

# NATIONAL Assessment Centre Services

Date In: 12/07/21	Job description	Date & Time Completed	Done by
Ref No: NA/LIP21007557/13	SAS e-filing		
Veh No: SNA4992A	E-mail (within 8hrs, AD: 2hrs)		
D.O.A: 11/07/21 1630	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: SAH8232E 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

NA2103453	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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	12/07/2021 18:16 (SGT)
Date of Accident	11/07/2021 16:30 (SGT)
Exact Location of Accident	Cairnhill Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA4992P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MAJESTIC AUTOMOBILE PTE LTD
Company Reg No	2XXXXX583H
Email Address	TRACSOH@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91196006
Alternative Phone No	+65-91196006

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Slk200
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1796

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	SD21V03294/VTN/R00
Cover Note Number	-

### DRIVER

Name of Driver	SOH GUAT TING(SU YUETING)
NRIC No	SXXXX740E



Date Of Birth	21/07/1972
Occupation	Indoor
Date Of Driving Pass	16/11/1992
Driving experience	28 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82222707
Alt. Phone Number	-
Email Address	TRACSOH@YAHOO.COM.SG
Address	BLK 286 YISHUN AVE 6
Address complement	#09-92
Postcode	760286
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	Side Swipe
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 vehicle 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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDH8232E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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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.

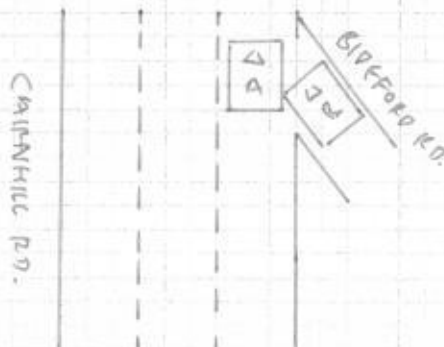


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A: SNA 4952 P.  
B: SDH 8232 E.

### Describe Circumstances of the Accident

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT.

OUT OF NOWHERE, I FELT AN IMPACT FROM THE REAR RIGHT.

I LEANT DOWN AND SAW VEHICLE B HIT INTO THE REAR.

RIGHT PORTION OF MY VEHICLE AND VEHICLE B WAS COMING FROM

A ROAD WITH A STOP LINE.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 12/07/21

Witnessed by Reporting Centre Personnel

Date of Accident : 11/07/21 Accident Time: 1630 (24-HR-FORMAT)  
 Accident Place : CHAIRNHILL ROAD  
 Vehicle Reg. No (Car plate No.) : SNA 992 P Vehicle Make/Model: MERC SLK 200  
 Insurance Company : LIFERTY Policy No. SP21U02294/VTN/R00  
 Name of Registered Owner : Company / Individual MAJESTIC AUTOMOBILE PTE LTD  
 ID of Registered Owner : Co Reg No: 20290593H Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: 9117 6006 Owner's Contact No: \_\_\_\_\_  
 DRIVER'S Name : SOH GUAT JING (SU YUETING) DRIVER'S NRIC No: S7225740 E  
 DRIVER'S Date of Birth : 21/07/72 DRIVER'S License Pass Date: 16/11/1992  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 264 YISHUN ST 22 #12-141 S(760264)  
 DRIVER'S Contact No./ Alt No. : 1) 82222 707 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg, working inside or outside of an office)  
 Email Address : TRACSOH@YAHOO.COM.SG  
 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  
 Was the accident reported to the police? 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 Particulars (if any)**

Vehicle Reg No: <u>S0H 822E</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

CLAIMS@REVOMOTO.COM.SG






Liberty  
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>

## 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

<b>Certificate No</b>	SD21V03294 /VTN /R00
<b>Form</b>	MZ9
<b>Date Of Issue</b>	06-JUL-2021
<b>1.Index Mark and Registration No. of Vehicle:</b>	NAMED DRIVER/S AS BELOW
<b>2.Chassis number of Vehicle:</b>	
<b>3.Name of Policyholder:</b>	MAJESTIC AUTOMOBILE PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	05-JUL-2021 19:46 PM
<b>5.Date of Expiry of Insurance:</b>	24-FEB-2022 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	NG JUN XIONG, SOH GUAT TING (SU YUETING)
<p>NG JUN XIONG, SOH GUAT TING (SU YUETING)</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>	
<b>7.Limitations as to use*:</b>	Use only for Motor Trade purposes.
<b>8.Policy does not cover:</b>	<p>The policy does not cover use for hire or reward, racing, pace-making, reliability trials or speed-testing.</p> <p>N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.</p> <p>*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.</p>
<p>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.</p>	
<p style="text-align: right;">For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p> <p style="text-align: right;"> _____ Authorised Signature</p>	
<p><b>For Information only:</b></p> <p>COVERAGE : Third Party Only, Demonstration Extension, Geographical Area: Singapore only, Standard Operating Hours : 8 am to 8 pm</p> <p>SUM INSURED:</p> <p>EXCESS: Section II S\$3000</p> <p>FINANCE COMPANY:</p> <p>PRODUCER NAME: SONA INSURANCE AGENCIES PTE LTD</p>	

PLVC/PLVC/06-JUL-21

S3\_CL\_T1\_T3\_TEMPLATE2-VER1 06-JUL-21