

NATIONAL Assessment Centre Services.

Ref: 1 Jan 2003

MA/20052854

Date In: 20/06/2020 12:03	Job description	Date & Time Completed	Done by
Ref No: MA/UP20006475/Y	SAS e-illing		
Veh No: SMH 1786M	E-mail (Wjula Sur, AIC Sur)		
DOA: 19/06/2020 15:30	I-Motor Claim Form		
OID: 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/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKW 5396Z	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() 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: _____

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PF: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2003)	\$75
	6) TR: Re-Jamotion	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Service	
	ON:	
	*NS: Courtesy Car / Tpt Allowance	\$3
	*NG: Repairs Coordination	\$10
	*NT: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$3
	TE (NI): TPR on INC against D+G	\$30
	9) NI: Idea 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	20/06/2020 12:03
Date Of Accident	19/06/2020 15:30
Exact Location Of Accident	ESSO PUMP STATION AT 50 WOODLANDS AVE 1(739066)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1786M
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE MOBILITY CORPORATION PTE.LTD.
Co Reg No	2XXXXX234Z
Email Address	HENGKOKCHIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86553692
Alternative Phone No	OFFICE-92324532

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V00542/VPZ/R00
Cover Note Number	

Driver

Name of Driver	LIM CHIEW POH
NRIC No	SXXXX324J
Date Of Birth	31/03/1963
Occupation	INDOOR
Date Of Driving Pass	01/03/1999
Driving Experience	21 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86553692
Fax Number	
Contact Number	OTHERS-92324532
EMail Address	HENGKOKCHIN@HOTMAIL.COM

Address	BLK 538 WOODLANDS DRIVE 16 #05-147
Postcode	730538
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : HENG KOK CHIN GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW5396Z
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL RAHIM BIN KAMARUDIN
NRIC/Passport Number	SXXXX078D
Contact Number	93372752
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

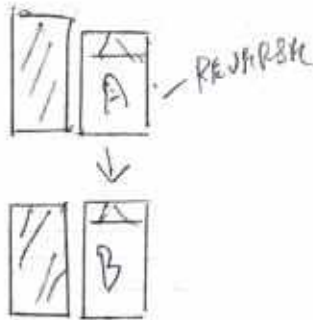
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: *Koh L. W. H. H.*
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While at the petrol kiosk, my car reversed slightly to get into a better position for pumping petrol. Accidentally bumped into a car at the back. No injuries sustained.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 06 / 2020) (DD/MM/YYYY), TIME: (15:30) (HH:MM)

LOCATION: 50 Woodlands Ave 1, Singapore 739066

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH1788M
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Vios 1.5E (Auto)
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Singapore Mobility Corporation Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Chiew Poh (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S255324J CONTACT: 86553602
c) ADDRESS: Woodlands Dr. 16 Bldg 558 H05-147 S(730533)

* d) DATE OF BIRTH: (31 / 03 / 1963) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 21

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hired

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS

b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKW 5396Z MODEL: BMW
b) DRIVER'S NAME: ABDUL RAHIM BIN KAMARUDIN
c) NRIC/FIN/PASSPORT: S9203078D CONTACT: 93372752

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = hengkokchim@hotmail.com

fax =

video =

Heng Kok Chim
92324532

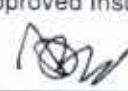
No of passengers
(including driver)
(2)

No of passengers
(including driver)
()

No of passengers
(including driver)
()

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	SD20V00542 /VPZ /R00
Form	MZ406C
Date Of Issue	08-JAN-2020
1.Index Mark and Registration No. of Vehicle:	SMH1786M
2.Chassis number of Vehicle:	MR2B23F3801158062
3.Name of Policyholder:	SINGAPORE MOBILITY CORPORATION PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-JAN-2020 00:00 AM
5.Date of Expiry of Insurance:	31-DEC-2020 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</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>	
7.Limitations as to use*:	
<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>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.</p>	
8.Policy does not cover:	
<p>A) Use for racing, pace-making, reliability trial 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>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <hr/> Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$2000, Section II S\$1500, Windscreen Excess S\$100
FINANCE COMPANY:	OVERSEA-CHINESE BANKING CORPORATION LTD
PRODUCER NAME:	VENTURE CREDIT PTE LTD

PLCS-/09-JAN-20

S1_CL_T1_T3_OE_Template2-Ver1

09-JAN-20

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.: SMH1786M
Vehicle Type: R10 - Private Hire (Self-Drive) Motor Car Vehicle Scheme: Normal
Vehicle Attachment 1: No Attachment
Vehicle Attachment 2: - Vehicle Attachment 3: -
Vehicle Make: TOYOTA
Vehicle Model: VIOS 1.5 E (AUTO)
Chassis No.: MR2B23F3801158062
Engine No.: 2NR5299698
Motor No.: -
Trailer Chassis No.: -
Propellant: Petrol
Passenger Capacity: 4
Engine Capacity: 1496 cc
Power Rating: -
Maximum Power Output: 79.0 kW (105 bhp)
Unladen Weight: 1085 kg
Primary Colour: Silver
Maximum Laden Weight: 1550 kg
Secondary Colour: -
First Registration Date: 15 Jan 2019
Original Registration Date: 15 Jan 2019
Manufacturing Year: 2018
Open Market Value: \$13,781.00
PARF Eligibility: Yes
Minimum PARF Benefit: \$6,890.00
No. of Transfers: 0
Additional Registration Fee Rate: First \$13,781.00 (100%)
Actual ARF Paid: \$13,781.00

Owner Particulars

Owner Name: SINGAPORE MOBILITY CORPORATION PTE LTD.
Owner ID Type: Company
Owner ID: 200603234Z
Registered Address Type: Private Residential (non-Condo Apt / non-House)
Registered Block/House No.: 20
Registered Street Name: CHANGI NORTH CRESCENT
Registered Unit No.: # 03 - 00
Registered Building Name: VICOM VEHICLE INSPECTION CENTR
Registered Postal Code: 499613
COE No. / Expiry Date: 2018110101003064K / 14 Jan 2029
COE Bid Category: A - Car up to 1600cc & 97kW (130bhp)
QP Paid: \$25,556.00

Transaction Details

Business Transaction Ref. No.: 20190115092549948003
Business Transaction Date: 15 Jan 2019
Business Transaction Time: 09:25:49

Message

The above vehicle has been successfully registered.

Please note that \$29,898.00 will be deducted from your GIRO account.

OK

Save as PDF