NATIONAL Assessment Centre Services.

Part 1 Jsh03 **SN: 0921290001**

	Job description	Date & Time Completed	Done by
Date In: 09/02/2021 09:42	SAS e-filing		
Ref No NA/LIP 21001897/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No SMP 1073U	I-Motor Claim Form		
DOA: 01/02/2021 14:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD - TP / ⟨Reporting Only⟩	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tol: Fax:)

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Veh No: SGS 459C . INC ( ) / Non-INC ( ).

Tel:)

Owner / Driver: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Date: Time:

Confirmed by : (

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/OW Condition

	Fee claim completed & upload by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > $3000] ( )	

Injury : —

Directing Action

NA 2401551

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments

Cat 1:

Ref 7/8:

Invoice Information Checklist

	Fee	Amount/Audit Bill
1) AR : Accident Reporting ($30)		30
2) DA : Damage Assessment ($100); INC ($40)	$40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey		
5) FT : Follow-Through Survey (Resurvey)	$30	
For claiming against INC Only (w.e.f 10 Jan 2005)		
6) TR : Re-Inspection	$75	
7) N1 : I-dao 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: I-dao Mobile	30	

Invoice dated Fee Charged

Invoice dated Fee Charged

Your NCD will be affected due to late reporting

Ⓖ 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 witholding 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	09/02/2021 09:42 (SGT)
Date of Accident	01/02/2021 14:00 (SGT)
Exact Location of Accident	Holland Rd, Singapore
Additional Location Information	TOWARDS SIXTH AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1073U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No	-
Email Address	JOHANBIN1951@GMAIL.COM
Mobile Phone No	(Phone) +65-89010016
Alternative Phone No	+65-89010016

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 - Reporting only
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V13100/VPZ/R02
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD JOHAN BIN ABDULLAH @LIM KHOON HENG
NRIC No	SXXXX852I
Date Of Birth	11/09/1951
Occupation	Outdoor

Date Of Driving Pass	10/11/1981
Driving experience	39 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89010016
Alt. Phone Number	-
Email Address	JOHANBIN1951@GMAIL.COM
Address	BLK 620 CHOA CHU KANG STREET 62 #02-16
Address complement	-
Postcode	680620
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	Collision - Head to Rear
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	SGS459C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Accident report SN0921290001

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

SKETCH PLAN

IMPORTANT NOTICE

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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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

A- SMP1073U

B- SGS459C

Describe Circumstances of the Accident

i was turning right onto Sixth Ave and vehicle B suddenly stopped for no reason and i could not stop in time and collide onto the rear portion of vehicle.
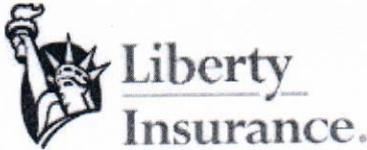
Declaration

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

Witnessed by Reporting Centre Personnel

Liberty Insurance.

1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE
24 HR ACCIDENT RESPONSE
ROADSIDE ASSISTANCE
FLOOD ASSISTANCE

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	SD20V13100 /VPZ /R02
Form	MZ406C
Date Of Issue	20-OCT-2020

1.Index Mark and Registration No. of Vehicle: SMP1073U

2.Chassis number of Vehicle: MR053REH604599057

3.Name of Policyholder: ROSET LIMOUSINE SERVICES PTE LTD

**4.Effective date of Commencement of Insurance
for the purpose of the Act:** 01-NOV-2020 00:00 AM

5.Date of Expiry of Insurance: 31-OCT-2021 23:59 PM

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

Any person who is driving on the Policyholder`s order or with their permission or to whom the vehicle is hired.

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 for carriage of passengers or goods in connection with the Policyholder`s business.
B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.
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.

8.Policy does not cover:
A) Use for racing, pace-making, reliability trial or speed-testing.
B) Use whilst drawing a trailer except the towing (other than for reward) 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,Geographical Area - refer memorandum
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Refer Memorandum - Section I S$2000,Refer Memorandum - Section II S$2000,Windscreen Excess S$100
FINANCE COMPANY:	HONG LEONG FINANCE LTD
PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD

Oct 20, 2020, 6:43 PM

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DETAILS

Date of accident	01 Feb 2021	(DD/MM/YY)
Time of accident	1400	(HH:MM)
Exact location of accident	Holland Road twd Sixth Ave	

DETAILS OF VEHICLE

Vehicle registration number	SMP1073M
Vehicle make and model	Toy Altis
Type of vehicle	Saloon ☑ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others:_____
Vehicle category	Private ☐ Commercial ☑ Motorcycle ☐
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes ☐ No ☑ if no, please select: Third part claim ☐ Reporting only ☑

INSURANCE INFORMATION

Insurance company	Liberty
Policy number	
Type of policy	Comprehensive ☐ Third party fire & theft ☐ TP only ☐

INSURED / POLICY HOLDER

Name	Rosst Limousine	Male ☐ Female ☐
NRIC / Fin / Passport number		
Contact		
Address		

DRIVER   SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Muhammad Johan Bin Abdullah Male ☑ Female ☐
NRIC / Fin / Passport number	S7007852I
Contact	89010016
Address	Blk 620 Choa Chu Kang St 62 #02-16
Email address	JohanBin1951@gmail.com
Date of birth	11 Sep 1951
Occupation	Indoor ☐ Outdoor ☑
Driving date pass	10 Nov 1981

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes ☐ No ☒ If no, relationship of the driver and insured: _Hirer_
Accident captured by camera?	Yes ☐ No ☒
Weather condition	Clear ☒ Raining ☐ Others: _____
Road surface	Dry ☒ Wet ☐
No of passenger	1 (Inclusive of driver)

PASSENGER 1

Name	
Gender	Male ☐ Female ☐

PASSENGER 2

Name	
Gender	Male ☐ Female ☐

PASSENGER 3

Name	
Gender	Male ☐ Female ☐

PASSENGER 4

Name	
Gender	Male ☐ Female ☐

PASSENGER 5

Name	
Gender	Male ☐ Female ☐

PASSENGER 6

Name	
Gender	Male ☐ Female ☐

OTHER INFORMATION

Was anybody injured?	Yes ☐ No ☒
Was other vehicle damaged?	Yes ☒ No ☐

DETAILS OF POLICE STATION ACTION

Reported to police?	Yes ☐ No ☒ If yes, please state which police station.
Police station name	

WITNESS 1

Name	

WITNESS 2

Name	

THIRD PARTY VEHICLE 1

Vehicle registration number	SGS4599C
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 5

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 6

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐