

# NATIONAL Assessment Centre Services. (Part 1 Jobs) : SM092126000F

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 16/2/21 15:23     | Job description                          | Date & Time Completed | Done by |
| Ref No: MA1 LP2109 2195164 | SAS e-filing                             |                       |         |
| Veh No: XD 2947A           | E-mail (within 2hrs, A/C 2hrs)           |                       |         |
| DDA: 10/2/21 18:45         | I-Motor Claim Form                       |                       |         |
| (J) - TP / Repairing Only  | I-Motor W/O (within: OD 2hrs, TP 4hrs)   |                       |         |
|                            | I-Photo Uploaded                         |                       |         |
| TP Insurer:                | Assessment/Survey Report                 |                       |         |
|                            | Ass'l Report by Fax / Hand to Owner/Wksp |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel: #   | Fax: #                |
| TP Particulars:                          | Veh No: SLW 625J-  | 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: ( ) |
|-------------|

|         |  |
|---------|--|
| Damage: |  |
|         |  |
|         |  |
|         |  |
|         |  |

|                                |   |                |
|--------------------------------|---|----------------|
| NA210169.1                     | Invoice Information                             | Invoice No: 30 |
| Driver/Owner:                  | 1) AR: Accident Reporting (\$30);               |                |
| Contact No:                    | 2) DA: Damage Assessment (\$100); INC (\$40)    |                |
| Damaged Portion:               | 3) TP: Towing Fee \$40/\$45                     |                |
| QC Checked by (Bug-In-Charge): | 4) FT: Follow-Through Survey \$120              |                |
|                                | 5) FT: Follow-Through Survey (Resurvey) \$30    |                |
|                                | For claiming against INC Only (wef 10 Jan 2023) |                |
|                                | 6) TR: Re-inspection \$75                       |                |
|                                | 7) NI: Idao DA + SMRT Survey \$160              |                |
|                                | 8) NTUC Additional Services:                    |                |
|                                | OD:   |                |
|                                | *NS: Courtesy Car / Tpt Allowance \$5           |                |
|                                | *NG: Repair Co-ordination \$10                  |                |
|                                | *NI: Post-Repair Inspection \$25                |                |
|                                | *NB: DV / Collect Excess Coordination \$5       |                |
|                                | TP (NI): TP (Non INC) against INC \$20          |                |
|                                | 9) NI: 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              | 16/02/2021 15:23 (SGT) |
| Date of Accident                | 10/02/2021 18:45 (SGT) |
| Exact Location of Accident      | TPE, Singapore         |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

## DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | XD2947A |
|-----------------------------|---------|

### INSURED/POLICYHOLDER

|                          |   |
|--------------------------|---|
| Is company?              | Yes                                       |
| Name Of Registered Owner | ROYAL'S ENGINEERING & TRADING (S) PTE LTD |
| Company Reg No           | -   |
| Email Address            | ROYALSENGINEERING@YAHOO.COM.SG            |
| Mobile Phone No          | (Phone) +65-63843766                      |
| Alternative Phone No     | +65-63843766                              |

### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer   | Mitsubishi          |
| Model  | -                   |
| 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 - Reporting only |
| Vehicle Category   | Commercial vehicle  |

### INSURANCE COMPANY

|                           |                    |
|---------------------------|--------------------|
| Name of Insurance Company | Liberty Insurance  |
| Type of Coverage          | ThirdParty         |
| Fleet Policy              | No                 |
| Policy Number             | SD20V08369/VCH/R00 |
| Cover Note Number         | -                  |

### DRIVER

|                |                |
|----------------|----------------|
| Name of Driver | CHINNIHA ALAGU |
| Work Permit No | GXXXX478X      |
| Date Of Birth  | 20/06/1981     |
| Occupation     | Outdoor        |



|  |                                |
|--|--------------------------------|
| Date Of Driving Pass .....   | 12/07/2016                     |
| Driving experience .....   | 4 YEARS AND 7 MONTHS           |
| Gender .....   | Male                           |
| Mobile Number .....  | (Phone) +65-90597723           |
| Alt. Phone Number .....  | -                              |
| Email Address .....  | ROYALSENGINEERING@YAHOO.COM.SG |
| Address .....  | 42 KAKI BUKIT IND TERRACE      |
| Address complement .....   | -                              |
| Postcode .....   | 416122                         |
| 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 .....   | No Collision |
| 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 ..... | SLW625J     |
| 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

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.



C. A. Agam

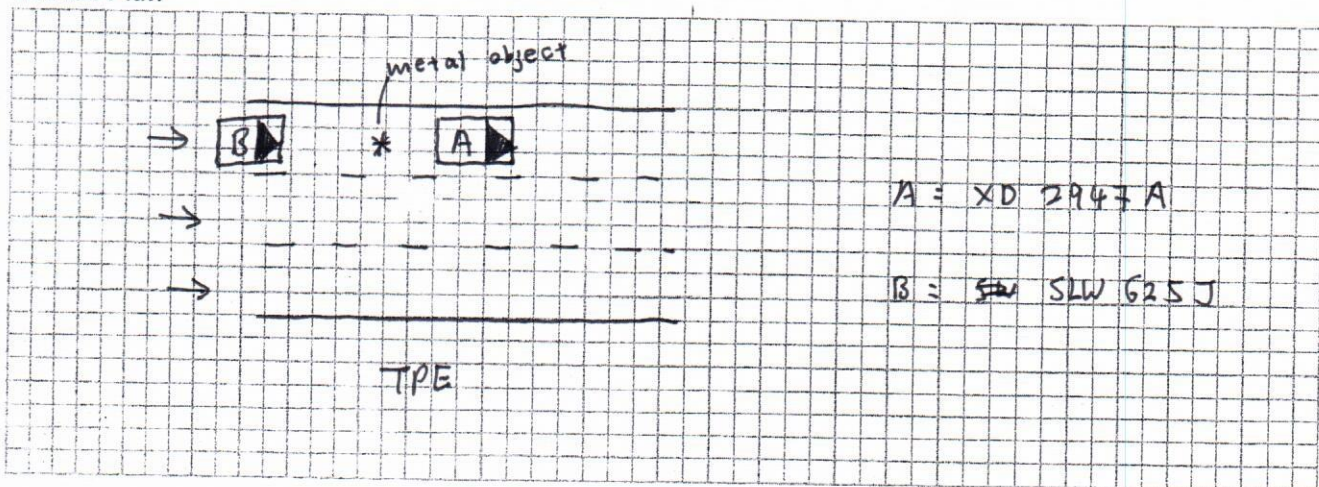
HA

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

I was travelling along TPE on the extreme left lane, when I realized that was some component (metal object) of my lorry drop on the road. I stop my lorry to the road side. When I alighted from my lorry and ~~walk~~ walk back to the ~~at~~ metal object dropping also point, I saw veh B <sup>below part</sup> stop at the road. I ask the veh B driver, and he told me his veh rolled over the metal object causing damage to his veh on the below parts. then we exchange particular and leave the scene. I making this report for report purpose.

## Declaration

We declare the foregoing particulars are true in every respect.



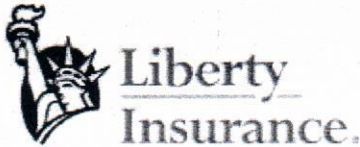
Policyholder's Signature / Date & Time

C. Akegin

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

Handwritten signature of the Reporting Centre Personnel.

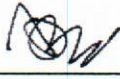
Witnessed by Reporting Centre Personnel



**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)

|   |   |
|---|---|
| <b>Certificate No</b>   | <b>SD20V08369 /VCH /R00</b>   |
| <b>Form</b>   | <b>MZ301A</b>   |
| <b>Date Of Issue</b>  | <b>03-AUG-2020</b>  |
| <b>1.Index Mark and Registration No. of Vehicle:</b>  | <b>XD2947A</b>  |
| <b>2.Chassis number of Vehicle:</b>   | <b>FV51JJA00376</b>   |
| <b>3.Name of Policyholder:</b>  | <b>ROYAL'S ENGINEERING &amp; TRADING (S) PTE. LTD.</b>  |
| <b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>   | <b>28-JUL-2020 10:27 AM</b>   |
| <b>5.Date of Expiry of Insurance:</b>   | <b>27-JUL-2021 23:59 PM</b>   |
| <b>6.Persons or Classes of Persons entitled to drive*:</b>  |   |
| A) Whilst the vehicle is being used in connection with the Policyholder's business :-<br>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 :-<br>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.   |   |
| <b>7.Limitations as to use:</b>   |   |
| 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.  |   |
| <b>8.The Policy does not cover:</b>   |   |
| 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<br><b>LIBERTY INSURANCE PTE LTD</b><br>Approved Insurers<br><br>_____<br>Authorised Signature   |   |
| <b>For Information only:</b>  |   |
| <b>COVERAGE :</b>   | Third Party Only  |
| <b>SUM INSURED:</b>   |   |
| <b>EXCESS:</b>  | Section II S\$1000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000 |
| <b>FINANCE COMPANY:</b>   |   |
| <b>PRODUCER NAME:</b>   | VIRTUAL INSURANCE AGENCIES PTE LTD  |

PLVC/PLVC/03-AUG-20

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

03-AUG-20



## ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 2 / 21) (DD/MM/YYYY), TIME: (18 : 45) (HH:MM)

LOCATION: TPE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD 2947 A  
b) INSURANCE COMPANY: Liberty  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mitsubishi 1288 2cc Manual  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Royal's Engineering & trading (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 6384 3766  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Chinniah Alagv (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9059 7723  
c) ADDRESS: 42 Kaki Bukit ind terrace (S) 416122

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLW 625J. MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = Yoyalsengineering@yahoo.com.sg

Fax = 63843812

Video = No