

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

NA2004370

Date In: 29/12-16:07	Job description	Date & Time Completed	Done by
Ref No: NA/UP2229154/24	SAS e-filing		
Veh No: 344619C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/12-17:55	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: 344619C	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

NA200461V	Invoice Preparation Checklist	Am't (\$) Inc 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:-		
	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
Dat 1:	Invoice dated	Fee Charged	
Dat 2 / 3:			



## 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	29/08/2020 16:07
Date Of Accident	29/08/2020 13:55
Exact Location Of Accident	100 GUILLEMARD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH6193C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	2XXXXX531R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V13452/VPZ/R00
Cover Note Number	

### Driver

Name of Driver	TAN SWEE LENG MRS LEE SWEE LENG
NRIC No	SXXXX522B
Date Of Birth	14/02/1969
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1992
Driving Experience	28 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83886969
Fax Number	
Contact Number	OFFICE-83886969
Email Address	NOEMAIL

Address	14 JALAN PERNAMA
Postcode	499259
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	RAINING
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	SJA5522D
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA HENG LENG
NRIC/Passport Number	SXXXX446H
Contact Number	90291647
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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.

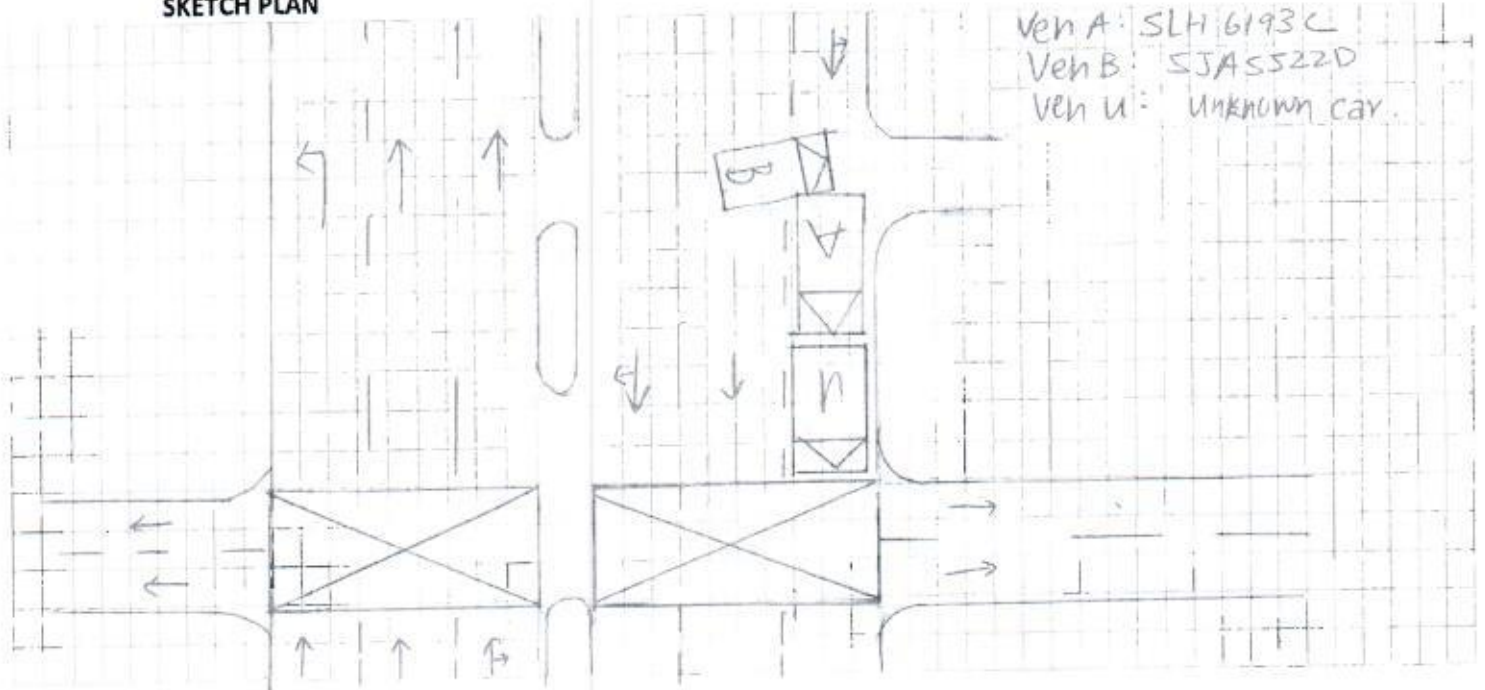


Policy holder's signature  
Date / time:

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

reporting centre personnel's Signature  
Date / time:

# SKETCH PLAN



Veh A: SLH 6193C  
 Veh B: SJA5522D  
 Veh U: UNKNOWN CAR

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 29<sup>th</sup> August 2020 at about 1355hrs, I was travelling along 100 Guillemard Rd. I was stationary waiting for the unknown car in-front of me to move off. In the midst of waiting, I felt an impact coming from the rear right side portion of my vehicle. When I came down, I realised that Vehicle B (SJA5522D) front right portion collided onto my vehicle while trying to turn right.

## DECLARATION

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



Policy holder's signature  
 Date & time:

*[Signature]*  
 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	29 / 08 / 2020 (DD/MM/YY)
Time of accident	1355 (HH:MM)
Exact location of accident	Along 100 Guillemard Rd

DETAILS OF VEHICLE	
Vehicle registration number	SLH 6193 C
Vehicle make and model	Toyota Wish
Type of vehicle	Saloon <input type="checkbox"/> MPV <input checked="" 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	SD19V13452 / VPZ / R00
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	EHB Limousine Pte Ltd. Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	
Contact	
Address	

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)	
Name	Tan Swee Leng Mrs Lee Swee Leng	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	56905522B	
Contact	8388 6969	
Address	14 Jalan Pernama S(499259)	
Email address		
Date of birth	14 / 02 / 1969	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	30 / 01 / 1992	



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>Hirer</u>		
Accident captured by camera?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/>	Raining <input checked="" type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/>	Wet <input type="checkbox"/>
No of passenger	1 (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 type="checkbox"/>	No <input checked="" 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	SJA 5522D
Vehicle make model	Honda Vezel
Name	Chia Heng Leng
NRIC / Fin / Passport number	S7610446H
Contact	9029 1647.

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		
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 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"/>

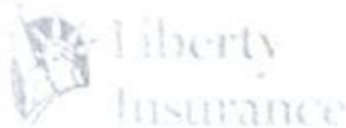
INJURED PERSON 3		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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"/>





Liberty Insurance Pte Ltd  
Registration no. 199002791D  
51 D'Almeida Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6215 6892  
Website: <http://www.libertyinsurance.com.sg>

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1962  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 (MALAYSIA)

<b>Certificate No</b>	SD19V13452 /VPZ /R00
<b>Form</b>	MZ406C
<b>Date Of Issue</b>	01-NOV-2019
<b>Index Mark and Registration No. of Vehicle</b>	SLH6103C
<b>Chassis number of Vehicle</b>	JTDGG20W00J005770
<b>Name of Policyholder</b>	EHS LIMOUSINE PTE LTD
<b>Effective date of Commencement of Insurance</b>	01-NOV-2019 00:00 AM
<b>Time purpose of the Act</b>	
<b>Date of Expiry of Insurance</b>	31-OCT-2020 23:59 PM
<b>Persons or Classes of Persons entitled to drive:</b>	
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 to that effect 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>Limitations as to use:</b>	
Use for carriage of passengers or goods in connection with the Policyholder's business Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired Use for the carriage of passengers for hire or reward Under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired	
<b>Policy does not cover:</b>	
Use for racing, pace-making, reliability trial or speed testing 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 28 of the Road Transport Act, 1987 are not to be included under these headings	
I 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 V of the Road Transport Act, 1987	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorized Signatory	
<b>For information only:</b>	
<b>COVERAGE:</b>	Comprehensive Unlimited Windscreen PHV Extension (Geographical Area: Singapore only)
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I: S\$2000 Section II: S\$1500 Windscreen Excess: S\$100
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	MARSH (SINGAPORE) PTE LTD

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