

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MHA003478

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In: 19/12-14:47     | Job description                          | Date & Time Completed | Done by |
| Ref No: HA/187200424/24  | SAS e-filing                             |                       |         |
| Veh No: PUS75X           | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A : 18/12-19:0       | 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 Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

)

TP Particulars:

Veh No: JME7147

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:

(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

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

## Invoice Preparation Checklist

Am't (\$)

In Bill

Am't (\$)

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:-

QD\*

\*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 (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 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             | 19/03/2020 14:47              |
| Date Of Accident           | 18/03/2020 19:20              |
| Exact Location Of Accident | JURONG EAST MRT PICK-UP POINT |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | PC1575X              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | AURORA WORLD PTE LTD |
| Co Reg No                   | 2XXXXX992D           |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-86994455 |
| Alternative Phone No        | OFFICE-86994455      |

### Vehicle Particulars

|  |                     |
|--|---------------------|
| Manufacturer   | TOYOTA              |
| Model  | HIACE H/ROOF 3.0 AT |
| 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                                       | REPORTING ONLY      |
| Vehicle Category   | BUS                 |

### Insurance Company

|                           |                           |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE             |
| Fleet Policy              | NO                        |
| Policy Number             | SD20V00590/VBZ/R01        |
| Cover Note Number         |                           |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | MOHD JOHARI BIN BUANG |
| NRIC No              | SXXXX264E             |
| Date Of Birth        | 21/01/1972            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 30/04/2013            |
| Driving Experience   | 6 YEARS AND 10 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-82720155  |
| Fax Number           |                       |
| Contact Number       | OFFICE-82720155       |
| EEmail Address       | NOEMAIL               |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 622B PUNGGOL CENTRAL<br>#04-270 |
| Postcode  | 822622                              |
| 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 - CHANGE/CROSS LANE |
| 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)   | 13  |

#### 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         | SME714T     |
| 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

### 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:

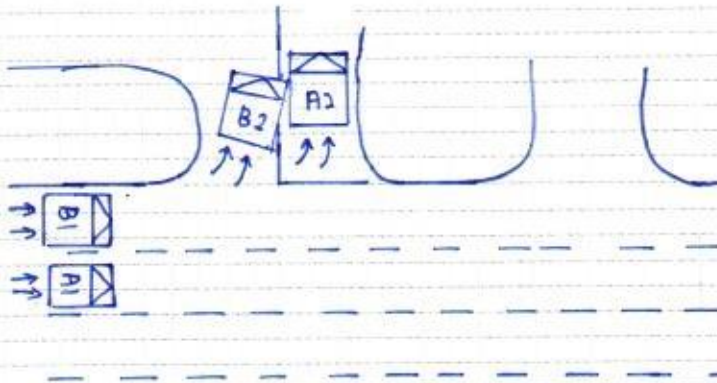
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Junung East Mt Pick-Up Point

Vehicle A - PC1575X

Vehicle B - SME714T



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (PC1575X) was travelling at the stated location. As I was turning left, vehicle B (SME714T) suddenly cut into my lane and collided onto the left portion of my vehicle causing damages.

## DECLARATION

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



Date & Time:

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

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



Date of Accident : 18/03/2020 Accident Time: 1920hrs (24-HR-FORMAT)  
 Accident Place : Jurong East MRT Pick-up Point  
 Vehicle Reg. No (Car plate No.) : PC1575X Vehicle Make/Model: Toyota Hiace  
 Insurance Company : Liberty Policy No. SD20V00590/UBZ/R01  
 Name of Registered Owner : Company / Individual Aurora World PTE LTD  
 ID of Registered Owner : Co Reg No: 2010629920 Owner's NRIC No: -  
 : Co Contact No: 8699 4455 Owner's Contact No: -  
 DRIVER'S Name : Mohd Johari Bin DRIVER'S NRIC No: S72 02 264E  
 : Buang  
 DRIVER'S Date of Birth : 21 Jan 1972 DRIVER'S License Pass Date: 10 Aug 1993  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
 DRIVER'S Address : APT BIK 622B Punggol Central #04-270 Singapore 622622  
 DRIVER'S Contact No / Alt No. : 1) 8272 0155 2) \_\_\_\_\_  
 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): 13 Passenger Name: Unknown Gender: M/F  
 Was the accident reported to the police? YES \ NO Passenger Name: \_\_\_\_\_ Gender: M/F  
 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>SME 714T</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



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)

|  |   |
|--|---|
| <b>Certificate No</b>  | SD20V00590 /VBZ /R01  |
| <b>Form</b>  | MZ603A  |
| <b>Date Of Issue</b>   | 08-JAN-2020   |
| <b>1.Index Mark and Registration No. of Vehicle:</b>   | PC1575X   |
| <b>2.Chassis number of Vehicle:</b>  | JTFST22P500016630   |
| <b>3.Name of Policyholder:</b>   | AURORA WORLD PTE LTD  |
| <b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>   | 02-JAN-2020 00:00 AM  |
| <b>5.Date of Expiry of Insurance:</b>  | 01-JAN-2021 23:59 PM  |
| <b>6.Persons or Classes of Persons entitled to drive*:</b>   | <p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>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.</p> <p>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> |
| <b>7.Limitations as to use*:</b>   | <p>A) Use only for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use only in the Republic of Singapore.</p>   |
| <b>8.Policy does not cover:</b>  | <p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>  |
| <p>*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.</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.</p>   |   |
| <p style="text-align: right;">For and on behalf of<br/><b>LIBERTY INSURANCE PTE LTD</b><br/>Approved Insurers</p> <p style="text-align: right;"><br/>_____<br/>Authorised Signature</p>   |   |
| <p><b>For Information only:</b></p> <p><b>COVERAGE :</b> Geographical Area: Singapore only, Windscreen Cover (No Reinstatement allowed), Comprehensive</p> <p><b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS</p> <p><b>EXCESS:</b> Section I S\$3500, Section II S\$3500, Additional Excess - All Claims - Young, Elderly &amp; Inexperienced Drivers S\$3000, Windscreen Limit S\$1500 - Excess S\$200</p> <p><b>FINANCE COMPANY:</b> MOTOR CREDIT PTE LTD</p> <p><b>PRODUCER NAME:</b> E TAY TRADING COMPANY</p> |   |

PLSLI-/09-JAN-20

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

09-JAN-20