

NATIONAL Assessment Centre Services

Date In: 04/02/22	Job description	Date & Time Completed	Done by
Ref No: NA/LIP22001082/13	SAS e-filing		
Veh No: SM2478U	E-mail (w/2hr. Max. AP: 2hrs)		
D.O.A: 29/01/22 1652	i-Motor Claim Form		
OD: TP <u>Reporting Only</u>	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: SJ4/259P	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

NA2200324

Invoice Preparation Checklist

Amr (\$) 1st Bill Amr (\$) 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);	
2) DA: Damage Assessment (\$100); INC (\$80)	
3) TF: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
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:-	
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 \$0	

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	04/02/2022 16:43 (SGT)
Date of Accident	29/01/2022 16:52 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE/TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM2478U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEST WAY CAR RENTAL PTE LTD
Company Reg No	2XXXXX941M
Email Address	dreamcarrentalsg@gmail.com
Mobile Phone No	(Phone) +65-81288789
Alternative Phone No	+65-81288789

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	Commercial vehicle
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V06051/VPZ/R01
Cover Note Number	-

DRIVER

Name of Driver	ZAINAL ABIDIN BIN AHMAD
NRIC No	SXXXX869B



Date Of Birth	14/08/1957
Occupation	Outdoor
Date Of Driving Pass	09/07/2013
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91460214
Alt. Phone Number	-
Email Address	dreamcarrentals@gmail.com
Address	BLK 477 PASIR RIS DR 6
Address complement	#05-520
Postcode	510477
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	SJY1259P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KHAIRUL ANWAR
NRIC No	SXXXX573D
Contact Number	(Phone) +65-98249767
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

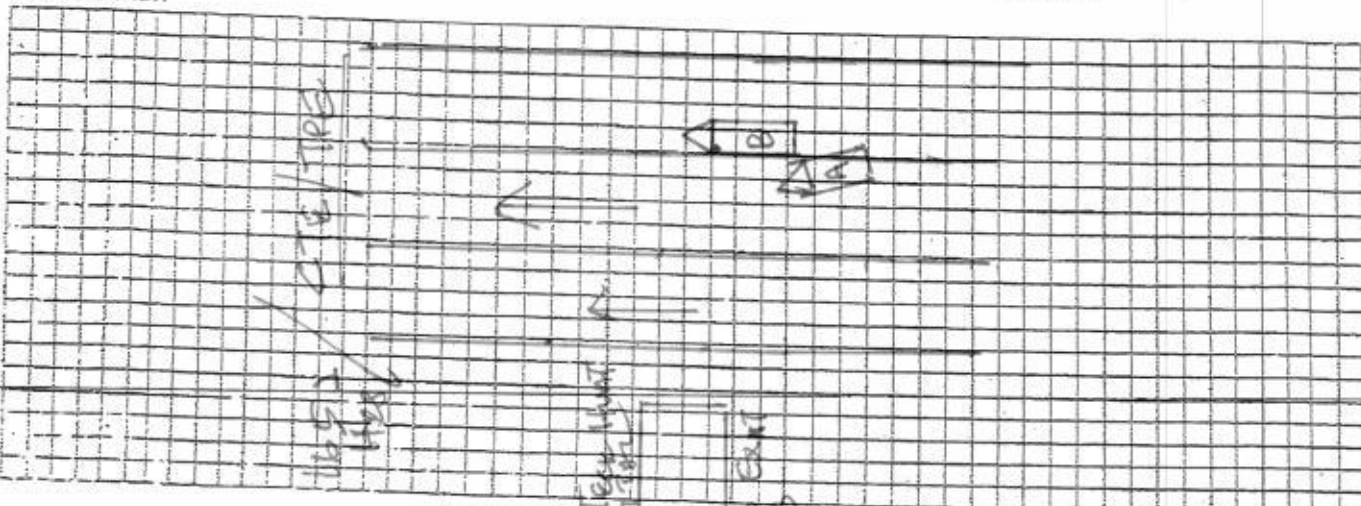
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A - Smm 21784

Vehicle B - S5Y 1259P

Describe Circumstances of the Accident

As I was Driving along the Highway towards CTE/TPE on the 1st LANE approaching towards LENTEE EXIT suddenly the vehicle in front of me comes to STOP / JAM Break. I quickly applied an Emergency Brake to avoid and prevent further damage, but to no avail its too close and my vehicle hit the left part of the vehicle stem Bumper Side. This is cause due to, there is another 3 vehicle collision in front of the 3rd party car, where the 3rd party car jam break.

During the time of the accident it is a very clear, and Dry Day. At 1652 Hrs. / 29 JAN 22.

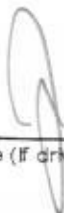
Declaration

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

 04/02/22

Witnessed by Reporting Centre Personnel

Date of Accident: 29 JAN 20 Accident Time: 1652 (24-HR-Format)
Accident Place: CTE/TPE
Vehicle Reg. No. (Car Plate No.): SMM 2478U
Vehicle Make/Model: HYUNDAI AVANTE
Insurance Company: LIBERTY Policy No.: SD21V66051/VP2/201
Owner or Company Name/IC No.: Westway Car Rental Pte Ltd 5016079411
Owner or Company Contact No.: _____ Owner's Hp: 81288789 Company Tel: _____
DRIVER'S Name / IC No.: ZAINAL ABIDIN BIN AHMAD
DRIVER'S Date Of Birth: 14 AUG 57 DRIVER'S License Pass Date: 19 July 2013
Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address: BUK 471 PASIR LUS DRIVE 6 #05-520
DRIVER'S Contact No./ Alt No.: 1) 91460214 2) _____
DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address: Zainalabidinahmad39@gmail.com dreamcarrental@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): () Anybody injured in the accident Yes/No
Was there any video captured by car camera: YES \ NO Passenger NAME: _____ CM/F
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any):

(B)
Vehicle Reg. No.: SDY 1259P
Vehicle Make/Model: Honda City
Name Driver: Khairul Anwar
IC No. Driver: 58848573D
Driver's Contact & Add: 98249767

(C)
Vehicle Reg. No.: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

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

SD21V06051 / VP2 / R01

Form	MZ406C
Date Of Issue	15-APR-2021
1.Index Mark and Registration No. of Vehicle:	SMM2478U
2.Chassis number of Vehicle:	KMHD841CMKU910622
3.Name of Policyholder:	WEST WAY CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	18-APR-2021 00:00 AM
5.Date of Expiry of Insurance:	17-APR-2022 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 or to whom the vehicle is hired. 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 for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired. 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.	
8.Policy does not cover: A) Use for racing, pace-making, reliability trial 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: All Claims S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$2000, Windscreen Excess S\$100 FINANCE COMPANY: UNITED OVERSEAS BANK LIMITED PRODUCER NAME: NEWSTATE STENHOUSE (S) PTE LTD	