

NATIONAL Assessment Centre Services

[wef 1 Jan'06]

Date In: 17/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/LIP21005839/13	SAS e-filing		
Veh No: SKE9460P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/05/21 1600	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:

SNIA2774

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%; F: 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 hotline: 6788 6616)

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

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2/3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

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

2) DA: Damage Assessment (\$100); INC (\$80)

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

4) FT: Follow-Through Survey \$120

5) RT: 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:-

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: Idac 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	17/05/2021 09:34 (SGT)
Date of Accident	11/05/2021 16:00 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE9460P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BOSS CAR LEASING PTE LTD
Company Reg No	2XXXXX709H
Email Address	MAWISJAAL@GMAIL.COM
Mobile Phone No	(Phone) +65-81288789
Alternative Phone No	+65-81288789

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	SD21V05787/VPZ/R00
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD AWIS BIN JA'AL
NRIC No	SXXXX047J

Date Of Birth	07/06/1983
Occupation	Indoor
Date Of Driving Pass	13/02/2020
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81288789
Alt. Phone Number	-
Email Address	MAWISJAAL@GMAIL.COM
Address	BLK 275B COMPASSVALE LINK
Address complement	#02-206
Postcode	542275
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NURAIEN
Gender	Female

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

PS REFER TO THE ATTACHED 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	SNA277Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CHEE YEW THONG
NRIC No	SXXXX173C
Contact Number	(Phone) +65-91139194
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 willful 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.:

Tampines Ave 10



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle SNA 277 Y, breaks in front to avoid taxi Hirer (SKE 9460 P) do not have enough time to break and therefore kill rear bumper of vehicle SNA 277 Y.

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:

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

17/05/21
on my
table

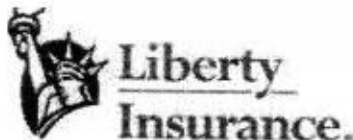
Date of Accident : 11/05/21 Accident Time: 1600hrs (24-HR-Format)
Accident Place : Tampines Ave 10
Vehicle Reg. No. (Car Plate No.) : SKE 9460 P
Vehicle Make/Model : Honda Stream 1.8A
Insurance Company : Liberty Insurance Policy No. SD21405787/VP2/R00
Owner or Company Name /IC No. : Boss Car Leasing Pte Ltd 202101709H
Owner or Company Contact No. : _____ Owner's Hp 81288789 Company Tel _____
DRIVER'S Name / IC No. : Muhammad Awis Bin Jaa1 / 583/6047J
DRIVER'S Date Of Birth : 07/06/1983 DRIVER'S License Pass Date 13 Feb 2020
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hiner
DRIVER'S Address : 275B Compassvale Link #02-206 542275
DRIVER'S Contact No./ Alt No. : 1) 93670478 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : mawisjaa1@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) : (01) Anybody injured in the accident Yes/No
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

Other Party Driver's Particular (if any)

(B)
Vehicle Reg. No: SNA 277Y
Vehicle Make/Model: Honda HRV
Name Driver: CHEE YEW THONG
IC No. Driver: S1532173C
Driver's Contact & Add: 91139194

(C)
Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

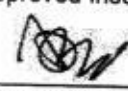
351B Canberra Road #09-297
Singapore 752351



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611
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
ROAD TRANSPORT (AMENDMENT) ACT 2019
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD21V05787 /VPZ /R00
Form	MZ406D
Date Of Issue	11-MAY-2021
1.Index Mark and Registration No. of Vehicle:	SKE9460P
2.Chassis number of Vehicle:	RN61086234
3.Name of Policyholder:	BOSS CAR LEASING PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	23-APR-2021 08:26 AM
5.Date of Expiry of Insurance:	23-FEB-2022 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
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 t	
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 :	PHV Extension (Geographical Area: Singapore only), Third Party Fire & Theft
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	All Claims S\$2000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$2000
FINANCE COMPANY:	TAI THONG LEE TRADING PTE LTD
PRODUCER NAME:	NESTATE STENHOUSE (S) PTE LTD

PLVC/PLVC/11-MAY-21

S1_CL_T1_T3_OE_Template2-Vet1

11-MAY-21