

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MHA20058050**

Date In: 4/12-09:10	Job description	Date & Time Completed	Done by
Ref No: HA/1P20007/139/24	SAS e-filing		
Veh No: SM71998E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 8/12-11:00	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: HA 1370A	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

HA2007638	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	OD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (N-in INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	09/07/2020 09:10
Date Of Accident	08/07/2020 11:00
Exact Location Of Accident	JUNC ROCHOR RD & VICTORIA ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT1998E
Insured/Policyholder	
Name Of Registered Owner	OW PENG KIONG
NRIC No	SXXXX400E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96692000
Alternative Phone No	OFFICE-96692000

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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	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	SD20V02375/VPL/R0
Cover Note Number	

Driver

Name of Driver	OW PENG KIONG
NRIC No	SXXXX400E
Date Of Birth	19/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1983
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96692000
Fax Number	
Contact Number	OFFICE-96692000
Email Address	NOEMAIL

Address	BLK 528 HOUGANG AVENUE 6 #10-235
Postcode	530528
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1370A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH EK HUA
NRIC/Passport Number	
Contact Number	97695511
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	OW PENG KIONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMT1998E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

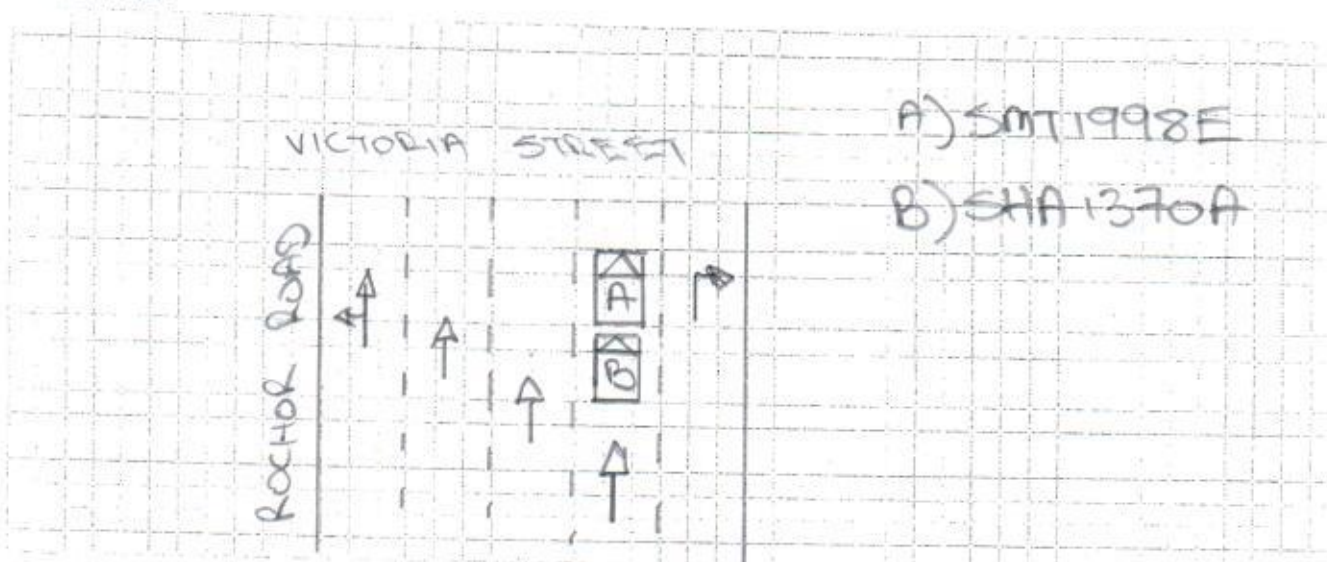
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 08 JULY 2020 (A ABOUT 1100HRS, MY VEH WAS STATIONARY AT THE TRAFFIC JUNCTION OF ROCHOR ROAD AND VICTORIA STREET DUE TO THE TRAFFIC LIGHT WAS RED. WHEN THE TRAFFIC LIGHT TURNS GREEN, MY VEH STARTS TO MOVE AND SUDDENLY I FELT AN IMPACT ON THE REAR PORTION OF MY VEH.

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.:



HS AUTOMOTIVES PTE LTD

BIK 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivespl@gmail.com

VEHICLE NO: SMT1998E MAKE/MODEL: HONDA SHUTTLE

DATE OF ACCIDENT 08/07/2020 TIME 11 HR 00 MIN (AM) PM
DAY/MONTH/YEAR

LOCATION OF ACCIDENT JUNCTION OF ROCHER ROAD & VICTORIA ST

EXACT PURPOSE USE DURING ACCIDENT WORK

CAR OWNER

NAME OF CAR OWNER OW PENG KIONG

CONTACT NO 96692000

NRIC S1550400E

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY LIBERTY

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO _____

ACCIDENT DRIVER ☒ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER _____

NRIC _____ NO OF PASSENGER/S 0

DATE OF BIRTH 19.12.1962

OCCUPATION SELF-EMPLOYED ☒ OUTDOOR ☐ INDOOR

DATE OF DRIVING PASS 19/01/1988

GENDER ☐ MALE ☐ FEMALE

CONTACT NO _____

ADDRESS BLK 528 HOUGANG AVE 8 #10-235 S(530528)

DRIVER OWN ANY VEHICLE: NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: _____

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____

ROAD SURFACE ☒ DRY ☐ WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: OW PENG KIONG

CONTACT NO _____

POLICE REPORT ☒ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES

3RD PARTY INFO

VEHICLE B NO SHA1370A NO OF PASSENGER/S ☐ UNKNOWN

NAME GOH EK HUA

CONTACT NO 97695511

VEHICLE C NO _____ NO OF PASSENGER/S ☐

VEHICLE D NO _____ NO OF PASSENGER/S ☐

VEHICLE E NO _____ NO OF PASSENGER/S ☐

VEHICLE F NO _____ NO OF PASSENGER/S ☐

ANY WITNESS _____

WITNESS CONTACT NO _____



**Liberty
Insurance.**

The Schedule

Liberty Insurance Pte Ltd

Registration no. 199002791D


31 Club Street

#03-00 Liberty House

Singapore 069428

Tel: (65) 6221 8611 Fax: (65) 6226 3360

website: <http://www.libertyinsurance.com.sg>

Class of Policy CAR FOR HIRE (Comprehensive)		Policy No. SD20V02375 / VPL / R0	
The insured OW PENG KIONG 528 HOUGANG AVENUE 6 #10-235 SINGAPORE 530528 Profession or Business: Period of Insurance: From 25 FEB 2020 00:00 TO 24 FEB 2021 23:59 both days inclusive Excess Section I (Singapore) - S\$2000 Section I (Outside Singapore) - S\$4000 Section II (Singapore) - S\$1500 Section II (Outside Singapore) - S\$3000 Windscreen Excess - S\$100 Hire Purchase Owner/Leasing Company UNITED OVERSEAS BANK LIMITED Named Drivers: OW PENG KIONG		Replacing No. Account No. A1451 (UBER) Registration No. SMT1998E Make / Model HONDA SHUTTLE 1.5G CVT Type of Body STATION WAGON Capacity/Tonnage 1496 C.C Seating capacity including driver 5 Year of Manufacture/Registration 2019/2020 Engine No. L15B6020436 Chassis No. GK82100355 Sum Insured Market value at the time of loss Extra Coverage Unlimited Windscreen SGD 00.0 PHV Extension (Geographical Area: Singapore only) SGD 00.0	
Subject to the following operative endorsements attached: V0001 V0010 V0011 V0012 V0013 V0045 V0095 V0097 V0132 V0153 V0224 V0233 V0281 V0311 Z011			
The Policy's Premium		(SINGAPORE DOLLAR)	
Basic Premium 2,589.90	NCB NIL	Fleet / Other Disc .00	Good Driver Discount 0.00 (0.00%)
Extra Premium 0.00	Sub Total 2,589.90	GST 181.29 (7.00)	Stamp duty NIL
		Total Premium Payable 2,771.19	
This Schedule replaces any previous Schedule. This Schedule and Policy are to be read together as one contract. Person or classes of persons entitled to drive and limitations as to use, are as specified in the Certificate of Insurance issued in relation to this policy. PLYW / PLYW I20200708		Signed in SINGAPORE on 26 FEB 2020 for and on behalf of LIBERTY INSURANCE PTE LTD  Authorised Signature	
		SCHEME: UBER	