

NATIONAL Assessment Centre Services. part 1 Jan 05

MMA 120030092

Date In: 9/31/20 15:23	Job description	Date & Time Completed	Done by
Ref No: MA1 LIP 20003751144	SAS e-filing		
Veh No: PA 7035 J.	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/2/20 08:20	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 Fax / Hand to Owner/Wks12		

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

TP Particulars: Veh No: SLS 4283 G. 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 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	Action

MA 2001888	Invoice/Itemization Charges	Amount	Remarks
Driver/Owner:	1) AIR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
IC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Insurers' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For obtaining against UNC Only (wef 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idaho DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	0) * NS: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Coordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idaho 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	09/03/2020 15:23
Date Of Accident	26/02/2020 08:20
Exact Location Of Accident	AYE TWDS CTE B4 ALEXANDRA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7035J
Insured/Policyholder	
Name Of Registered Owner	AURORA WORLD PTE LTD
Co Reg No	2XXXXX992D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91183186

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD20V00591/VBZ/R01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAUZI YEO @YEO SWEE LEONG(YANG RUILONG)
NRIC No	SXXXX073G
Date Of Birth	13/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	26/08/1996
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91380776
Fax Number	
Contact Number	OTHERS-96207407
EEmail Address	NOEMAIL

Address	BLK 730 YISHUN ST 71 #02-43
Postcode	760730
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 - 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)	6
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 5	NAME: : UNKNOWN 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

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	SLS4283G
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

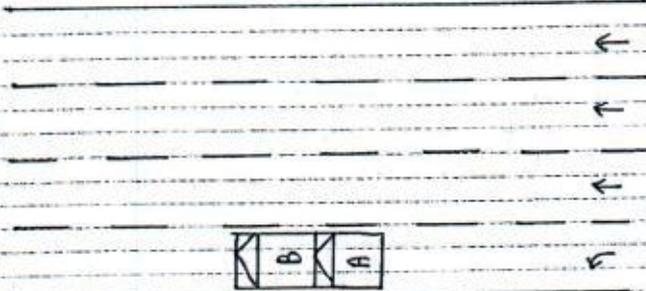
Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

Vehicle A - PA7035J
Vehicle B - SLS4283G

AYE TWOS CTE Before Alexandra Exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (PA7035J) was travelling along the stated location. As the traffic was congested, I was inching forward in a stop and go manner. Suddenly, Vehicle B (SLS4283G) jam brake, I followed suit but could not stop in time and tap onto vehicle B slightly.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten Signature]

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

[Handwritten Signature]

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

Date of Accident : 26/02/2020 Accident Time: 0820hrs (24-HR-FORMAT)

Accident Place : AYE TWDs CTE Before Alexandra Exit

Vehicle Reg. No (Car plate No.) : PA7035J Vehicle Make/Model: TOYOTA HIACE

Insurance Company : Liberty Policy No. SD20V00591 / VBZ/R01

Name of Registered Owner : Company / Individual Aurora World PTE LTD

ID of Registered Owner : Co Reg No: 201002992D Owner's NRIC No: -

Co Contact No: 91183186 Owner's Contact No: -

DRIVER'S Name : Muhammad Fauzi Yeo @ YEO SWEE LEONG DRIVER'S NRIC No: 576040734

DRIVER'S Date of Birth : 13-02-1976 DRIVER'S License Pass Date 26 Aug 1996

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ rs: -

DRIVER'S Address : APT BLK 730 YISHUN STREET 71 #02-43 SINGAPORE 760730

DRIVER'S Contact No./ Alt No. : 1) 9188 0776 2) 9620 7407

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : -

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 06 Passenger Name: Unknown Gender: M/F 1 male

Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F 4 females

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____

Injured Name: _____

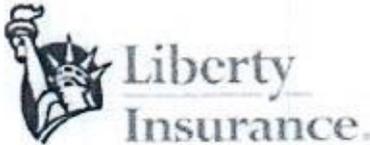
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLS42839</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



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	SD20V00591 /VBZ /R01
Form	MZ603A
Date Of Issue	08-JAN-2020
1.Index Mark and Registration No. of Vehicle:	PA7035J
2.Chassis number of Vehicle:	KDH2220031023
3.Name of Policyholder:	AURORA WORLD PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	02-JAN-2020 00:00 AM
5.Date of Expiry of Insurance:	01-JAN-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
Any person provided he is in the Policyholder's employ and is driving on their 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 only for the carriage of passengers or goods in connection with the Policyholder's business. B) Use only in the Republic of Singapore.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trials 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 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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers	
 _____ Authorised Signature	
For information only:	
COVERAGE :	Geographical Area: Singapore only,Third Party Fire & Theft
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	All Claims S\$3500,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000
FINANCE COMPANY:	TECK WEI CREDIT PTE LTD
PRODUCER NAME:	E TAY TRADING COMPANY

PLSL/09-JAN-20

S1_CI_T1_T3_OE_Template2-Ver1.

09-JAN-20