

NATIONAL Assessment Centre Services.

Just a Service

NA20075730

Date In: 01/09/2020 11:45	Job description	Date & Time Completed	Done by
Ref No: NA20092517	SAS e-Milling		
Veh No: GBD 96081	E-mail (Include this, A/C this)		
D.O.A: 01/09/2020 01:45	I-Motor Claims Form		
OD (TP) Reporting Only	I-Motor W/O (W/Incl: OD this, TP this)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vehicle		

Preferred Wreck / INC Assign Wreck / OW: (Tel:	Fax:
TP Particulars:	Veh No: SLH 9654D	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 > \$9000) ()	

Injury: _____

Date Done: _____	

NA2004668	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/43
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Egr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claim against NG Only (ver 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: New DA + EMRT Survey	\$160
	8) HUC Additional Services:	
	ON:	
	* NI: Courtesy Car / Tpl Allowance	\$3
	* NI: Repairs Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Collect Owners Coordination	\$3
	TP (NI) / TP (Non-INC) against DTC	\$30
	9) NI: New Mobile	
	Invoice dated	
	Invoice dated	

Page 11 of 11

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	01/09/2020 11:45
Date Of Accident	01/09/2020 07:45
Exact Location Of Accident	SLIP ROAD FROM AYE EXIT TOWARDS ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9608T
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE PRODUCTS DISTRIBUTION PTE LTD
Co Reg No	-
Email Address	DINESH.WADHWANI@PRESTIGEGRP.CO
Mobile Phone No	(LOCAL) +65-81273982
Alternative Phone No	OFFICE-81273982

Vehicle Particulars

Manufacturer	SSANGYONG
Model	ACTYON SPORTS-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	SI20V09491/VCV/R05
Cover Note Number	

Driver

Name of Driver	DINESH NARAINDAS WADHWANI
NRIC No	SXXXX515G
Date Of Birth	02/02/1968
Occupation	INDOOR
Date Of Driving Pass	19/09/1992
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81273982
Fax Number	
Contact Number	OTHERS-81273982
Email Address	DINESH.WADHWANI@PRESTIGEGRP.CO

Address:	BLK 302 CLEMENTI AVENUE 4 #11-533
Postcode	120302
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	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)	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

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	SLH9694D
Vehicle Make/Model/Colour	PEUGEOT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AB RAHIM BIN RAHMAN
NRIC/Passport Number	SXXXX749A
Contact Number	81004946
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (including Driver)	2

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.

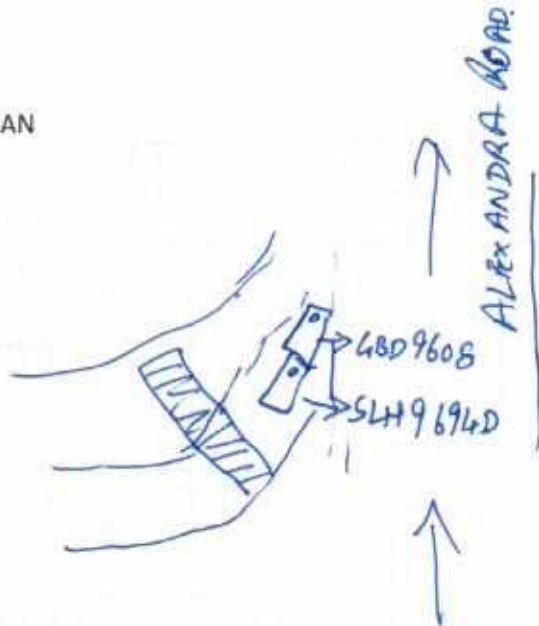


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1/9/20 10.02 am

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had exit AYE and had stop my vehicle @ the slip way ~~to go~~ of Alexandra Road. to watch in incoming traffic on the right and then suddenly the vehicle SLH9694D hit my vehicle @ the back quite hard. The driver admitted his mistake on the spot and asked to report for claims.

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:

[Signature]

1/9/20 10-05 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature] 01/09/2020
Rosa. Loo

ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 09 / 2020) (DD/MM/YYYY), TIME: (07 : 45) (HH:MM)

LOCATION: @ Slip road of AYE exit towards Alexandra

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 9608T
 b) INSURANCE COMPANY: PRESTIGE PRODUCTS DISTRIBUTION PTE. LTD.
 c) POLICY NUMBER: SI20V09491/VCV/R05
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Seangyong Actyon SPORT
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 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: PRESTIGE PRODUCTS DISTRIBUTION PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 81273982
 c) ADDRESS: 6 Jalan Kilang, Badami Industrial House
 #04-00 Singapore 159406

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Dinesh Namindas Wadhvani (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 56884515G CONTACT: 81273982
 c) ADDRESS: B1K 302 Clementi Ave 4
 #11-533 Singapore 120302

* d) DATE OF BIRTH: (02 / 02 / 1968) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19th Sept 1992

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SLH9694D MODEL: PEUGEOT
 b) DRIVER'S NAME: AB RAHIM BIN RAMLAN
 c) NRIC/FIN/PASSPORT: S1413749A CONTACT: 81004946

9. THIRD PARTY VEHICLE

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

No of passenger
 (including driver)
 (1)

No of passenger
 (including driver)
 (2)

No of passenger
 (including driver)
 ()

Email: dinesh.wadhvani@prestigegrp.co
 VIDEO



an 01/09/2020



gmw 01/09/2024



jd/01/02/2020



Sent from my iPhone



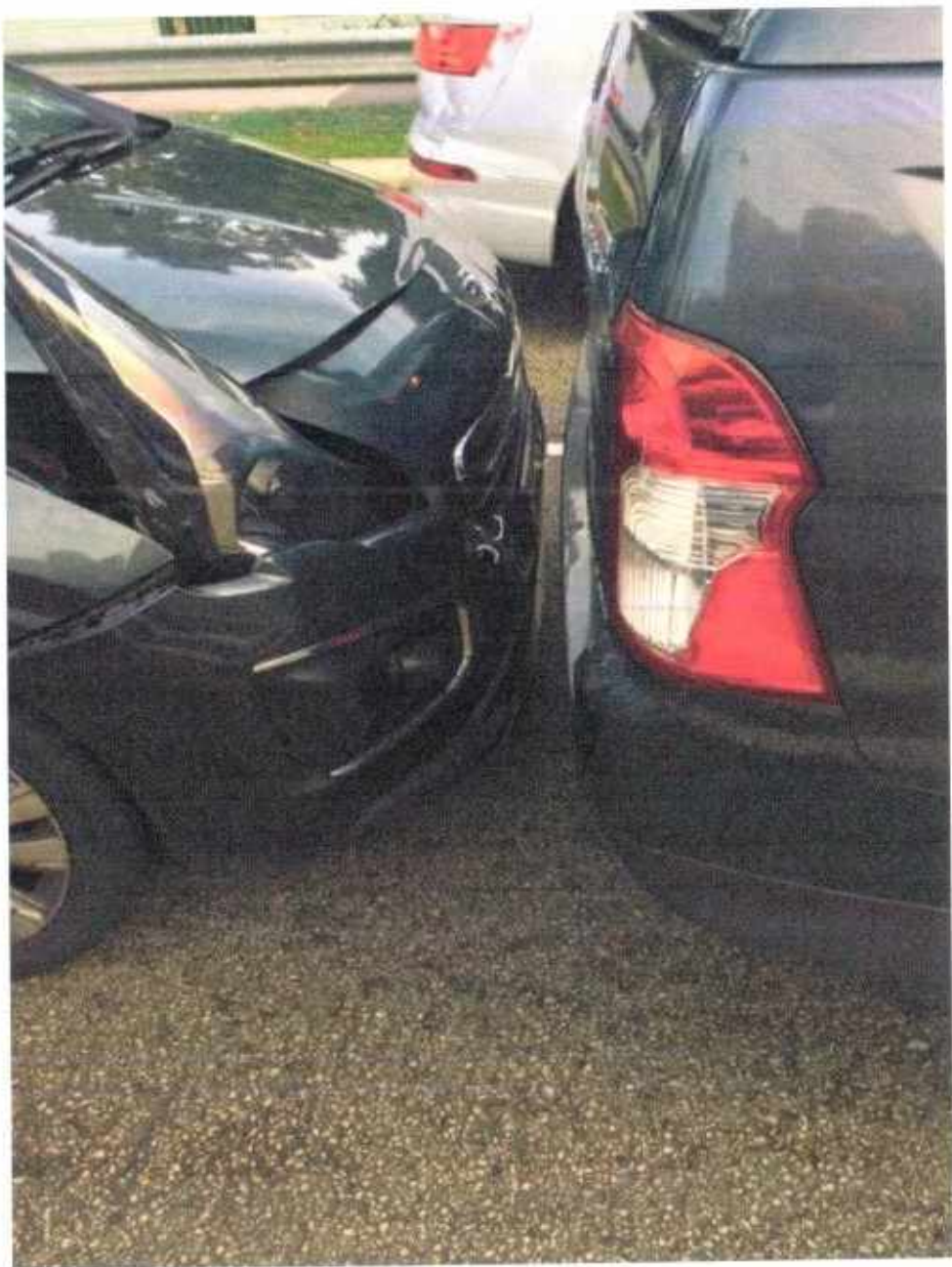
Jan 01/09/2020



and 01/09/2020

good 01/09/2020 good

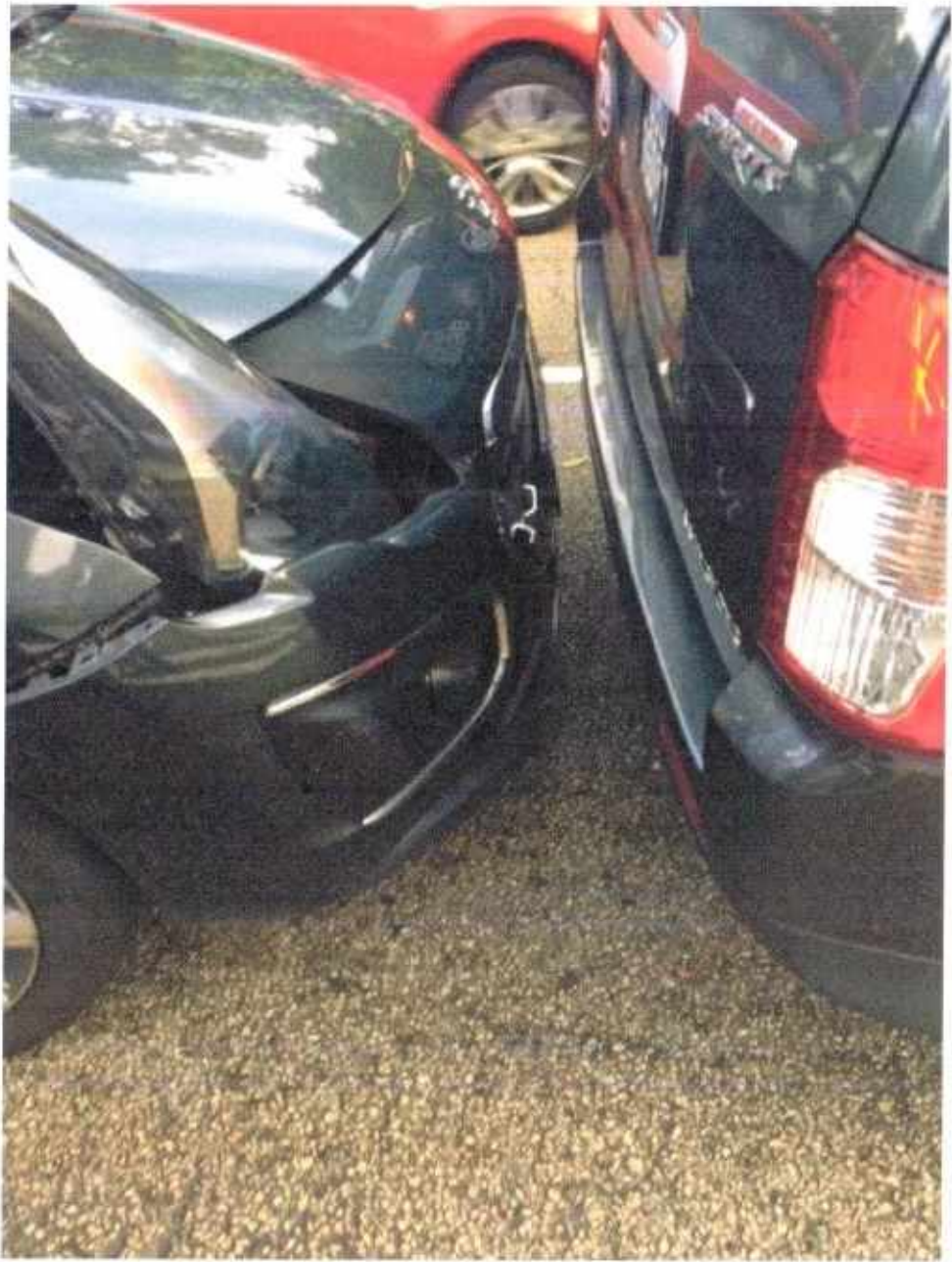




good
01/09/2020



gm 01/08/2020




Sent from my iPhone



grd 0109/2020

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	SI20V09491 /VCV /R05
Form	MZ300A
Date of Issue:	23-Jul-2020
1. Index Mark and Registration No. of Vehicle:	GBD9608T
2. Chassis number of Vehicle:	KPADA4ETSFP233021
3. Name of Policyholder:	PRESTIGE PRODUCTS DISTRIBUTION PTE. LTD.
4. Effective date of Commencement of Insurance for the purposes of the Act	03-AUG-2020 00:00
5. Date of Expiry of Insurance:	02-AUG-2021 23:59
6. Persons or Classes of Persons entitled to drive*:	Any person who is driving on the Policyholder's order or with their permission. 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 in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.
8. The Policy does not cover:	A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing 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 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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  Authorised Signature	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, ACCIDENT TO DRIVER ENDORSEMENT, ACCIDENTS TO 3 UNNAMED PASSENGERS, Hard Top - S/ 1 \$53900.00
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section 1 \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$5,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	OVERSEA-CHINESE BANKING CORPORATION LTD
PRODUCER NAME:	MOTOR-WAY CREDIT PTE LTD