

NATIONAL Assessment Centre Services

Date In: 08/02/2022 16:42	Job description	Date & Time Completed	Done by
Ref No: NA/LP 22001192/m4	SAS e-filing		
Veh No: G8G 2073R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/02/2022 13:53	i-Motor Claim Form		
OD / TP: 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: SMZ 6527S	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

NA2200340	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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) NI: 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			
QC Checked by (Engr-In-Charge):	Invoice date/	Fee Charged		
Auditors' Comments:-	Invoice dated	Fee Charged		
at 1:				
at 2/3:				

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	08/02/2022 16:42 (SGT)
Date of Accident	01/02/2022 13:53 (SGT)
Exact Location of Accident	Lor 4 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2073R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOCKHUA TONIC PTE. LTD.
Company Reg No	2XXXXXX276G
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-83638016
Alternative Phone No	+65-83638016

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V12854/VCV/R04
Cover Note Number	-

DRIVER

Name of Driver	SOH SAN FAN
NRIC No	SXXXX079G

Date Of Birth	25/01/1989
Occupation	Indoor
Date Of Driving Pass	16/01/2015
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83638016
Alt. Phone Number	-
Email Address	jmartaauto@gmail.com
Address	BLK 261A PUNGGOL WAY
Address complement	#13-347
Postcode	821261
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	Collision - Head to Rear
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	SMZ6527S
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

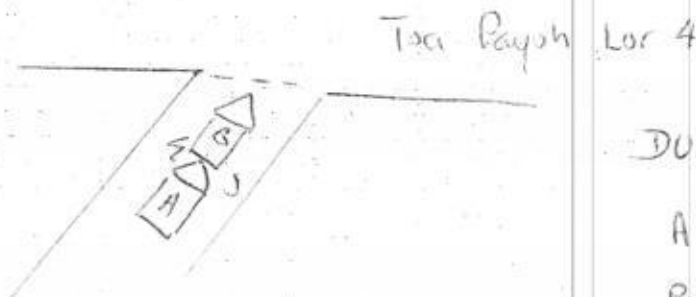


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



DUA: 1/2/2022

A. GRG 2073 R

B. SMZ 6527 S

Failed to brake in time slightly hit onto the
rear of veh B.

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre Personnel	
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Date of Accident : 1/2/2022	Time of Accident : 1353 hrs
Exact Location of Accident : Toa Payoh Lor 4	
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY	
Weather Condition : Clear / Raining	Wet / Dry Private Use / Work
Owner's Name : HockHua Tonic Pte Ltd	NRIC: 200210276G HP :
Driver's Name : soh San Fan	NRIC: 58985079G HP: 83638016
DOB : 25/1/1989	Driving Licence Passing Date : 16/1/2015 Occupation : Indoor / Outdoor
Address : 261A Runggal Way #13-347 (821261)	
Relationship Of Driver with Insured : Employee	Email : jmartauto@gmail.com
Vehicle Number : G8G 2073 R	Make & Model : Nissan (M) NV200 (1461 cc)
Insurance Company : Liberty	Policy Num : Coverage :
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax	
A : 1+0	B : 1+1 C : D :
Vehicle A Passenger Name :	
Anyone Injured :	
<input checked="" type="radio"/> NO	<input type="radio"/> YES Name / NRIC / Which Vehicle :
Was The Accident Reported To The Police ?	
<input checked="" type="radio"/> NO	<input type="radio"/> YES Which Police Station :
Does The Driver Own Any Other Vehicle ?	
<input checked="" type="radio"/> NO	<input type="radio"/> YES Vehicle Number : Insurer :
Was Any Foreign Vehicle Involved ?	
<input checked="" type="radio"/> NO	<input type="radio"/> YES Vehicle Number & Category :
Was There Any Video Captured By Car Camera ? <input checked="" type="radio"/> NO <input type="radio"/> YES	

Third Party's Particular

Vehicle B's Number : SMZ 65275	Make & Model : Toyota
Driver's Name :	NRIC : HP :
Vehicle C's Number :	Make & Model :
Driver's Name :	NRIC : HP :

Witness's Particular



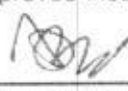
Liberty
Insurance



Liberty Insurance Pte Ltd
Registration no. 199002781D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611
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
ROAD TRANSPORT (AMENDMENT) ACT 2019
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD21V12854 /VCV /R04
Form	MZ300A
Date Of Issue	08-SEP-2021
1. Under Mark and Registration No. of Vehicle:	GBG2073R
2. Chassis number of Vehicle:	VSKEYBAM20Z0145232
3. Name of Policyholder:	HOCKHUA TONIC PTE. LTD.
4. Effective date of Commencement of Insurance for the purposes of the Act:	12-SEP-2021 00:00 AM
5. Date of Expiry of Insurance:	11-SEP-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.
	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*:	<p>Use in connection with the Policyholder's business.</p> <p>Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>Use for social, domestic and pleasure purposes.</p>
8. The Policy does not cover:	<p>Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.</p> <p>Use whilst towing a trailer except the towing of any one disabled mechanically propelled vehicle.</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.
	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>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p></p> <p>Authorised Signature</p>
9. Information only:	
COVERAGE	Comprehensive, Unlimited Windscreen
INSURED	MARKET VALUE AT THE TIME OF LOSS
EXCESS	Section I - S\$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers - S\$1000, Windscreen Excess - S\$100
FINANCE COMPANY:	
PRODUCER NAME:	ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY

08-SEP-21

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08-SEP-21