

NATIONAL Assessment Centre Services. (ver 1 Jan 2005) MMA 120050123-01

Date In: 8/6/20 11:33	Job description	Date & Time Completed	Done by
Ref No: NA/LIP 20006417164	SAS e-filing		
Veh No: SLV 2579B	E-mail (within 3hrs, AIG 2hrs)		
DDA: 6/6/20 17:20	I-Motor Claim Form		
(P) 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/Wksp		

Preferred Wksp / INC Assgn Wksp / OW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SLH 6773D	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 repolar.

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

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

Remarks:	INC () / Non-INC ()	State and Country:	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

NA2003207		Invoice Preparation Checklist		Am (S)	Am (S)
Client's Particulars:		1) AR: Accident Reporting (\$30)		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$40)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (ver 10 Jan 2005)			
Ref: 1:		6) TR: Re-inspection \$75			
Ref: 2:		7) NI: Idas DA + SMRT Survey \$160			
Ref: 3:		8) NTUC Additional Services:			
		QN:			
		*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: Idas 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	08/06/2020 11:33
Date Of Accident	06/06/2020 17:20
Exact Location Of Accident	ALONG LORONG 17 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2579B
Insured/Policyholder	
Name Of Registered Owner	OWESOME RENTALS PRIVATE LIMITED
Co Reg No	2XXXXX835N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93632657

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V07517/VPZ/R01
Cover Note Number	

Driver

Name of Driver	TAN LEE TECK PETRIE
NRIC No	SXXXX468H
Date Of Birth	03/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1997
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-93669793
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 547B SEGAR RD #06-11
Postcode	672547
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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH6773D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BRANDON ANG LAY KONG @ ARIF ANG ABDULLAH
NRIC/Passport Number	SXXXX095J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN LEE TECK PETRIE
------	---------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK N BACK

SLV2579B

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature

Date / time:

Driver's signature

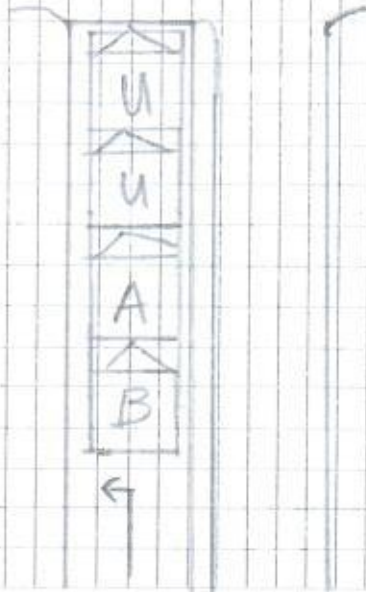
(if driver is not policy holder)

Date / time:

reporting centre personnel's Signature

Date / time:

SKETCH PLAN



Veh A: SLV 2579B
 Veh B: SLH 6773D
 Veh U: UNKNOWN
 Vehicle.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6th June 2020 around 05:20pm, I was stationary
 along Lorong 17 Geylang. The road was congested, suddenly
 Veh B (SLH 6773D) collided onto the rear portion of my
 vehicle.

DECLARATION

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



Policy holder's signature
 Date & time:

Peter

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

[Signature]

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
Date of accident	06/06/2020. (DD/MM/YY)
Time of accident	05:20 pm (HH:MM)
Exact location of accident	Along Lorong 17 Geylang

DETAILS OF VEHICLE	
Vehicle registration number	SLV 2579B
Vehicle make and model	Toyota Estima
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	Liberty
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	Owesome Car Rentals Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	201701835N
Contact	9363 2657 (Augustine Yew)
Address	183 Jalan Pelikat #01-10 The promenade @ pelikat S(537643)

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)
Name	Tan Lee Teck Petrie Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7516468H
Contact	9366 9793
Address	Blk 547B Segar road #06-11 S(672547)
Email address	
Date of birth	03/06/1975
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	30/06/1997

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Hiver</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>1</u> (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SLH 6773 D
Vehicle make model	Toyota Harrier.
Name	Brandon Ang Lay Kong @ Arif Ang Abdullah.
NRIC / Fin / Passport number	S18030955
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	Tan Lee Teck Petne
Injuries sustained	Neck & Back
Which vehicle person in?	Driver
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>


INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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	SD19V07517 /VPZ /R01										
Form	MZ406C										
Date Of Issue	14-JUN-2019										
1.Index Mark and Registration No. of Vehicle:	SLV2579B										
2.Chassis number of Vehicle:	ACR507060585										
3.Name of Policyholder:	OWESOME RENTALS PRIVATE LIMITED										
4.Effective date of Commencement of Insurance for the purpose of the Act:	17-JUN-2019 00:00 AM										
5.Date of Expiry of Insurance:	16-JUN-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: <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>Section I S\$1500, Section II S\$2000, Windscreen Excess S\$100</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>GENIE FINANCIAL SERVICES PTE LTD</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>SC ALLIANCE PTE LTD</td> </tr> </table>		COVERAGE :	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Section I S\$1500, Section II S\$2000, Windscreen Excess S\$100	FINANCE COMPANY:	GENIE FINANCIAL SERVICES PTE LTD	PRODUCER NAME:	SC ALLIANCE PTE LTD
COVERAGE :	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)										
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS										
EXCESS:	Section I S\$1500, Section II S\$2000, Windscreen Excess S\$100										
FINANCE COMPANY:	GENIE FINANCIAL SERVICES PTE LTD										
PRODUCER NAME:	SC ALLIANCE PTE LTD										

PLSLI-14-JUN-19

S1_CI_T1_T3_OE_Template2-Ver1.

14-JUN-19

IMPORTANT NOTE: Please submit the completed Accidentum form to the Authorized Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON/MA (IN THE AMENDMENTS):

Original Report No: MNA120050123 Vehicle Registration No: SLV2579B
 Name (as shown in NRIC): Awesome Car Rentals NRIC/FIN/Passport No: 201701835N
 ("Vehicle Driver / Vehicle Owner / etc") Please delete as appropriate @ Pelikat
 Address: 183 Jalan Pelikat #01-10 The promenade, Singapore 537643
 Contact (Tel): 9363 2657 Mobile No.: _____
 Email Address: _____
 Date of Accident: 06/06/2020 Time of Accident: 05:20 pm
 Place of Accident: Along Lorong 17 Geylang
 Insurance Company: Liberty

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

change of sketch plan.

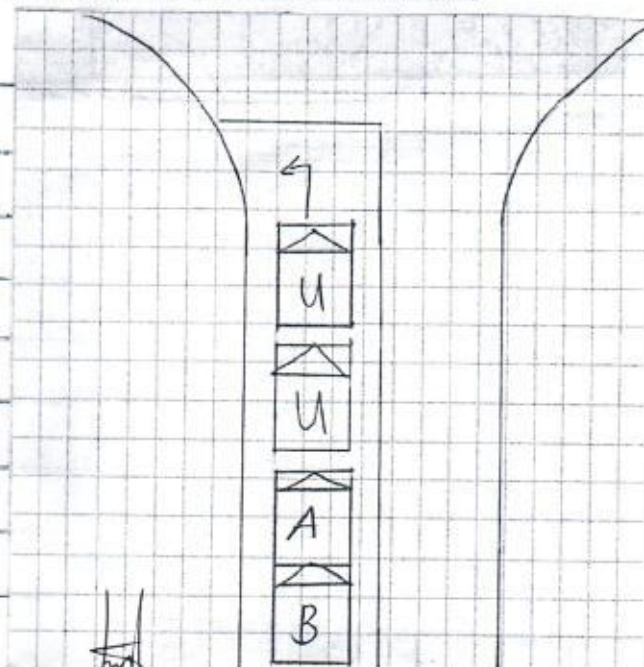
Veh A: SLV2579B

Veh B: SLH 6773D

Veh u: unknown vehicle



Policyholder / Driver's Signature
 Date:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

9/6/20