

NATIONAL Assessment Centre Services

Part 1 (2010)

SM09212K0006

Date In: 20/2/21 12:12	Job description	Date & Time Completed	Done by
Ref No NA/2IP 2100, 2406/64	SAS e-illing		
Veh No GBC 2615Z	E-mail (within 3hrs, AIC 2hrs)		
DDA 19/2/21 08:30	I-Motor Claim Form		
OD: (IP) 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/VVKSJ		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tol: ( ) Fax: ( )

TP Particulars: Vch No: XA 8988 H. 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 repoler.

( ) 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	Action

Claimants Bar/Endors	Invoice Item / Description	Amount	Balance
Driver/Owner:	1) AR: Accident Reporting (\$30)	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee 540/545		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Author's Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-Inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (NI1): TP (Non INC) against INC \$20		
	9) NI2: Idno 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 ..... 20/02/2021 12:12 (SGT)  
Date of Accident ..... 19/02/2021 08:30 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... TWDS AYE(TUAS) AFTER BUONA VISTA EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC2615Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ACE FRUIT CULTURE  
Company Reg No ..... 5XXXX676A  
Email Address ..... JASONKCAPL@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-93222968  
Alternative Phone No ..... +65-93222968

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Urvan  
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 ..... SD20V11206/VCV/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KUMARAN S/O RAJANDEERAN  
NRIC No ..... SXXXX849G  
Date Of Birth ..... 07/03/1989  
Occupation ..... Outdoor

Date Of Driving Pass .....	24/12/2020
Driving experience .....	2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87540237
Alt. Phone Number .....	-
Email Address .....	JASONKCAPL@GMAIL.COM
Address .....	BLK 273A JURONG WEST AVE 3 #10-37
Address complement .....	-
Postcode .....	641273
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 - Change/cross lane
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	XA8988H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 ..... KUMARAN S/O RAJANDEERAN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... GBC2615Z  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

## 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 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**

	<p>A: GBC 2615Z</p> <p>B: XA 8988H</p>
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**Describe Circumstances of the Accident**

On 19.02.2021 at about 08:30 am. I was travelling along AYE towards AYE (TUAS) after Buona Vista Exit. I was travelling straight. Suddenly, vehicle B (XA 8988H) cut into my lane and hit my vehicle.

**Declaration**

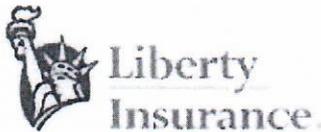
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Liberty Insurance 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

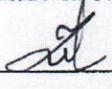
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>Certificate No</b>	SD20V11206 /VCV /R00
<b>Form</b>	MZ300A
<b>Date Of Issue</b>	21-SEP-2020
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBC2615Z
<b>2.Chassis number of Vehicle:</b>	JN1MG4E25Z0795931
<b>3.Name of Policyholder:</b>	ACE FRUIT CULTURE
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	28-AUG-2020 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	27-AUG-2021 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	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 hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing or 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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	NET LINK COMMERCIAL PTE LTD

CSMT/CSMT/21-SEP-20

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

21-SEP-20

Date of Accident : 19.02.2021 Accident Time: 08:30 AM (24-HR-Format)  
 Accident Place : AYE towards AYE (TUAS) After Buona Vista Exit  
 Vehicle. No. (Car Plate No.) : GBC 2615Z Make/Model: Nissan Urvan 3.0  
 Insurace Company : Liberty Insurance Policy No: SD20V11206 / VCV / R00  
 Owner or Company Name /IC No. : Ace Fruit Culture (53104676A)  
 Owner or Company Contact No. : 9322 2968. Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Kumaran s/o Rajandeeran (38910849G)  
 DRIVER'S Date Of Birth : 07 Mar 1989 DRIVER'S License Pass Date 24 Dec 2020  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 273A Jurong West Avenue 3 #10-37 Singapore 641273  
 DRIVER'S Contact No./ Alt No. : 1) 8754 0237 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Jasonkcapl@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): \_\_\_\_\_ 1 Driver  
 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): \_\_\_\_\_ Yes

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>XA8988H (vehicle B)</u>	Vehicle. No: _____
Vehicle Make\Model: _____	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

