

# NATIONAL Assessment Centre Services

Date In: 04/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/LIP21008192/13	SAS e-filing		
Veh No: PC9524	E-mail (within 3hrs. Aft 2hrs)		
D.O.A: 30/07/21 1325	i-Motor Claim Form		
OD: (IP) 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: 5MB35476	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

NA2103582

## Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

### Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

### Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

1) AR: Accident Reporting (\$30);	30	
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
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:-		
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 date 1

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	04/08/2021 09:34 (SGT)
Date of Accident	30/07/2021 13:25 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	WHITLEY RD JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC952Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AURORA WORLD PTE LTD
Company Reg No	2XXXXX992D
Email Address	x543210h@gmail.com
Mobile Phone No	(Phone) +65-97289851
Alternative Phone No	+65-97289851

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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
Transmission	Manual
CC	2494

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	SD21V04011/VBZ/R02
Cover Note Number	-

#### DRIVER

Name of Driver	SUWARSONO BIN DARGOSUHARNO
NRIC No	SXXXX772E

Date Of Birth	24/02/1955
Occupation	Outdoor
Date Of Driving Pass	09/12/2008
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97289851
Alt. Phone Number	-
Email Address	xinhuaworkshop@gmail.com
Address	BLK 517 PASIR RIS ST 52
Address complement	#12-51
Postcode	510517
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
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

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	SMB3547E
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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to Sketch Plan





## Describe Circumstances of the Accident

On the stated date & time, I, vehicle 'A' was travelling along the stated venue, I stopped my vehicle at the 2<sup>nd</sup> lane to wait the on coming vehicle is clear to move off. The second lane of the Duncann Rd was very heavy traffic & all the car was stopped stationary. When the traffic was clear, I proceed to move out, suddenly vehicle 'B' with very fast speed dash out and hit into my vehicle cause my vehicle badly damage from front R/H side to rear portion.

## 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

03/08/21

919 - UNMURIT  
COZ OF DRIVING  
PASS BARE

Date of Accident : 30/7/2021 Accident Time: 13:25 (24-HR-Format)  
 Accident Place : Along Durean Rd & Mthay Rd Junction.  
 Vehicle No. (Car Plate No.) : DC 952Y Make/Model: Toyota Hiace  
 Insurance Company : Liberty Policy No: SD11V04011/V07/R02  
 Owner or Company Name / IC No. : AURORA WORLD PTE LTD.  
 Owner or Company Contact No. : 2010029920 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name/IC No. : Sunarsono Bin Dargosuharno.  
 DRIVER'S Date of Birth : 24/02/1955 DRIVER'S License Pass Date: 23 Mar 2006.  
 Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: \_\_\_\_\_  
 DRIVER'S Address : B11c 517 Pann Ars St 52 212-51 8510517.  
 DRIVER'S Contact No./ Alt No. : 1) 97289851 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
 Email Address : x543210h@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): 02.  
 UNKNOWN - M  
 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  
 Any injury (If YES, Pleas state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No	: 80MB3547 E	Vehicle No	: _____
Vehicle Make/Model	: _____	Vehicle Make/Model	: _____
Name Driver	: _____	Name Driver	: _____
IC No. Driver/Contact:	: _____	IC No. Driver/Contact:	: _____

Passenger's name &amp; gender:

xinhua workshop @ gmail.com



## 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>	SD21V04011 /VBZ /R02
<b>Form</b>	MZ603A
<b>Date Of Issue</b>	08-MAR-2021
<b>1.Index Mark and Registration No. of Vehicle:</b>	PC952Y
<b>2.Chassis number of Vehicle:</b>	JTFST22P500011444
<b>3.Name of Policyholder:</b>	AURORA WORLD PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	02-MAR-2021 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	01-MAR-2022 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b> Any person provided he is in the Policyholder's employ and is driving on their order or with their permission. 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 only for the carriage of passengers or goods in connection with the Policyholder's business. B) Use only in the Republic of Singapore.	
<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.	
*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> Geographical Area: Singapore only, Third Party Fire & Theft <b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS <b>EXCESS:</b> All Claims S\$3000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000 <b>FINANCE COMPANY:</b> MOTOR CREDIT PTE LTD <b>PRODUCER NAME:</b> E TAY TRADING COMPANY	

PLSL/-08-MAR-21

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

08-MAR-21