

NATIONAL Assessment Centre Services. part 1 Jan 2021 SN092128000M

Date In: 08/02/2021 15:58	Job description	Date & Time Completed	Done by
Ref No NA/LIP21001837/h4	SAS e-filing		
Veh No GBS 6111Y	E-mail (within 3hrs, AIC 2hrs)		
ICIA 06/02/2021 09:40	I-Motor Claim Form		
OT: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: GBC 234OR	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 repairer.

() 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 > \$3000] ()		

Injury: _____

Date/Time: _____

Location: _____

NA2101557	1) AIL: Accident Reporting (\$30);	INC (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100);	\$40/\$43
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Bngr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idao DA + EMRT Survey	
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpt Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$23
	*N8: DV / Collect Excess Coordination	\$3
	TE (N11): TP (N11 INC) against INC	\$20
	9) N12: Idao Mobile	\$0
	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	08/02/2021 15:58 (SGT)
Date of Accident	06/02/2021 09:40 (SGT)
Exact Location of Accident	445 Fajar Rd, Singapore 670445
Additional Location Information	LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6111Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NEBOSH
Company Reg No	-
Email Address	MOTORICARZGARAGE@GMAIL.COM
Mobile Phone No	(Phone) +65-83589969
Alternative Phone No	+65-83589969

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	Partner
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	SD20V05551/VCV/R00
Cover Note Number	-

DRIVER

Name of Driver	ALUKO OLANREWAJU JAMES
NRIC No	SXXXX538I
Date Of Birth	08/07/1974
Occupation	Outdoor

Date Of Driving Pass	11/02/2006
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-83589969
Alt. Phone Number	-
Email Address	MOTORICARZGARAGE@GMAIL.COM
Address	BLK 450 BUKIT PANJANG RING ROAD #05-587
Address complement	-
Postcode	670450
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210206/7019

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	GBC2340R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG EARN HOW
NRIC No	SXXXX510C

Contact Number	(Phone) +65-93854118
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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 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.

Address : Upper Serangoon Road P.O. Box 048
Singapore 915422

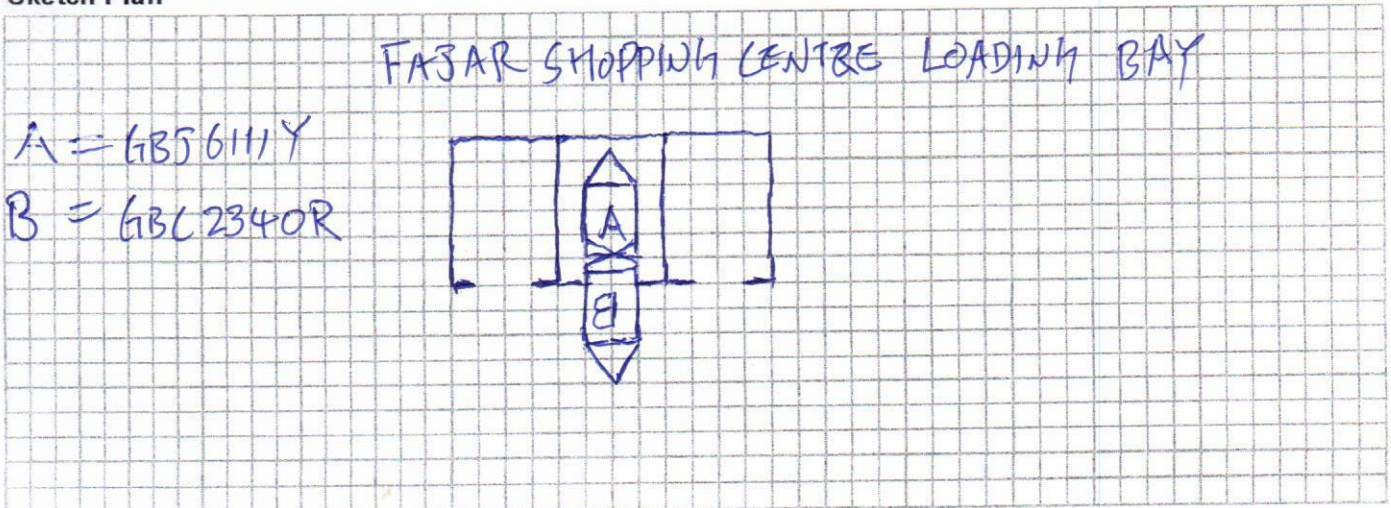
Phone : 24hrs Hotline 8358 9969 (Whatsapp)

Sign Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT


REPORT NO. T/20210206/7019


Name : N/A
 Active : N/A
 ENGINEERING & MAINTAINANCE
 WSH / ECO / FSM SERVICES
 SALES & MARKETING
 EDUCATION & TRAINING
 LANDSCAPE AND GARDENING
 MANPOWER AND CONSULTANCY SERVICES

Declaration

Address : 8 Jurong Town Hall #01-01 S/609434
 We declare the foregoing particulars are true in every respect.
 Address : Upper Serangoon Road P.O. Box 048
 Singapore 515422
 Phone : 24hrs Hotline 8358 9969 (Whatsapp)

X
 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210206/7019

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210206/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2021 18:01		Vide Report No.: J/20210206/0097		Station Diary No.:	
Informant's Particulars					
Name of Informant: ALUKO OLANREWAJU JAMES			Address: 450 BUKIT PANJANG RING ROAD #05-587 SINGAPORE 670450		
ID Type / ID No.: NRIC NO / S7460538I			Contact No.: Home/Office: Mobile: 83589969		
Nationality: NIGERIAN			Email: LANRESING@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 08/07/1974	Type of Informant: Vehicle Owner		
Race: African		Language: English		Institution / School Name:	
Occupation: Environmental engineer		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2021 09:40	Type of Location: Car Park
Location: FAJAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 15 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC2340R	Lorry			Pink	Slightly Damaged	1
GBJ6111Y	Van	PEUGEOT	Partner	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210206/7019

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210206/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	NG EARN HOW	ID No.	S7919510C
Related Vehicle	GBC2340R (Lorry)	Contact No.	93854118
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Vehicle Owner			
Name	ALUKO OLANREWAJU JAMES	ID No.	S7460538I
Related Vehicle	NIL	Contact No.	83589969
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated date and time. I parked my car at the loading bay at Fajar Shopping Centre. While i was walking to my car i witness a truck reversing and hit my rear of the car. Its a moving vehicle against park vehicle. Rear to rear collision. There was police handle the accident and was given a case card : J/20210206/0097 .

I had exchanged with the 3rd party owner and had agreed to resolved this issue via insurance claim.



**SINGAPORE
POLICE FORCE**



T/20210206/7019

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210206/7019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

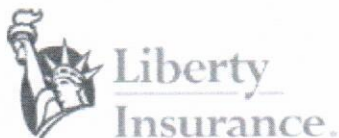
Officer In Charge Of Case:
TP / TPHQ /
NUR ADELINA BINTE MOHAMMAD FUAT
Contact No.: 65476066

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
06/02/2021 18:01


Classification Of Case:



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club 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, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD20V05551 /VCV /R00
Form	MZ300A
Date Of Issue	28-MAY-2020
1.Index Mark and Registration No. of Vehicle:	GBJ6111Y
2.Chassis number of Vehicle:	VR3EFYHZRKJ635027
3.Name of Policyholder:	NEBOSH
4.Effective date of Commencement of Insurance for the purposes of the Act:	13-JUN-2020 00:00 AM
5.Date of Expiry of Insurance:	12-JUN-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.</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 in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>
8.The Policy does not cover:	<p>A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing or 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 95 of the Road Transport Act, 1987 are not to be included under these headings.</p>
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.	
<div>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</div> <div> _____ Authorised Signature</div>	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Windscreen Excess S\$100, Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000
FINANCE COMPANY:	
PRODUCER NAME:	INSURECARE AGENCY

PLKH/PLKH/28-MAY-20

S3_CI_T1_T3_TEMPLATE2-VER1 28-MAY-20

Date of Accident : 06/02/2021 Accident Time 0940 hrs (24-HR-Format)
Accident Place : FAJAR SHOPPING CENTRE LOADING BAY
Vehicle Reg. No. (Car Plate No.) : GBJ 6111Y
Vehicle Make/Model : PEUGEOT PARTNER
Insurance Company : LIBERTY Policy No. SD20V65551/VCV/R00
Owner or Company Name /IC No. : NEBOSM
Owner or Company Contact No. : 83589969 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : ALUKO. OLANREWASU JAMES / 57460538I
DRIVER'S Date Of Birth : 08/07/1974 DRIVER'S License Pass Date 11/02/2006
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others : _____
DRIVER'S Address : BLK 450 #05-587 BUKIT PANJANG RING ROAD S'pore 670450
DRIVER'S Contact No./ Alt No. : 1) 83589969 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : motoricarzgarage@gmail.com
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): 0
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

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>GBC2340R</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>NG EARN HOW</u>	Name Driver: _____
IC No. Driver: <u>57919510C</u>	IC No. Driver: _____
Driver's Contact & Add: <u>93854118</u>	Driver's Contact & Add: _____