

NATIONAL Assessment Centre Services. [ver 1 Jan'03] SM 0920C 90003

Date In: 9/12/20 09:46	Job description	Date & Time Completed	Done by
Ref No: MA 2100 276	SAS e-filing		
Veh No: SMW 1410 T	E-mail (within 3hrs, AIC 2hrs)		
IC A: 4/12/20 02:50	I-Motor Claim Form		
OD: TP: Report Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/WK312		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SMR S263 B.	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 repolar.

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

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

Remarks	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	Action

NA 2100 276	Invoice Registration Checklist	Amount (\$)	Payable (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claimant's use only (INC Only) (ver 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Coordination \$10		
	*NT: Post Repair Inspection \$25		
	*NA: DV / Collect Excess Coordination \$5		
	TP (NI): TP (Non INC) against INC \$20		
	2) NI2: Idao Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	09/12/2020 09:46 (SGT)
Date of Accident	04/12/2020 02:50 (SGT)
Exact Location of Accident	Punggol E, Singapore
Additional Location Information	PUNGGOL EAST MSCP DECK 4A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW1410T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No	-
Email Address	KHIERTHII@ROSETLIMO.COM
Mobile Phone No	(Phone) +65-92720237
Alternative Phone No	+65-92720237

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS
Variant	-
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	-
Cover Note Number	C0111421

DRIVER

Name of Driver	PANG KENG WENG ISAAC
NRIC No	SXXXX308H
Date Of Birth	04/03/1997
Occupation	Indoor

Date Of Driving Pass	11/07/2019
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92720237
Alt. Phone Number	-
Email Address	KHIERTHII@ROSETLIMO.COM
Address	BLK 684A EDGEDALE PLAINS #15-615
Address complement	-
Postcode	821684
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	Collided into Parked Vehicle
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

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	SMR5263B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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:

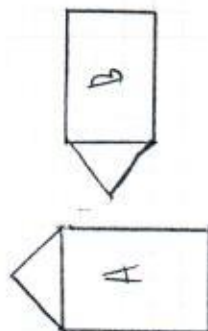

Driver's Signature
(If driver is not the policyholder)


Reporting Centre Personnel's Signature
Name:

SKETCH PLAN

A:- SMW1410 T

B:- SMR5263 B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along the carpark inside an MSCP, I dozed off for a split second due to tiredness and swerved to the right, colliding into another car.

DECLARATION

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



[Signature]

[Signature]

Name of Producer: NEWSTATE STENHOUSE (S) PTE LTD (B9060)	Cover Note No.: C0111421
Date of Issue: 19 Nov 2020	Quotation/ Proposal/ Policy No.:

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.

Details of Schedule

Name of Insured:		ROSET LIMOUSINE SERVICES PTE LTD
Period of Insurance:		From: 19 Nov 2020 08:44 To: 18 Nov 2021 23:59
Registration No.:		SMW1410T
Make and Model:		TOYOTA COROLLA ALTIS 1.6
Type of Body:		SEDAN
Capacity/Tonnage:		1598
Year of Manufacture/Registration:		2007/2007
Chassis No.:		MR053ZEC107154728
Engine No.:		3ZZ4694573
Sum Insured:		
Name of Finance Company:		NA
Type of Plan:		Third Party Only (TPO)
Excess:		AS AGREED

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: 19 Nov 2020 08:44



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

**RIC
DRIVING LICENSE
CERTIFICATE OF
INSURANCE
POLICE REPORT IF ANY**

Date of Accident : 04/12/2020 Time : 0250

Location Of Accident : Punggol East MSCP Deck 4A

Country/State of Loss : Singapore

INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name : _____

Email Address : _____ Reg Owner ID : _____

Mobile Phone No : _____ Alternative Phone No : _____

INSURANCE COMPANY (OWN VEHICLE)

Handling Insurer : _____ Fleet Policy : Yes / No

Type Of Coverage : Comprehensive / Third Party Policy Number : _____

DRIVER IDENTIFICATION

Driver Name : Pang Yeng Viny ISAAC

Date Of Birth : 04/03/1997 Driving Date Pass : 11/07/2019

Driver ID : S9708308H Occupation : Indoor / Outdoor

H/P Phone No : 92720237 / Alternative Phone No : 92370388

Address : Blk 684A Edgedale Plains #015-615

Email Address : ISAAC.PANG1997@gmail.com Relationship : single

Was driver an employee of the Insured's Company? : Yes No

Driver's Own Vehicle Reg No : SMW1410T Driver's Own Insurer : _____

VEHICLE INFORMATION

Vehicle Registration No : SMW1410T

Manufacturer : _____ Model : _____

Reporting Type : Own Damage / Third Party / Reporting Only

Exact Purpose for which vehicle was being used at time of accident : Private Use / Company Use /
Hired Use

GENERAL INFORMATION OF THE ACCIDENT

Weather Condition : Clear / Raining / After Rain

Injured : Yes No

Road Surface : Dry / Wet / Damp

Police Reported : Yes No

Approach by Unknown : Yes No

Video Camera : Yes No

Number of Passengers (Including Driver) : 0

DETAILS OF INJURED PERSON

Name : _____

Injuries Sustained : _____

Were seat belts worn? : **Yes / No**

Approximate Age : _____

Injured person in which vehicle? : _____

Was injured conveyed to hospital by ambulance? : **Yes / No**

Address : _____

WITNESS

Details of Witness : _____

Contact Number : _____ Email Address : _____

DETAILS OF OTHER VEHICLES

Vehicle Registration No : SMR 5263B

Vehicle Make/Model/Colour : _____

Name of Driver : _____ Driver's NRIC : _____

Address : _____

No. Of Passenger (Including Driver) : _____ Contact Number : _____

Vehicle Registration No : _____

Vehicle Make/Model/Colour : _____

Name of Driver : _____ Driver's NRIC : _____

Address : _____

No. Of Passenger (Including Driver) : _____ Contact Number : _____

Vehicle Registration No : _____

Vehicle Make/Model/Colour : _____

Name of Driver : _____ Driver's NRIC : _____

Address : _____

No. Of Passenger (Including Driver) : _____ Contact Number : _____