

NATIONAL Assessment Centre Services

Date In: 19/01/2022	Job description	Date & Time Completed	Done by
Ref No: NA / LIP 22000699 / m4	SAS e-filing		
Veh No: SLN 2401Y	E-mail (within 8hrs. Aft 2hrs)		
D.O.A: 16/01/2022 12:15	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: Of 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: SLN 524m	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

NA 2200175	Invoice Preparation Checklist		Amf (\$)	Amf (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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:-			
	Q11*			
	*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	19/01/2022 16:14 (SGT)
Date of Accident	16/01/2022 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 138 TAMPINES STREET 11 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN2401Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BEW
Company Reg No	5XXXX824K
Email Address	ronho1986@gmail.com
Mobile Phone No	(Phone) +65-97568787
Alternative Phone No	+65-96672483

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Megane
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 - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1461

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V05687/VPL/R02
Cover Note Number	-

DRIVER

Name of Driver	HO SEOW HOO
NRIC No	SXXXX828C

Date Of Birth	23/05/1951
Occupation	Indoor
Date Of Driving Pass	26/11/1968
Driving experience	53 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96672483
Alt. Phone Number	-
Email Address	ronho1986@gmail.com
Address	BLK 110 TAMPINES STREET 11
Address complement	#07-259
Postcode	521110
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	SLS524M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

SKETCH PLAN

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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' 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

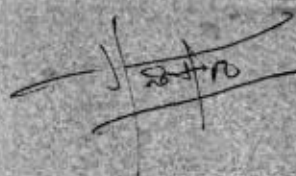
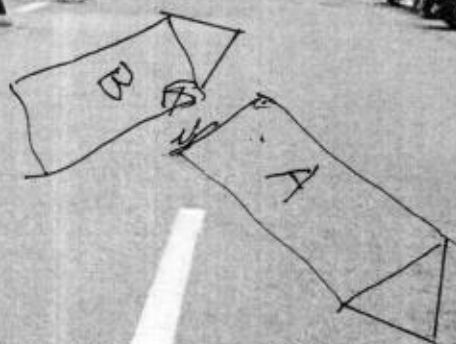
Sketch Plan

As per attached!

A = SLN 2401 Y

B = SLS 524 M

Blk 138 Tampines Street 11 Carpark.



Describe Circumstances of the Accident


After i bought some groceries and decided to head off, ~~instat~~ i went into my vehicle and checked that there were no vehicle behind so then i proceed to reverse my car. During reversing i saw the vehicle B was behind me so ~~then i decided to stop~~ i stop my vehicle but then suddenly i felt an impact from behind. Then i realise it was vehicle B that had collided onto my vehicle rear portion while she was reversing her car into the parking slot. Then we alighted from our vehicle and decided to private settle. On the next day, the driver of vehicle B gave me a quotation amount of Sgd 6,800 for repair her car. Because the amount was huge so i rejected and we agreed to make a report.

Declaration


I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 19/01/22

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

 19/1/22

Witnessed by Reporting Centre Personnel

(Sunday) ACCIDENT STATEMENT (12:15pm)

ACCIDENT DATE: (16 / 01 / 2022) (DD/MM/YYYY), TIME: (12 : 15) (HH:MM)

LOCATION: Blk 138 Tampines Street 11 Carpark.

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLN 2401Y

b) INSURANCE COMPANY: Liberty

c) POLICY NUMBER: SD21V05687/VPL/R02

d) POLICY TYPE: ☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: Renault Megane (Auto) (1461cc) private hire

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: private use

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES

IF NO, PLEASE STATE ~~THIRD PARTY CLAIM~~ / REPORTING ONLY Reporting Only

2. INSURED / POLICY HOLDER

a) NAME: BEW (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 53344824K CONTACT: 9756 8787

c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Ho Seow Hoo (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S0070828C CONTACT: 9667 2483

c) ADDRESS: Blk 110 Tampines Street 11 #07-259 (S) 521110

* d) DATE OF BIRTH: (23 / 05 / 1951) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26/11/1968

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / ☒ NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hirer / rental

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: SLS 524M MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = RowHo1986@GMAIL.COM

fax =

VIDEO = Nil

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

Certificate No	SD21V05687 /VPL /R02
From	MZ400B
Date Of Issue	07-APR-2021
1.Index Mark and Registration No. of Vehicle:	SLN2401Y
2.Chassis number of Vehicle:	VF1RFB00357030995
3.Name of Policyholder:	BEW
4.Effective date of Commencement of Insurance for the purpose of the Act:	27-APR-2021 00:00 AM
5.Date of Expiry of Insurance:	26-APR-2022 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
For Private Hire Vehicle (PHV) Usage :	PHUAH MENG FONG
For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.	
<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>	
7.Limitations as to use*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes.	
8.Policy does not cover:	
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 LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only: COVERAGE : Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only) SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100 FINANCE COMPANY: MAYBANK SINGAPORE LTD PRODUCER NAME: CHUAN LEE ENTERPRISES PTE LTD	

PLFM/-07-APR-21

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