

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

SN0920050001

| | | | |
|---------------------------|------------------------------------------|-----------------------|---------|
| Date In: 05/12/2010 17:23 | Job description | Date & Time Completed | Done by |
| Ref No: NA/MP200/341814 | SAS e-filing | | |
| Veh No: 8MK 3878C | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 04/12/2010 13:00 | 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: FBP51287 | 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 |
|-----------|---------|
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| | | | |
|--------------------------|-------------------------------------------------|---------------------|----------------------|
| NA2006558 | Invoice Preparation Checklist | Amf (\$) Tr Bill | Amf (\$) 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* | | |
| | *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 | | |
| | 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 Submission | 05/12/2020 17:23 (SGT) |
| Date of Accident | 04/12/2020 13:00 (SGT) |
| Exact Location of Accident | Tomlinson Rd, Singapore |
| Additional Location Information | TANGLIN ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMK3878C |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | AUTO IMPERIAL CARS PTE.LTD |
| Company Reg No | 2XXXX316W |
| Email Address | jackie.toh1705@gmail.com |
| Mobile Phone No | (Phone) +65-96386648 |
| Alternative Phone No | (Office) +65-62502345 |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer | Honda |
| Model | Freed |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------|--------------------|
| Name of Insurance Company | Liberty Insurance |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | SD20V01936/VPZ/R00 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | TOH PEE YEONG |
| NRIC No | SXXXX834F |

| | |
|--------------------------------------------------------------------|--------------------------|
| Date Of Driving Pass | 11/09/1984 |
| Driving experience | 36 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96386648 |
| Alt. Phone Number | - |
| Email Address | jackie.toh1705@gmail.com |
| Address | BLK 266C #14-376 |
| Address complement | PUNGGOL WAY |
| Postcode | 823266 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|------------|
| Type of Accident | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|-----------------------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|-------------------------------------------------|----|
| Was the accident reported to the police? | No |
| 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 | FBP5728T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | MUHAMMAD HAIRI BIN BAHARUDIN |
| Contact Number | (Phone) +65-87677483 |
| Address | - |
| Address complement | - |
| Postcode | - |

| | |
|-----------------------------------------|--|
| Nature Of Damage | |
| Details of property damaged in accident | |
| 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.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/12/2020 at about 13:00hrs, I was driving my vehicle (A) along Tomlinson Road, while when I was making a right turn at junction of Tanglin Road, I felt an impact from my vehicle's rear right portion and when I alighted, I realized that it was a motorcycle (B) turning right and cut into my lane causing damage to my vehicle (A).

(A) SMK 3878C

(B) FBP 5728T

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.:

SINGAPORE ACCIDENT STATEMENT

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------|---------------------------------|-----------------------|
| ACCIDENT DATE: | 04/12/2020 | TIME: | 13:00 | (hh:mm) 24 hrs Format |
| LOCATION | Junction of Tanjong Road and Tanglin Road | | | |
| VEHICLE NUMBER | SMK 3878C | | | |
| INSURED NAME | AUTO IMPERIAL CARS PTE LTD | | | |
| NRIC / FIN | 201703106W | CONTACT: | 6250 2345 | |
| MAKE | Honda | MODEL | Freed Hybrid 7-Seater 1.5G Auto | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | |
| () Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only ... | | | | |
| INSURANCE COMPANY | Liberty Insurance Pte Ltd | | | |
| TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT | | | | |
| POLICY NUMBER: | SD20V019361VP21R00 | | | |
| NAME DRIVER: | Teh Pee Yeong | | () SAME AS INSURED | |
| NRIC / FIN | S1655834F | CONTACT: | 9638 6648 | |
| DATE OF BIRTH: | 17-05-1964 | | | |
| DRIVING PASS DATE: | 11-09-1984 | | | |
| OCCUPATION: | () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR | | | |
| GENDER: | (<input checked="" type="checkbox"/>) MALE () FEMALE | | | |
| EMAIL ADDRESS: | jackie.teh1705@gmail.com | | () NO EMAIL | |
| ADDRESS OF DRIVER: | Blk 266C Ponggol Way #14-376 Singapore 923266 | | | |
| Number Of Passenger Include Driver: | 1 | | | |
| Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO | | | | |
| If No, Relationship Of The Driver With The Insured | | | | |
| () Owner () Spouse () Friend () Relative () Children () Sibling (<input checked="" type="checkbox"/>) Others HIRE | | | | |
| Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO | | | | |
| If Yes, Vehicle Registration Number Of Driver's Own Vehicle: | | | | |
| Insurance Company Of Driver's Own Vehicle | | | | |
| Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others | | | | |
| Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others | | | | |
| Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO | | | | |
| Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO | | | | |
| If YES, Injured details : | | | | |
| Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO | | | | |
| Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO | | | | |
| Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report | | | | |
| Police Report Number (if any) | | | | |
| Details Of 3rd Party | Name / NRIC | No. of Paxes (incl'driver) | Contact | |
| Veh B | F8P 5728T | Muhammad Hairi Bin | () / Not Sure () | 8767 7483 |
| Veh C | | Boharyyudin | () / Not Sure () | |
| Veh D | | | () / Not Sure () | |
| Veh E | | | () / Not Sure () | |
| Veh F | | | () / Not Sure () | |
| Veh G | | | () / Not Sure () | |

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Certificate No | SD20V01936 /VPZ /R00 |
| Form | MZ406C |
| Date Of Issue | 14-FEB-2020 |
| 1.Index Mark and Registration No. of Vehicle: | SMK3878C |
| 2.Chassis number of Vehicle: | GB71078089 |
| 3.Name of Policyholder: | AUTO IMPERIAL CARS PTE. LTD |
| 4.Effective date of Commencement of Insurance for the purpose of the Act: | 14-FEB-2020 00:00 AM |
| 5.Date of Expiry of Insurance: | 13-FEB-2021 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 85 of the Road Transport Act, 1987 are not to be included under these headings.</p> | |
| <p>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>  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\$2000, Windscreen Excess S\$100 |
| FINANCE COMPANY: | SINGAPURA FINANCE LIMITED |
| PRODUCER NAME: | ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD |

PLSU/14-FEB-20

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14-FEB-20