

# NATIONAL Assessment Centre Services

Date In: 07/04/22	Job description	Date & Time Completed	Done by
Ref No: NA/21A22008214/13	SAS e-filing		
Veh No: 52N6988U	E-mail (within 3hrs. Aft 2hrs)		
DOA 2-102/22	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: GBD4674J 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

NA2200957

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
	5) FT: 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 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 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	07/04/2022 12:10 (SGT)
Date of Accident	26/03/2022 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	37 JLN PEMIMPIN CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6988U
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	M & P INTERNATIONAL FREIGHTS PTE LTD
Company Reg No	2XXXXX913Z
Email Address	jmartaauto@gmail.com
Mobile Phone No	(Phone) +65-83220162
Alternative Phone No	+65-83220162

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	Auto
CC	2400

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	SI21V06569/VPE/R05
Cover Note Number	-

#### DRIVER

Name of Driver	PANG CHUNG QIN
NRIC No	SXXXX583I

Date Of Birth	02/06/1996
Occupation	Indoor
Date Of Driving Pass	16/07/2019
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83220162
Alt. Phone Number	-
Email Address	jmartauto@gmail.com
Address	BLK 126A KIM TIAN RD
Address complement	#29-511
Postcode	161126
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	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)	0
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	GBD4674J
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)	

## 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

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

07/04/22  
Witnessed by Reporting Centre Personnel

### Sketch Plan

JCA 28/3/2022

A: SLN 698FU

B: GBD 4674J



37 Jln Remimpin

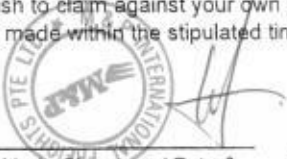
**Describe Circumstances of the Accident**

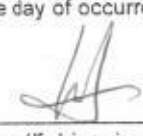
My car was parked stationary inside the parking lot,  
suddenly a veh B reversed & hit onto my veh front  
portion.

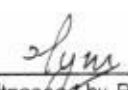
**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date &  
Time

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

 07/04/22  
Witnessed by Reporting Centre  
Personnel

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0922470002 Vehicle Registration No: SLN 6988U  
Name (as shown in NRIC): Pang Chung Qin NRIC/FIN/Passport No: 59618583I  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: 126A Kim Tim Rd #29-511 (10126) Singapore ( )  
Contact (Tel): 83220162 Mobile No.: \_\_\_\_\_  
Email Address: jmartauto@gmail.com  
Date of Accident: 26/3/2022 Time of Accident: 7.30 pm  
Place of Accident: 37 Jln Pemimpin 6/parts  
Insurance Company: Liberty

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I would like to amend the DPA should be 26/3/2022  
at about 7.30 pm



Policyholder / Driver's Signature  
Date:

afym 07/04/22  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



Date of Accident : 28/3/2022		Time of Accident : 6-00pm	
Exact Location of Accident : 37 Jln Remimpin cl park			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Wet / Dry Private Use / Work	
Owner's Name : M & P International Freight PL		NRIC :	HP :
Driver's Name : Pang Chung Qin		NRIC : S9618583 I	HP : 83220162
DOB : 2/6/1996	Driving Licence Passing Date : 16/7/2019		Occupation : Indoor / Outdoor
Address : 126A Kim Tian Rd #29-511 C1011267			
Relationship Of Driver with Insured : Employee		Email : jmartauto@gmail.com	
Vehicle Number : SLN 6988U		Make & Model : Toyota	
Insurance Company : Liberty		Policy Num :	Coverage :
Any passengers inside vehicle involved ( YES / NO ) If yes, Vehicle Number & How many pax			
A : 0	B :	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 type="radio"/> NO <input type="radio"/> YES			

### Third Party's Particular

Vehicle B's Number : GBD 4674J		Make & Model :	
Driver's Name :		NRIC :	HP :
Vehicle C's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :

### Witness's Particular



# 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

**Name of Policyholder:**

M &amp; P INTERNATIONAL FREIGHTS PTE LTD

**Date of Issue:**

24 May 2021

**Effective Date of Commencement:**

07 Jul 2021 00:00

**Registration No.:**

SLN6988U

**Chassis No.:**

ACR500027310

**Certificate No.:**

SI21V06569/ VPE / R05

**Date of Expiry:**

06 Jul 2022 23:59

**Type of Certificate:**

MX4

**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.

**Limitations as to use:**

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

**The Policy does not cover:**

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

\*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

**For Information Only:**

Coverage(s):

Third Party Fire &amp; Theft

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Name of Finance Company:

Name of Producer:

SECURISKS INSURANCE AGENCIES PTE LTD (A0212-2)