

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] SM 09213P0005

Date In: 25/3/21 10:28	Job description	Date & Time Completed	Done by
Ref No: NA11P21003827164	SAS e-filing		
Veh No: GBD 6736B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/3/21 16:40	i-Motor Claim Form		
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Veh No: GBE 862D. 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 repairer.

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

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

Remarks:	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

NA2102396	<b>Invoice Preparation Checklist</b>		Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TE (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Auditors' Comments:	Invoice dated	Fee Charged		
at 1:	Invoice dated	Fee Charged		
at 2 / 3:				

## 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	25/03/2021 10:28 (SGT)
Date of Accident	18/03/2021 16:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6736B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASK LEASING PTE LTD
Company Reg No	-
Email Address	KHIERTHII@ROSETLIMO.COM
Mobile Phone No	(Phone) +65-98585934
Alternative Phone No	+65-98585934

#### VEHICLE PARTICULARS

Manufacturer	Nissan
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
Transmission	Manual
CC	3000

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	SD20V08170/VCZ/R00
Cover Note Number	-

#### DRIVER

Name of Driver	RISTENDIE BIN MOHAMED
NRIC No	SXXXX752D

Date Of Birth	05/09/1981
Occupation	Outdoor
Date Of Driving Pass	12/02/2018
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98585934
Alt. Phone Number	-
Email Address	KHIERTHII@ROSETLIMO.COM
Address	BLK 302D ANCHORVALE LINK #02-18
Address complement	-
Postcode	544302
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	-
Gender	Male

#### 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	GBE862D
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	UNKNOWN
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) .....	-

## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]* 12/3/21, 6pm

*[Signature]*

A:- GBD 6736B

B:- GBE 862D

C:- Unknown



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18 March 2021 at about 4pm. I was driving in the rented Tribecar van along the PIE towards Changi. The road condition was wet and it was raining. I was driving with my nephew sitting in the passenger seat. We were on the 2<sup>nd</sup> lane from the right and were going at about 60km/h.

Incident happened when the lorry in front of us jam braked and I immediately engaged my brake by pressing the brake foot pedal. As it was quite sudden, the van could not be stopped in time and crashed onto the back of the lorry. This happened just before Kim Keat Flyover, before just before the temple.

The right window broke, windshield cracked, air bag burst out but was very minimal. My nephew leg was trapped and he managed to remove it after slowly moving it bit by bit. After alighting the van, I tend to my nephew to sit at the back of the van. Took a photo of the affected driver's NRIC, front and back.

DECLARATION

(We declare that the foregoing particulars are true to every respect.)



Policyholder  
Date & Time

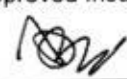
*[Signature]* 18/3/21, 6pm  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/ID No:

## 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>SD20V08170 /VCZ /R00</b>
<b>Form</b>	<b>MZ407</b>
<b>Date Of Issue</b>	<b>29-JUL-2020</b>
<b>1.Index Mark and Registration No. of Vehicle:</b>	<b>GBD6736B</b>
<b>2.Chassis number of Vehicle:</b>	<b>JN1MG4E25Z0713848</b>
<b>3.Name of Policyholder:</b>	<b>ASK LEASING PTE. LTD.</b>
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	<b>28-JUL-2020 00:00 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> 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.	
<b>7.Limitations as to use*:</b> A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.	
<b>8.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 (other than for reward) of any one disabled mechanically propelled vehicle. C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.	
*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> Third Party Only, Geographical Area: Singapore only <b>SUM INSURED:</b> <b>EXCESS:</b> Section II S\$2500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000 <b>FINANCE COMPANY:</b> <b>PRODUCER NAME:</b> NEWSTATE STENHOUSE (S) PTE LTD	

PLFM/-/29-JUL-20

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

29-JUL-20

- NRIC
- DRIVING LICENSE
- CERTIFICATE OF INSURANCE
- POLICE REPORT IF ANY

Date of Accident : 18 March 2021 Time : 4.40 pm

Location Of Accident : Kim Keat Plyover

Country/State of Loss : Singapore

**INSURED/POLICYHOLDER (OWN VEHICLE)**

Registered Owner Name : \_\_\_\_\_

Email Address : \_\_\_\_\_ Reg Owner ID : \_\_\_\_\_

Mobile Phone No : \_\_\_\_\_ Alternative Phone No : \_\_\_\_\_

**INSURANCE COMPANY (OWN VEHICLE)**

Handling Insurer : \_\_\_\_\_ Fleet Policy : **Yes / No**

Type Of Coverage : **Comprehensive / Third Party** Policy Number : \_\_\_\_\_

**DRIVER IDENTIFICATION**

Driver Name : Ristendie Bin Mohamed

Date Of Birth : 5<sup>th</sup> Sept 81 Driving Date Pass : 12 Feb 2018

Driver ID : S8127752D Occupation : Indoor / Outdoor

H/P Phone No : 98585934 Alternative Phone No : \_\_\_\_\_

Address : 104, Tanah Merah Besar Rd, 498841

Email Address : ristendie@gmail.com Relationship : \_\_\_\_\_

Was driver an employee of the Insured's Company? : **Yes / No**

Driver's Own Vehicle Reg No : \_\_\_\_\_ Driver's Own Insurer : \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Registration No : GBD6736B

Manufacturer : \_\_\_\_\_ Model : \_\_\_\_\_

Reporting Type : **Own Damage / Third Party / Reporting Only**

Exact Purpose for which vehicle was being used at time of accident : **Private Use / Company Use /**  
**Hired Use**

**GENERAL INFORMATION OF THE ACCIDENT**

Weather Condition : **Clear / Raining / After Rain**

Injured : **Yes / No**

Road Surface : **Dry / Wet / Damp**

Police Reported : **Yes / No**

Approach by Unknown : **Yes / No**

Video Camera : **Yes / No**

Number of Passengers (Including Driver) : 1

khierthii@rose+limo.com

**DETAILS OF INJURED PERSON**

Name : \_\_\_\_\_

Injuries Sustained : \_\_\_\_\_

Were seat belts worn? : **Yes / No**

Approximate Age : \_\_\_\_\_

Injured person in which vehicle? : \_\_\_\_\_

Was injured conveyed to hospital by ambulance? : **Yes / No**

Address : \_\_\_\_\_

**WITNESS**

Details of Witness : \_\_\_\_\_

Contact Number : \_\_\_\_\_ Email Address : \_\_\_\_\_

**DETAILS OF OTHER VEHICLES**Vehicle Registration No : B : GBE 862 D , C : Ksh Chew San (pick up) <sup>(unknown)</sup>

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_