

NATIONAL Assessment Centre Services, [url: https://www.nacservices.com], 8409 219 A0005

Date In: 10/09/2021 16:58	Job description	Date & Time Completed	Done by
Ref No: NA2103848	SAS e-tilting		
Veh No: GBF 4067B	E-mail (by date time, A/C time)		
P.O.A: 09/09/2021 19:40	I-Motor Claim Form		
	I-Motor W/O (Within 60 days, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VV/Ins		

(1) TP Reporting Only

TP Insurer:

Preferred Wksp / INC Ass'n Wksp / QW:

TP Policyholder: Vch No: YN 7146Y INC () / Non-INC ()
 Owner / Driver: Tel: ()
 Policy No: () Period: () Cover Type: ()

Confirmed by: ()

Date:

Time:

Insured/Driver Liability: () % [Note: Est Status (WO): NI: 0-20%; PI: 21-79%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Write-In Customer: Customer's Information strictly Confidential & solely NO Ref of repdon.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3,000) ()

Injury:

NA2103848

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Bugs-in-Charge):

1) All Accident Insurance (50%)	INC (40)
2) DAI Survey Assessment (\$1000)	\$1000
3) TP Towing Fee	\$120
4) PT Follow Through Survey	\$50
5) PT Follow Through Survey (Resurvey)	\$50
6) PT Follow Through Survey (Resurvey) (with 10 min 200)	\$75
7) PT Follow Through Survey	\$160
8) PT Follow Through Survey	\$160
9) PT Follow Through Survey	\$160
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98) PT Follow Through Survey	\$160
99) PT Follow Through Survey	\$160
100) PT Follow Through Survey	\$160

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	10/09/2021 16:58 (SGT)
Date of Accident	09/09/2021 19:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS SLE BEFORE ANG MO KIO AVENUE 3 EXIT 12B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4067B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RICO ENGINEERING WORKS PTE LTD
Company Reg No	1XXXXX407G
Email Address	aden.1111@yahoo.com
Mobile Phone No	(Phone) +65-83938495
Alternative Phone No	(Office) +65-64820153

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V12478/VCV/R00
Cover Note Number	-

DRIVER

Name of Driver	UTHIRAPATHI HONESTRAJ
Passport No/FIN	GXXXX298U

Date Of Birth	01/05/1992
Occupation	Outdoor
Date Of Driving Pass	26/12/2017
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83938495
Alt. Phone Number	-
Email Address	aden.1111@yahoo.com
Address	PPT LODGE 14 WORKER DORMITORY
Address complement	-
Postcode	797455
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHANVA MOHAN DHANAMOHAN
Gender	Male

PASSENGER 2

Name	MIAH SHAKIL
Gender	Male

PASSENGER 3

Name	DHAVMALIGAM SANTHOSH KUMAN
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

PLEASE REFER TO SKETCH PLAN

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	YN7146Y
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	GBE6167M
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UTHIRAPATHI HONESTRAJ
Gender	Male
Phone No	(Phone) +65-83938495
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF4067B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SHANVA MOHAN DHANAMOHAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF4067B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	MIAH SHAKIL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF4067B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	DHAVMALIGAM SANTHOSH KUMAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF4067B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



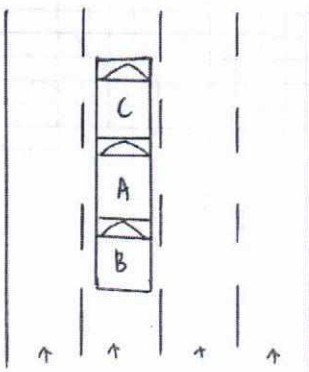
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CTE towards SLE before Ang Mo Kio Ave3 Exit 12B



Vehicle A: GBF4067B

Vehicle B: YN7146Y

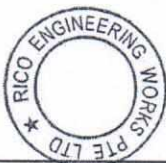
Vehicle C: GIB E6167M

Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (G1BF4067B) was travelling straight at the stated location on Lane 3. As the front vehicle slowed down and came to a stop, I followed suit. Out of sudden, I felt an impact from the rear portion of my vehicle. Vehicle B (YN7146Y) collided onto the rear portion of my vehicle causing me to surge forward and collided onto vehicle C (G1BE6167M).

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

hbmuf m

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

[Signature] 10/09/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 9/9/2021 Accident Time: 1940hrs (24-HR-FORMAT) /
Accident Place : CTE towards SUE before Ang mo kio Ave 3 Exit 12B
Vehicle Reg. No (Car plate No.) : GBF4067B Vehicle Make/Model: Tata Dura
Insurance Company : Liberty Policy No. SD30V12478/VCV/ROO
Name of Registered Owner : Company / Individual Rico Engineering Works Pte Ltd
ID of Registered Owner : Co Reg No: 1998004076 Owner's NRIC No: -
: Co Contact No: 64820153 Owner's Contact No: -
DRIVER'S Name : Uthirapathi Honestraj DRIVER'S NRIC No: G23029804
DRIVER'S Date of Birth : 01 May 1993 DRIVER'S License Pass Date: 26 Dec 2017

Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others:
DRIVER'S Address : PPT Lodge 1A worker dormitory
DRIVER'S Contact No. / Alt No. : 1) 8393 8495 2) -
DRIVER'S Occupation : INDOOR / OUTDOOR (eg: working inside or outside of an org)
Email Address : aden.1111@yahoo.com
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type : Reporting Only / Claim Other Party / Statute Own Insurance

Number of Passengers (including Driver): 04 Passenger Name: Miah Shakil Gender: M/F
Was the accident reported to the police? YES / NO Passenger Name: Dharmaligan Santhosh Gender: M/F
Was there any video captured by car camera? YES / NO Any Injuries: YES / NO Injured Name: Uthirapathi Honestraj
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose Injured Name: Shanva Mohan Dhanamohan
4) Dharmaligan Santhosh
Kumar

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>YN7H464</u>	Vehicle Reg No: <u>GBE6167M</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	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: _____




Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6880
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 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD20V12478 /VCV /R00
Form	MZ300A
Date Of Issue	08-OCT-2020
1.Index Mark and Registration No. of Vehicle:	GBF4067B
2.Chassis number of Vehicle:	KDY2318026064
3.Name of Policyholder:	RICO ENGINEERING WORKS PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	12-OCT-2020 00:00 AM
5.Date of Expiry of Insurance:	11-OCT-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
Any person who is driving on the Policyholder's 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.	
7.Limitations as to use*:	
A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.	
8.The Policy does not cover:	
A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing or 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 :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD

PLVC/PLVC/08-OCT-20

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08-OCT-20