / Raining / Others :

Road Surface : Dry / Wet / Others :

Other Information

Was any foreign Vehicle involved in this accident? : Yes / No

Was any other material or property damaged? : Yes / No

Was there any video captured by Car Camera? : Yes / No *with owner*

Number of Passengers (Including Driver) : 1

Details of Police Action

Was the accident reported to the police? : Yes / No

If yes, Please state which Police Station :

Was notice of intended Prosecution given? : Yes / No

If Yes, against whom? :

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration No : SMH 5981T

Vehicle Make/Model/Colour : Toyota/Vellfire

Name of Driver :

NRIC/Passport No :

Contact No :

Address :

Insurance Company Name :

Details of Witness

Name :

Phone No :


Email Address :



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	SD19V13185 /VCH /R00
Form	MZ301A
Date Of Issue	24-OCT-2019
1. Index Mark and Registration No. of Vehicle:	XD8143M
2. Chassis number of Vehicle:	JALFXZ77MD7000009
3. Name of Policyholder:	EE HUP CONSTRUCTION PTE LTD
4. Effective date of Commencement of Insurance for the purposes of the Act:	21-OCT-2019 00:00 AM
5. Date of Expiry of Insurance:	20-OCT-2020 23:59 PM
6. Persons or Classes of Persons entitled to drive*:	
A) Whilst the vehicle is being used in connection with the Policyholder's business :- Any person provided he is in the Policyholder's employ and is driving on their order or with their permission. B) Whilst the vehicle is being used for social, domestic and pleasure purposes :- Any person who is driving on the Policyholder's order or with their permission. 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 in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.	
8. The Policy does not cover:	
A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. C) Use for the carriage of passengers for hire or reward.	
*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
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	All Claims S\$2800, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	TAN INSURANCE BROKERS PTE LTD

PLAS/-/24-OCT-19

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24-OCT-19