

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 04/10/21         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/LIP21010232/13 | SAS e-filing                             |                       |         |
| Veh No: SMP1929B          | E-mail (within 3hrs. AIC 2hrs)           |                       |         |
| D.O.A: 03/10/21 1320      | i-Motor Claim Form                       |                       |         |
| OD (P) 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: SCA101B  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA2104073

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Amt (\$)    | Amt (\$) |
|---------------------------------|---|-------------|----------|
|                                 |   | 1st Bill    | Add Bill |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |             |          |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |             |          |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |             |          |
| Auditors' Comments :-           | 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 -                   |             |          |
| Cat 1:                          | 9) N12: Idac Mobile 30                          |             |          |
| Cat 2 / 3:                      | 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              | 04/10/2021 20:16 (SGT)      |
| Date of Accident                | 03/10/2021 13:20 (SGT)      |
| Exact Location of Accident      | Ang Mo Kio Ave 2, Singapore |
| Additional Location Information | TWDS SERANGOON              |
| Country/State of Loss           | Singapore                   |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMP1929B |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |  |
|--------------------------|--|
| Is company?              | Yes                                    |
| Name Of Registered Owner | SINGAPORE MOBILITY CORPORATION PTE LTD |
| Company Reg No           | 2XXXXX234Z                             |
| Email Address            | murru@sixt.com.sg                      |
| Mobile Phone No          | (Phone) +65-64239566                   |
| Alternative Phone No     | (Office) +65-64239566                  |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mercedes                  |
| Model  | S320I                     |
| 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   | 2996                      |

#### INSURANCE COMPANY

|                           |                           |
|---------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Type of Coverage          | Comprehensive             |
| Fleet Policy              | No                        |
| Policy Number             | SD21V00323/VPZ/R00        |
| Cover Note Number         | -                         |

#### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | TAN CHUAN-JIN |
| NRIC No        | SXXXX188H     |

|  |                       |
|--|-----------------------|
| Date Of Birth  | 10/01/1969            |
| Occupation   | Indoor                |
| Date Of Driving Pass   | 31/07/1990            |
| Driving experience   | 31 YEARS AND 3 MONTHS |
| Gender   | Male                  |
| Mobile Number  | (Phone) +65-96382844  |
| Alt. Phone Number  | -                     |
| Email Address  | murru@sixt.com.sg     |
| Address  | 6 RAGLAN GROVE        |
| Address complement   | -                     |
| Postcode   | 556255                |
| 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   | 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 | SCA101B      |
| Vehicle Manufacturer        | -            |
| Vehicle Model               | -            |
| Vehicle Variant             | -            |
| Vehicle Colour              | -            |
| Vehicle Category            | Private car  |
| Name of Driver              | CHUA ZI KANG |
| 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' 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

Sketch Plan

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

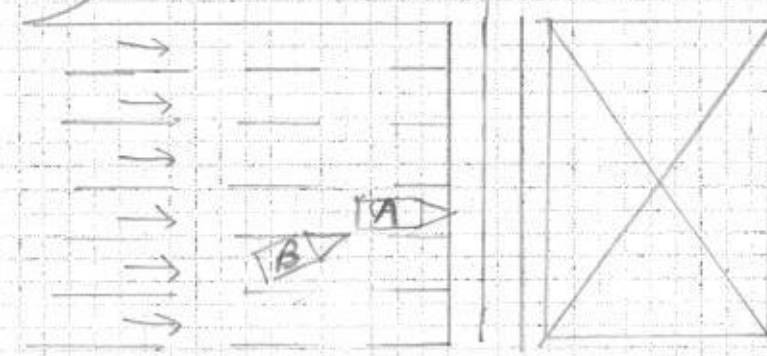
Witnessed by Reporting Centre Personnel

A - SMA1929B

B - SCA101B

CTE

Junction Ayer Rajah Ave 3 towards S'pore



**Describe Circumstances of the Accident**

On 3rd Oct 21 @ 1320hrs, I had stop my car at the traffic light junction along Ang Mo Kio Ave 3 towards Serangoon when I saw a white Nissan with reg. plate no SCA101B Swerving in front right to left lane from my right side view mirror. The car hit my rear right side bumper while swerving in to the left.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

4/10/2021

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

4/10/21

Witnessed by Reporting Centre Personnel

KANG CAR REPAIRERS PTE LTD  
1 Kaki Bukit Ave 6  
#02-06 Autobay @ Kaki Bukit  
Singapore 417883

Tel: 6747 7636/ 6747 3005  
Fax: 6748 5071  
Email: [kangcar@singnet.com.sg](mailto:kangcar@singnet.com.sg)

#### ACCIDENT STATEMENT

|  |                             |                           |
|--|-----------------------------|---------------------------|
| Vehicle nr: SMP 19298  | Date of accident: 3/10/2021 | Time of accident: 13:20pm |
| Exact location of accident: Ang Mo Kio Ave 2 towards Serangoon |                             |                           |
| Country of loss:   |                             |                           |

#### DETAILS OF OWN VEHICLE

|   |  |  |
|---|--|--|
| Vehicle make/model: Mercedes Benz S320L (R19 LED) (Auto)  |  |  |
| Insured name :<br>Singapore Mobility Corporation  | Insured NRIC: 2996 CC<br>2006032342  |  |
| Insured Address: Pte Ltd<br>293 Kaki Bukit Ave 1<br>#03-00 Shun Hi Industrial<br>Park (416081)  | Insured Contact no:<br>64239566  |  |
|   | Insured Email:<br>muru@sixt.com.sg   |  |
| Insurance company:<br>Liberty Insurance   | Policy number: SD21V00323/VPZ/R00  |  |
|   | Fleet policy: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Type of policy:<br><input checked="" type="checkbox"/> Comprehensive<br><input type="checkbox"/> TPFT<br><input type="checkbox"/> Third Party | Type of claim:<br><input type="checkbox"/> Own damage<br><input checked="" type="checkbox"/> Third Party<br><input type="checkbox"/> Reporting | Purpose of vehicle at time of accident:<br><input checked="" type="checkbox"/> Personal use<br><input type="checkbox"/> Commercial - specify use: _____<br><input type="checkbox"/> Hire & reward<br><input type="checkbox"/> Others _____ |

#### DRIVER'S PARTICULARS

|  |   |
|--|---|
| Driver Name:<br>Tan Chuan-Jin  | Driver NRIC: S6901188H  |
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                                 | Driver Date of Birth: 10/1/1969   |
|  | Driving License Pass Date: 31/7/1990  |
| Address:<br>6 Raglan Grove<br>(556255)   | Occupation: <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor |
|  | Contact no: 96382844  |
|  | Email:<br>muru@sixt.com.sg  |
| Does the driver own another vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| If Yes, Vehicle Nr   | Insurance Company:  |
| Driver's relationship with insured: Hired  |   |



## 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>   | <b>SD21V00323 /VPZ /R00</b>  |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <b>Form</b>   | MZ406C   |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <b>Date Of Issue</b>  | 30-DEC-2020  |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <b>1.Index Mark and Registration No. of Vehicle:</b>  | SMP1929B   |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <b>2.Chassis number of Vehicle:</b>   | WDD2221622A499286  |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <b>3.Name of Policyholder:</b>  | SINGAPORE MOBILITY CORPORATION PTE LTD   |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>  | 01-JAN-2021 00:00 AM   |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <b>5.Date of Expiry of Insurance:</b>   | 31-DEC-2021 23:59 PM   |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <b>6.Persons or Classes of Persons entitled to drive*:</b>  | <p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</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>  | <p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>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.</p>  |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <b>8.Policy does not cover:</b>   | <p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</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>For and on behalf of<br/> <b>LIBERTY INSURANCE PTE LTD</b><br/>         Approved Insurers</p> <br><hr/> Authorised Signature  |  |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <p><b>For Information only:</b></p> <table style="width: 100%;"> <tr> <td style="width: 30%;"><b>COVERAGE :</b></td> <td>Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)</td> </tr> <tr> <td><b>SUM INSURED:</b></td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td><b>EXCESS:</b></td> <td>Section I S\$2000, Section II S\$1500, Windscreen Excess S\$100</td> </tr> <tr> <td><b>FINANCE COMPANY:</b></td> <td>DBS BANK LTD</td> </tr> <tr> <td><b>PRODUCER NAME:</b></td> <td>VENTURE CREDIT PTE LTD</td> </tr> </table> |  | <b>COVERAGE :</b> | Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only) | <b>SUM INSURED:</b> | MARKET VALUE AT THE TIME OF LOSS | <b>EXCESS:</b> | Section I S\$2000, Section II S\$1500, Windscreen Excess S\$100 | <b>FINANCE COMPANY:</b> | DBS BANK LTD | <b>PRODUCER NAME:</b> | VENTURE CREDIT PTE LTD |
| <b>COVERAGE :</b>   | Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)   |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <b>SUM INSURED:</b>   | MARKET VALUE AT THE TIME OF LOSS   |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <b>EXCESS:</b>  | Section I S\$2000, Section II S\$1500, Windscreen Excess S\$100  |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <b>FINANCE COMPANY:</b>   | DBS BANK LTD   |                   |  |                     |                                  |                |   |                         |              |                       |                        |
| <b>PRODUCER NAME:</b>   | VENTURE CREDIT PTE LTD   |                   |  |                     |                                  |                |   |                         |              |                       |                        |

PLCS/-/30-DEC-20

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

30-DEC-20



## Register New Vehicle (Acknowledgement)

### Vehicle Particulars

|                          |  |                                   |  |
|--------------------------|--|-----------------------------------|--|
| Vehicle No.:             | SMP1929B                                 |                                   |  |
| Vehicle Type:            | Z10 - Private Hire (Chauffeur) Motor Car | Vehicle Scheme:                   | Normal   |
| Vehicle Attachment 1:    | No Attachment                            |                                   |  |
| Vehicle Attachment 2:    | -  | Vehicle Attachment 3:             | -  |
| Vehicle Make:            | MERCEDES BENZ                            | Vehicle Model:                    | S320L (R19 LED)  |
| Chassis No.:             | WDD2221622A499286                        | Engine No.:                       | 27682431061539   |
| Motor No.:               | -  | Trailer Chassis No.:              | -  |
| Propellant:              | Petrol                                   | Passenger Capacity:               | 4  |
| Engine Capacity:         | 2996 cc                                  | Power Rating:                     | -  |
| Maximum Power Output:    | 200.0 kW ( 268 bhp )                     |                                   |  |
| Unladen Weight:          | 1940 kg                                  | Maximum Laden Weight:             | 2610 kg  |
| Primary Colour:          | Black                                    | Secondary Colour:                 | -  |
| First Registration Date: | 16 Sep 2019                              | Original Registration Date:       | 16 Sep 2019  |
| Manufacturing Year:      | 2019                                     | Open Market Value:                | \$87,297.00  |
| PARF Eligibility:        | Yes                                      | Minimum PARF Benefit:             | \$64,567.00  |
| No. of Transfers:        | 0  | Additional Registration Fee Rate: | First \$20,000.00 (100%), next \$30,000.00 (140%), next \$37,297.00 (180%) |
| Actual ARF Paid:         | \$129,135.00                             |                                   |  |



### Owner Particulars

|                              |  |
|------------------------------|--|
| Owner Name:                  | SINGAPORE MOBILITY CORPORATION PTE. LTD.                               |
| Owner ID Type:               | Company  |
| Owner ID:                    | 200603234Z   |
| Registered Address Type:     | Private Residential (Condo Apt or House) / Shopping / Office Complexes |
| Registered Block /House No.: | 20   |
| Registered Street Name:      | CHANGI NORTH CRESCENT  |
| Registered Unit No.:         | # 03 - 00  |