

NATIONAL Assessment Centre Services

Date In: 08/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/21021000373/13	SAS e-filing		
Veh No: 48C2408E	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 07/01/21 1525	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: 5MQ1347A	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 ()	

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

NA20 NA2101113	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	08/01/2021 16:10 (SGT)
Date of Accident	07/01/2021 15:25 (SGT)
Exact Location of Accident	Punggol Walk, Singapore
Additional Location Information	OPPOSITE PUNGGOL GREEN PRIMARY SCH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2408E
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LONGSHOT TRANSPORT PTE LTD
Company Reg No	2XXXXX342H
Email Address	longshot_tpt@yahoo.com.sg
Mobile Phone No	(Phone) +65-98559611
Alternative Phone No	+65-98559611

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FB70BB1SRDEA
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	SI20V10533/VCH/R05
Cover Note Number	-

DRIVER

Name of Driver	ROZAINI BIN JUNAN
NRIC No	SXXXX439H
Date Of Birth	17/04/1983
Occupation	Outdoor

Date Of Driving Pass	14/05/2010
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87833545
Alt. Phone Number	-
Email Address	longshot_tpt@yahoo.com.sg
Address	BLK 249 YISHUN AVENUE 9
Address complement	#04-203
Postcode	760249
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHEN YAO
Gender	Male

PASSENGER 2

Name	LI MENGXUAN
Gender	Male

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

PLS REFER TO THE ATTACHED 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	SMQ1347A
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ROZAINI BIN JUNAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC2408E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHEN YAO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC2408E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	LI MENGXUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC2408E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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



LONGSHOT TRANSPORT PTE. LTD.
2 SIRAT ROAD
SINGAPORE 545750
TEL: 6387 3710 / 6387 6907
FAX: 6387 3826
Email: longshot_tpt@yahoo.com.sg
Reg No. 201531342H

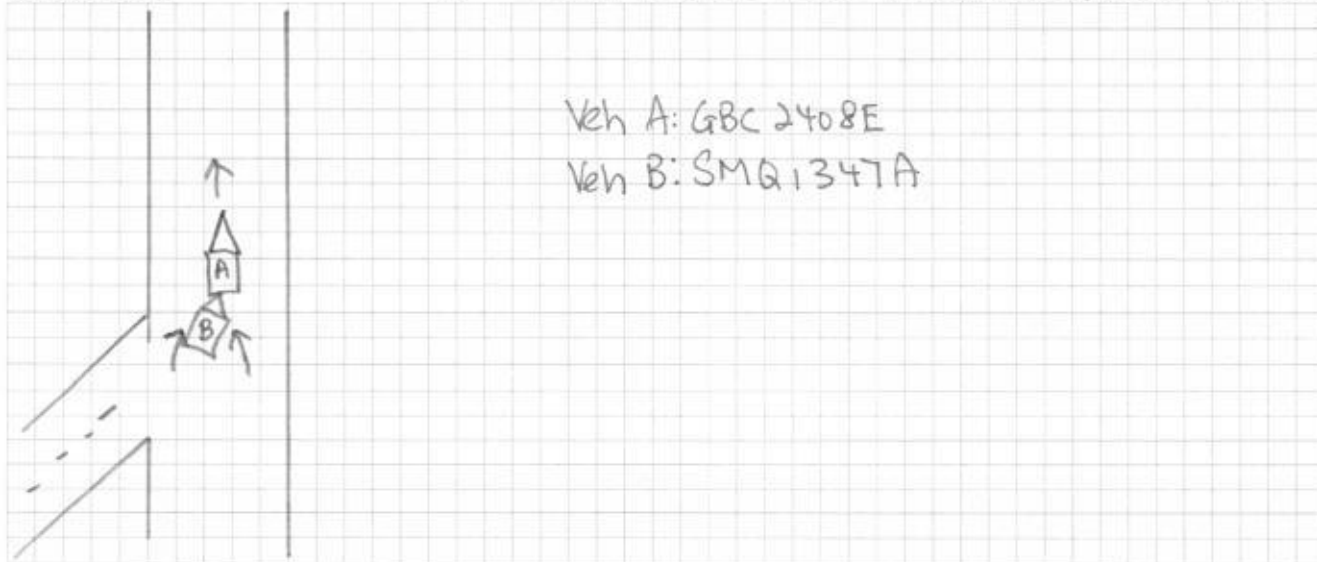
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

PUNGGOL WALK OPP PUNGGOL GREEN PRIMARY SCH



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07th Jan 2021 at 15:26 while I was driving along Punggol Walk opp^{se} of Punggol Green Primary School. Veh B SMQ 1347A hit my veh GBC 2408E of my rear. I came down and check my veh and there is damage. We exchange particular and we move on.



LONGSHOT TRANSPORT PTE. LTD.

2 SIRAT ROAD
SINGAPORE 545750

TEL: 6387 9710 / 6387 6907

FAX: 6387 9826

I hereby declare the foregoing particulars are true in every respect.

Email: longshot_1@yahoo.com.sg

Reg No. 201531342H

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.:

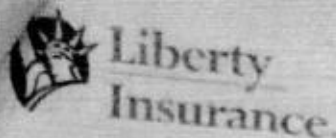
Date of Accident : 07th Jan 2021 Accident Time: 1526 (24-HR-Format)
 Accident Place : opposite Punggol Green Primary Sch (Punggol walk)
 Vehicle No. (Car Plate No.) : GBC 2408E Make/Model: Mitsubishi Pajero 2014
 Insurance Company : Liberty Policy No: SI20V10533/VUT/K05
 Owner or Company Name /IC No. : Longshot Transport Pte Ltd (201531342H)
 Owner or Company Contact No. : _____ Owner's Hp 9855 9611 Company Tel _____
 DRIVER'S Name / IC No. : Rozaini Bin Juman (58311439H)
 DRIVER'S Date Of Birth : 17-04-1983 DRIVER'S License Pass Date _____
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 249, Lishup Avenue #04-203 S(760249)
 DRIVER'S Contact No./ Alt No. : 1) 87833545 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Longshot-tp@yahoo.com.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 03
 Was there any video Captured by car camera: YES ☒ NO ☐
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): all injured

Other Party Driver's Particular (if any)

Vehicle No: SMQ 1347A (NTUC)	Vehicle No: _____
Vehicle Make/Model: Honda Shuttle	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

- ① Chen Yao (63333014L) - male
- ② Li Mengxuan (62510415W) - male



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Cakir Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
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, 1950
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No.

Form

SI20V10533 /VCH /R05

MZ301A

Date of Issue:

18-Aug-2020

1. Index Mark and Registration No. of Vehicle:

GBC2408E

2. Chassis number of Vehicle:

FB70BBA20414

3. Name of Policyholder:

LONGSHOT TRANSPORT PTE LTD

4. Effective date of Commencement of Insurance
for the purposes of the Act:

16-SEP-2020 00:00

5. Date of Expiry of Insurance:

15-SEP-2021 23:59

6. Persons or Classes of Persons
entitled to drive*:

- A) Whilst the vehicle is being used in connection with the Policyholder's business :-
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.
B) Whilst the vehicle is being used for social, domestic and pleasure purposes :-
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.

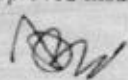
8. The Policy does not cover:

- A) Use for racing, pace-making, reliability trials or speed-testing.
B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
C) Use for the carriage of passengers for hire or reward.

*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
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD
PRODUCER NAME:	INSURE HUB PTE LTD

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 342H

Vehicle Details

Vehicle No.: GBC2408E

Vehicle to be Exported: No

Intended Deregistration Date: 31 Jan 2021

Vehicle Make: MITSUBISHI

Vehicle Model: FB70BB1SRDEA

Primary Colour: White

Manufacturing Year: 2011

Engine No.: 4M42A88612

Chassis No.: FB70BBA20414

Maximum Power Output: -

Open Market Value: \$29,009.00

Original Registration Date: 16 Sep 2011

First Registration Date: 16 Sep 2011

Transfer Count: 1

Actual ARF Paid: \$1,451.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 15 Sep 2021

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$31,900.00

COE Rebate Amount: \$1,993.00

Total Rebate Amount: \$1,993.00

The information contained herein is correct as at 08 Jan 2021

OK