

NATIONAL Assessment Centre Services

| | | | |
|--------------------------------|--|-----------------------|---------|
| Date In: 07/06/21 | Job description | Date & Time Completed | Done by |
| Ref No: NA/LIA21006460/13 | SAS e-filing | | |
| Veh No: YQ3519R | E-mail (within 8hrs. A/C 2hrs) | | |
| D.O.A: 05/06/21 1356 | i-Motor Claim Form | | |
| OD: TP / <u>Reporting Only</u> | i-Motor W/O (Within: OE 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SLV1596H 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | | |
|---------------------------------|--|---|--|----------------------|----------------------|
| NA2103092 | | Invoice Preparation Checklist | | Ant (\$) 1st Bill | Ant (\$) Add Bill |
| Claimant's Particulars :- | | 1) AR: Accident Reporting (\$30); | | | |
| | | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Driver/Owner: | | 3) TF: Towing Fee \$40/\$45 | | | |
| | | 4) FT: Follow-Through Survey \$120 | | | |
| Contact No: | | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| | | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Damaged Portion: | | 6) TR: Re-inspection \$75 | | | |
| | | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| QC Checked by (Engr-In-Charge): | | 8) NTUC Additional Services - | | | |
| | | OD* | | | |
| Auditors' Comments :- | | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | | *N6: Repair Co-ordination \$10 | | | |
| Cat. 1: | | *N7: Post Repair Inspection \$25 | | | |
| | | *N8: DV / Collect Excess Coordination \$5 | | | |
| Cat. 2 / 3: | | 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 | 07/06/2021 16:45 (SGT) |
| Date of Accident | 05/06/2021 13:56 (SGT) |
| Exact Location of Accident | Newton Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---|
| Vehicle Registration Number | YQ3519R |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | SKYLIGHT ELECTRICAL ENGINEERING PTE. LT |
| Company Reg No | 2XXXXX237Z |
| Email Address | SURESH@SKYLIGHTEE.COM |
| Mobile Phone No | (Phone) +65-65478446 |
| Alternative Phone No | (Office) +65-65478446 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Mitsubishi |
| Model | Canter |
| 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 | Comprehensive |
| Fleet Policy | No |
| Policy Number | SD21V07516/VCH/R00 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|------------------------|
| Name of Driver | RAJAMANICKAM JAYAKUMAR |
| Passport No/FIN | GXXXX781X |

| | |
|--|----------------------------|
| Date Of Birth | 01/05/1979 |
| Occupation | Outdoor |
| Date Of Driving Pass | 03/09/2020 |
| Driving experience | 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96547688 |
| Alt. Phone Number | - |
| Email Address | SURESH@SKYLIGHTEE.COM |
| Address | 11 JALAN MACHANG SEMBAWANG |
| Address complement | - |
| Postcode | 759171 |
| 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 - Head to Rear |
| Weather Conditions | Raining |
| Road Surface | Wet |

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

| | |
|---|-------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | HAVEN'T RETRIEVE. |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLV1596H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-91180981 |
| 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 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

Handwritten notes on the grid:

- A - YQ3519P
- B - SLV1396H
- NEWTON ROAD
- Diagram showing a car (A) and a car (B) with arrows indicating movement or position.

Describe Circumstances of the Accident

I was travelling straight along Newton Road on the extreme left lane. In front of my vehicle stopped at the red traffic light junction and I followed suit. Due to the road surface wet my vehicle couldn't stop move forward and hit the rear portion of vehicle B.

Declaration

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

07/06/21

07/06/21

ACCIDENT STATEMENT

ACCIDENT DATE: (05/06/21) (DD/MM/YYYY), TIME: (13:56) (HH:MM)

LOCATION: NEWTON CIRCUS Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ3519R
b) INSURANCE COMPANY: LIBERTY
c) POLICY NUMBER: SD21V07516/PO
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: SKYLIGHT ELECTRICAL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 199805823H CONTACT: 63478446
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RAJAMANICKAM JAYAKUMAR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 98214781X CONTACT: 96547688
c) ADDRESS: 11 JALAN MACHANG SEMBAYANG
759171

*d) DATE OF BIRTH: (01/05/1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 03/09/2020

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: SLV1596H MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 91180981

9. THIRD PARTY VEHICLE

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

Email = suresh@skylightee.com

fax = _____

VIDEO = yes, haven't retrieve



**Liberty
Insurance.**

Certificate of insurance

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>

THE SCHEDULE

| COMMERCIAL VEH-HIRE USE (Comprehensive) Policy Number SD21V07516 / VCH / R00 | | | |
|---|------------------------------|---|---|
| Name and Address of Insured SKYLIGHT ELECTRICAL ENGINEERING PTE. LTD. 3014 UBI ROAD 1 #03-280 KAMPONG UBI INDUSTRIAL ESTATE SINGAPORE 408702 | | Replacing No. Account No. A1193 Registration No. YQ3519R Type of Body LORRY Capacity/Tonnage 3 Tons Engine No. 4P10E53404 Chassis No. FEB21EA35283 Seating Capacity 2 including driver Year of Mfg/Reg 2020/2021 Make / Model MITSUBISHI CANTER FEB21ER4SDEN (HOOD) | |
| Profession or Business BUILDING, CONSTRUCTION, LANDSCAPING | | Hire Purchase Owner/Leasing Company DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD | |
| Period of Insurance (Both Dates Inclusive) From 30-APR-21 To 29-APR-22 | | Sum Insured Market value at the time of loss | |
| Named Drivers: AS INDICATED IN THE CI | | | |
| Excess Section I - SGD 600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers - SGD 3000, Windscreen Excess - SGD 100 | | Extra Coverage Unlimited Windscreen, Hood-Sum Insured S\$5000 SGD 50.00 | |
| Subject to the following Operative Endorsement attached: V0001, V0010, V0011, V0012, V0013, V0054, V0095, V0097, V0108, V0153, V0233, V0244, V0281, V0288, Z011 | | | |
| THE POLICY'S PREMIUM (IN SINGAPORE DOLLAR) | | | |
| Basic Premium 1,514.60 | NCD 302.92 (20%) | Fleet / Other Discounts 0.00 | Good Driver Discount 0.00 (0%) |
| Extra Premium 50.00 | Sub Total 1,261.68 | GST 88.32 (7.00%) | Total Premium Payable 1,350.00 |
| This Schedule replaces any previous Schedule. This Schedule and Policy are to be read together as one contract. Person or classes of persons entitled to drive and limitation as to use, are as specified in the Certificate of Insurance issued in relation to this policy. | | | SINGAPORE For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers Authorised Signature |

PLSL/PLSL/18-MAY-21

S1_TEMPLATE 18-MAY-21