

# NATIONAL Assessment Centre Services

[ver 1 Jan 2013]

MNA 120036315

Date In: 24/3/20 17:37	Job description	Date & Time Completed	Done by
Ref No: MA1 LIP2000 4460/h4	SAS e-filing		
Veh No: GBB 8138A	E-mail (within 2hrs, A/C 2hrs)		
IP A: 23/3/20 18:15	I-Motor Claim Form		
OD: (P) Reporting Only	I-Motor W/O (within OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
IP Particulars:	Veh No: YM 6822 R	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	Actions

MA 2002197

Claimants Particulars:	Invoice Particulars	Amount (\$)	Balance (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claimants against INC Only (wef 10 Jan 2013)		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*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 (Inc-INC) against INC \$20		
	9) N12: Idea Mobile \$0		
	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	24/03/2020 17:37
Date Of Accident	23/03/2020 18:15
Exact Location Of Accident	OPEN SPACE CARPARK BEHIND BLK 68 GEYLANG BAHRU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8138A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM POH MACHINERY TRADING PTE LTD
Co Reg No	1XXXXX054E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97880138

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI19V11879/VCV/R01
Cover Note Number	

### Driver

Name of Driver	LOW LI WEN GILLIN
NRIC No	SXXXX791G
Date Of Birth	12/06/1987
Occupation	INDOOR
Date Of Driving Pass	16/01/2006
Driving Experience	14 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92990138
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	64 MULBERRY AVE
Postcode	348404
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	AFTER RAINED
Road Surface	WET

#### 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?	YES
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

REFER TO STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM6822R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO GEOK LIN
NRIC/Passport Number	SXXXX401D
Contact Number	97898159
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LOW LI WEN GILLIN
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Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB8138A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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.

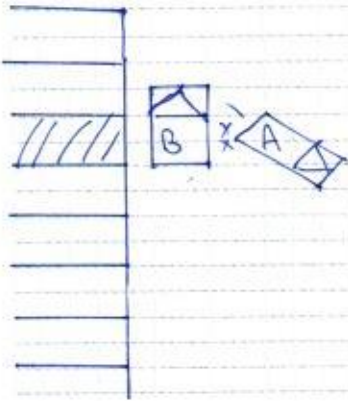


Policyholder's Signature  
Date & Time:

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

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

### SKETCH PLAN



A = GBB 8138A

B = YM 6822 R.

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time & date, I was travelling along the  
stated venue. When I was able to reverse into the lot  
My Veh was stationary position. A lorry came from  
opposite direction try to squeeze thru and hit  
onto my veh right rear portion.

### DECLARATION

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

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.:



Date of Accident : 23/03/2020 Accident Time: 1815 (24-HR-FORMAT)  
 Accident Place : OPEN SPACE CARPARK Behind Blk 68 Geylang Bahru  
 Vehicle Reg. No (Car plate No.) : G888138A Vehicle Make/Model: Mercedes Vito  
 Insurance Company : Liberty Policy No. S119V11879/VCV/R01  
 Name of Registered Owner : Company / Individual LIM POH Machinery Trading Pte Ltd  
 ID of Registered Owner : Co Reg No: 198404054E Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: \_\_\_\_\_  
 DRIVER'S Name : Low Li Wen Gillin DRIVER'S NRIC No: S8716791G  
 DRIVER'S Date of Birth : 12/06/87 DRIVER'S License Pass Date: 16/01/06  
 Relationship bet. Owner & Driver : Spouse \ Parents (Children) Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 64 Mulberry Ave (S) 348404  
 DRIVER'S Contact No. / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : gillinlow@gmail.com  
 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): 01 Passenger Name: \_\_\_\_\_ 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: Low Li Wen, Gillin  
 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>YM6822R</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: <u>Teo Geok Lin</u>	Name DRIVER: _____
IC No. DRIVER: <u>S1195401D</u>	IC No. DRIVER: _____
DRIVER'S Contact & add: <u>97898159</u>	DRIVER'S Contact & add: _____

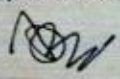
Other Party Driver's Particulars (if any)

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: _____



### 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>	SI19V11879 /VCV /R01
<b>Form</b>	MZ300A
<b>Date of Issue:</b>	26-Sep-2019
<b>1. Index Mark and Registration No. of Vehicle:</b>	GBB8138A
<b>2. Chassis number of Vehicle:</b>	WDF63960323470957
<b>3. Name of Policyholder:</b>	LIM POH MACHINERY TRADING PTE LTD
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	06-OCT-2019 00:00
<b>5. Date of Expiry of Insurance:</b>	05-OCT-2020 23:59
<b>6. Persons or Classes of Persons entitled to drive*:</b>	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.
<b>7. Limitations as to use*:</b>	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.
<b>8. The Policy does not cover:</b>	A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing or 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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE:</b>	Third Party Fire & Theft
<b>SUM INSURED (\$\$):</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS (\$\$):</b>	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	NG KWEE HONG