NATIONAL Assessment Centre Services. [ref 1 Jun'08] NMA2006825

	Job description	Date & Time Completed	Done by
Date In: 12/08/2020 16:13	SAS e-filing		
Ref No: NBBMP80008336/4	E-mail (Within 4hrs, AIC 2hrs)		
Veh No: SMJ 1045E	I-Motor Claim Form		
D.O.A: 12/08/2020 07:47	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	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: SHD 3106B 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%. F: 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 repairer.**

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

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

		Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

NA2004144

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

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 Jun 2020)		
6) TR : Re-Inspection	$75	
7) NI : Idea DA + SMRT Survey	$160	
8) NTUC Additional Services:-		
OD:		
*N5: Courtesy Car / Tpt Allowance	$3	
*N6: Repair Co-ordination	$10	
*N7: Post Repair Inspection	$25	
*N8: DV / Collect Excess Coordination	$5	
TP (N11): TP (Non INC) against Insd	$10	
9) N12: Idea 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 witholding 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	12/08/2020 16:13
Date Of Accident	12/08/2020 07:45
Exact Location Of Accident	COMMONWEALTH AVE WEST TOWARDS HOLLAND DR MARKET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT1045E
Insured/Policyholder	
Name Of Registered Owner	F.K.T. TRANSPORT
Co Reg No	-
Email Address	FRANCIS.TANFK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90939131
Alternative Phone No	OFFICE-90939131
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	C0104700
Driver	
Name of Driver	TAN FUEY KUANG (CHEN HUIGANG)
NRIC No	SXXXX162I
Date Of Birth	12/02/1975
Occupation	OUTDOOR
Date Of Driving Pass	10/08/1994
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90939131
Fax Number	
Contact Number	OTHERS-90939131
EMail Address	FRANCIS.TANFK@GMAIL.COM

Address	BLK 10 TOH YI DRIVE #02-351
Postcode	590010
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	AFTER RAIN
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: : SON 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3906B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM SONG KING
NRIC/Passport Number	SXXXX483D
Contact Number	97207773
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.

E.K.T TRANSPORT

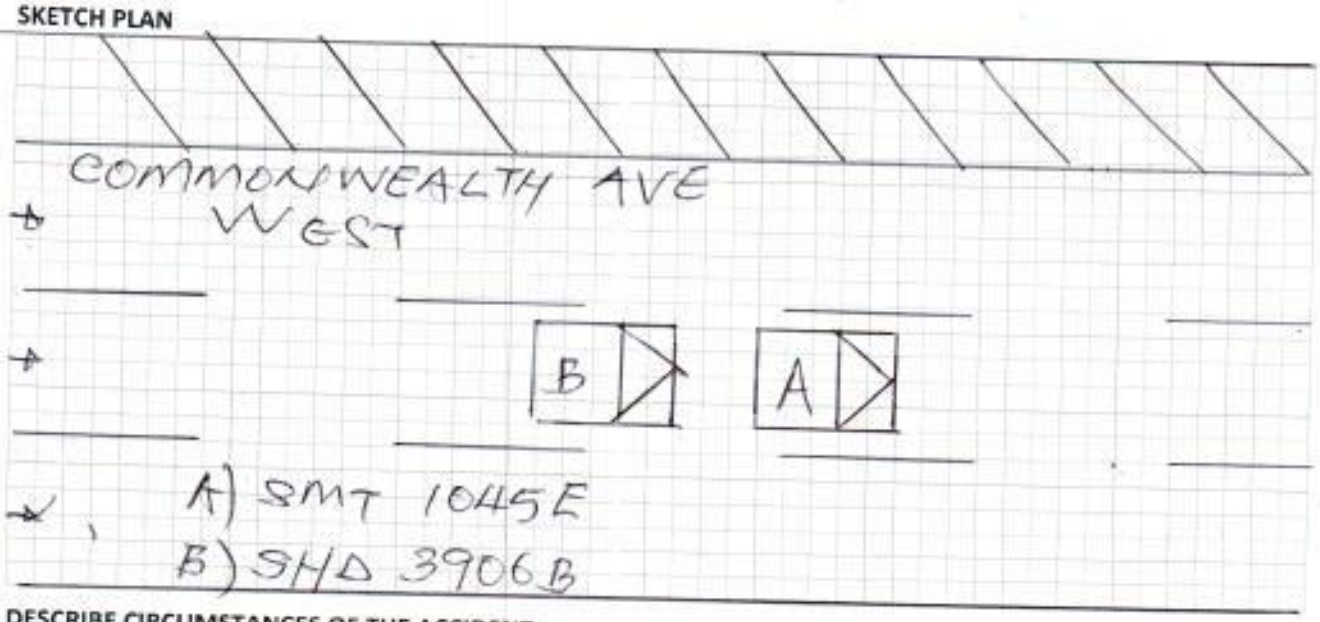
Policyholder's Signature
Date & Time:

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

12/08/2020

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

SKETCH PLAN



A) SMT 1045E
B) SHD 3906B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had slowed down as front taxi had slowed down suddenly a taxi from the rear bumped into my car.

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:

12/08/2022

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

[illegible]

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please try to quantify the details of the accident to speed up the claim process.
2. This Form must be submitted 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 void the policy liability.
4. Submission and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. All false statements may be reported to the Police for investigation.
6. This report will be forwarded for the purpose of the GIA Records Management Centre established by the General Insurance Association of Singapore. Certified true copies of this report will, on a fee, be made available upon application by interested parties. By submitting 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 to interested parties.

ACCIDENT STATEMENT

Date Of Accident	
Time Of Accident	12/8/20 07.45am
Place/Location Of Accident	along commonwealth ~~Road~~ Ave next Twds Holland Drive market
Road/State of Road	

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT1045E
Vehicle Registered Under	
Name Of Registered Owner	F.K.T. Transport
ID Type/No	
Email Address	
Mobile Phone No	
Alternative Phone No	
Vehicle Particulars	
Manufacturer	Toyota
Model	Sienta
State Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	TP
If No, Please state action to be taken	
Vehicle Category	
Insurance Company	
Name Of Insurance Company	Liberty Insurance
Type Of Coverage	comprehensive
Policy Period	
Policy Number	C0104700
[illegible]	
Driver	
Name Of Driver	Tan Fuey Kuang (CHAN HUI GOUH)
NRIC No	S7503162I
Date Of Birth	12/07/1975
Occupation	
Date Of Driving Pass	10/08/1994
Driving Experience	
Gender	
Mobile Number	francis.tanfk@gmail.com
Fax Number	
Contact Number	90939137
Email Address	

BLK 10 Toh Yi DRIVE
#02-351
(590010)

Address	
Postcode	
Was Driver an employee of the Insured's Company	Yes.
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	
Weather Conditions	Wet.
Road Surface	
Traffic Conditions	
Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	
Was any other material or property damaged?	
I have been approached by unknown person(s) soliciting/offering accident claims assistance	
Number of Passengers (including Driver)	2 / son
Details of Police Action	
Was the accident reported to the police?	
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	
If Yes, by/to 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?	Yes.
Remarks/Reasons	

DETAILS OF OTHER VEHICLE/PROPERTY

Vehicle Registration Number	SH D 3906B
Vehicle Make/Model/Colour	Comfort Delgro Blue Ty.
Details Of Properties	
Name of Driver	Lim Song King.
NRIC/Passport Number	S1807483D.
Contact Number	9770 7773.
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (including Driver)	
Contact of Witness	
Name	
Phone Number	
Email Address	

...S INSURANCE AGENCY PTE LTD (A1206)

Date of Issue:
26 Mar 2020

Cover Note No.:
C0104700

Quotation/ Proposal/ Policy No.:
EMAIL - PRIVATE HIRE

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

$2962.94

Details of Schedule

Name of Insured:	F.K.T TRANSPORT
Period of Insurance:	From: 27 Mar 2020 00:00 To: 26 Mar 2021 23:59
Registration No.:	SMT1045E
Make and Model:	TOYOTA SIENTA HYBRID 7-SEATER 1.5X CVT
Type of Body:	MPV
Capacity/Tonnage:	1496
Year of Manufacture/Registration:	2019/2020
Chassis No.:	NHP170Y187326
Engine No.:	1NZR765886
Sum Insured:	MARKET VALUE AT TIME OF LOSS
Name of Finance Company:	GENIE FINANCIAL SERVICES PTE LTD
Type of Plan:	Comprehensive
Excess:	WITHIN SINGAPORE: S$3,500 SECTION I, S$3,000 SECTION II OUTSIDE SINGAPORE: S$7,000 SECTION I, S$6,000 SECTION II $100 WINDSCREEN EXCESS (WINDSCREEN WILL BE AUTOMATICALLY REINSTATED FREE OF CHARGE) COMPREHENSIVE FOR PRIVATE HIRE SERVICES: RESTRICTED TO TAN FUEY KUANG ONLY GEOGRAPHICAL AREA : SINGAPORE ONLY FOR SOCIAL, DOMESTICS AND LEISURE PURPOSES, DRIVERS MUST BE BETWEEN 25 AND 69 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE.

The Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987, Road Transport (Amendment) Act 2019, The Motor Vehicles (Third Party Risks) Rules, 1959 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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.

Not valid unless counter-signed by authorized person.

Date: 26 Mar 2020 12:26

For and on behalf of
LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.