

NATIONAL Assessment Centre Services.

Part 1 (3/1/03)

Date In: 03/02/21

Ref No: NA/11021002840/13

Veh No: 4N7237T

ICIA 22/02/21

OT: IP Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 2hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Tel:

Fax:

Preferred Wkap / INC Assign Wkap / QW: (

TP Particulars:

Veh No:

SBS6125K

INC () / Non-INC ()

Tel:

Owner / Driver: (

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 repaler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (

Controls: (INC () / Non-INC ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: (

Date/Time:

Actions:

Date/Time:

Actions:

Date/Time:

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Actions:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Call:

2/2/21

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$50)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For retaining status INC Only (wef 10 Jan 2003)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

*NS: Courtesy Car / Tpt Allowance \$3

*NG: Repair Co-ordination \$10

*NI: Post Repair Inspection \$25

*NB: DV / Collect Excess Coordination \$3

*ND: DV / Collect Excess Coordination \$20

TP (N11): TP (Non INC) against INC \$0

9) N12: Idao Mobile

Invoice dated

Invoice dated

Fee Charged

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	03/03/2021 10:19 (SGT)
Date of Accident	23/02/2021 06:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DEFU DEPOT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN7237T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KHOR HUN SEAH EGG FARM
Company Reg No	3XXXX900E
Email Address	jmartaauto@gmail.com
Mobile Phone No	(Phone) +65-93627059
Alternative Phone No	+65-93627059

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NHR85AUE4A
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	SI20V14883/VCV/R02
Cover Note Number	-

DRIVER

Name of Driver	KHOR HUN SEAH
NRIC No	SXXXX223B
Date Of Birth	19/08/1950
Occupation	Outdoor

Date Of Driving Pass	09/10/1970
Driving experience	50 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93627059
Alt. Phone Number	-
Email Address	jmartauto@gmail.com
Address	30 HONG SAN WALK
Address complement	-
Postcode	689021
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)	0
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

MY LORRY WAS PARKED STATIONARY INSIDE THE PARKING LOT.SUDDENLY VEH B REVERSED AND HIT ONTO MY VEH LEFT PORTION.

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	SBS6125K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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.
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.

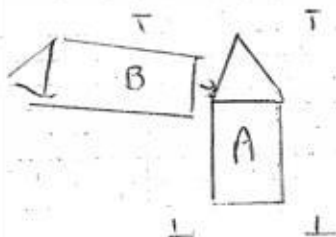
KHOR HUN SEAH EGG FARM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Defu
Deput

DCA: 23/2/21

A: YN 7237T

B: SBS 6125K

Describe Circumstances of the Accident

My brry was parked stationery inside the parking lot. suddenly veh B reversed & hit onto my veh LH porten.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

7/9/10
Policyholder's Signature / Date & Time

7/9/10
Driver's Signature (If driver is not the policyholder) / Date & Time

7/9/10
Witnessed by Reporting Centre Personnel

Personal Particulars

Date of Accident: 23/2/21 Time of Accident: 6-30am
Exact Location of Accident: Defu Depot
Owner's Name: Khor Hun Seah Egg Farm NRIC No: _____ HP No: _____
Driver's Name: Khor Hun Seah NRIC No: S2008223B HP No: 93627059
Date of Birth: 19/8/1950 Driving Licence Passing Date: 9/10/1970 Occupation: Indoor / Outdoor
Address: 30 Hong San Walk (689021)
Relationship of Driver with Insured: Owner Email Address: _____
Vehicle No: YN 7237T Make & Model: ISUZU
Insurance Co: Liberty Coverage: _____ Policy No: _____

- *Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
- *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
- *Weather Condition? Clear / Raining / Others: _____ Wet / Dry / Others: _____
- *Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: _____ B: _____ C: _____ D: _____
- *Was Anybody Injured? (Yes / No) If yes,
Name / NRIC / In Vehicle: _____
- *Was The Accident Reported To The Police?
No ☐ No ☐ Yes, Which Police Station? _____
- *Does the Driver Own Any Other Vehicle?
No ☐ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____
- *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____
- *Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: SBS 6125K Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____



Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 8890
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	SI20V14883 /VCV /R02
Form	MZ300A
Date of Issue:	30-Nov-2020
1. Index Mark and Registration No. of Vehicle:	YN7237T
2. Chassis number of Vehicle:	NHR857015014
3. Name of Policyholder:	KHOR HUN SEAH EGG FARM
4. Effective date of Commencement of Insurance for the purposes of the Act:	19-DEC-2020 00:00
5. Date of Expiry of Insurance:	18-DEC-2021 23:59
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 of any one disabled mechanically propelled vehicle.</p>
<small>*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.</small>	
<small>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.</small>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  Authorised Signature	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, Additional Accessories (\$7 - \$5,000.00 Flood)
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I \$700.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	
PRODUCER NAME:	ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY