

Date In: 26/04/2022 13:00	Job description	Date & Time Completed	Done by
Ref No: N/A / IP 2200855/Y	SAS e-filing		
Veh No: GBC 291L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/04/2022 18:30	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: Vch No: 857 4943D 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

NA2201108	Invoice Preparation Checklist	Am (\$) Inc Bill	Am (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
C Checked by (Engr-In-Charge):	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		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

Auditors' Comments:-

t. 1:

t. 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	26/04/2022 13:00 (SGT)
Date of Accident	25/04/2022 18:30 (SGT)
Exact Location of Accident	Lower Kent Ridge Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC291L
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NTH CONSTRUCTION PTE LTD
Company Reg No	1XXXXX324N
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-91282649
Alternative Phone No	+65-91282649

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	SD22V03440/VCH/R00
Cover Note Number	-

DRIVER

Name of Driver	MUTHUKUMARAN SAVIN
Passport No/FIN	GXXXX292K

Date Of Birth	22/12/1996
Occupation	Outdoor
Date Of Driving Pass	10/07/2018
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91282649
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	14 KAKI BUKIT #03-13
Address complement	-
Postcode	417807
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLEASE REFER TO SKETCH PLAN

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	SJT4943D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUTHUKUMARAN SAVIN
Gender	Male
Phone No	(Phone) +65-91282649
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBC291L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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.



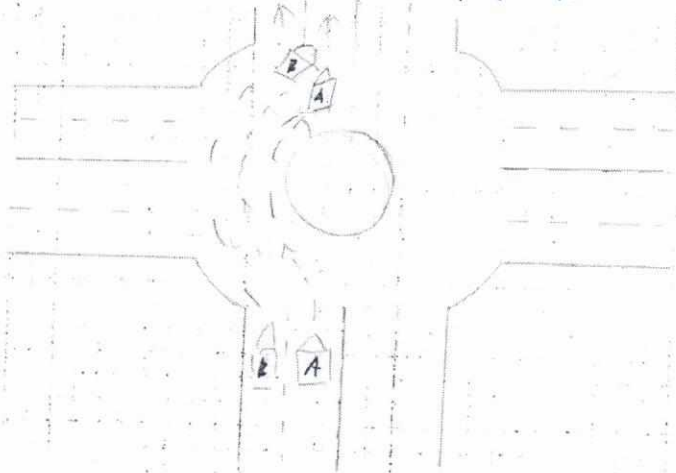
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

WULF KENT RIDGE ROAD



A: GBC291L

B: SJT4943D

* Describe Circumstances of the Accident

I WAS TRAVELLING ALONG LOWER KENT RIDGE ROAD .

AT THE ROUNDABOUT , I SIGNALLLED MY INTENTION TO

EXIT THE ROUNDABOUT. SUDDENLY , THE CAR ON MY

LEFT CUT INTO MY LANE AND COLLIDED ONTO MY

VEHICLE .

Declaration

We declare the foregoing particulars are true in every respect.



x
Policyholder's Signature / Date & Time

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

26/04/2022
Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 25 / 04 / 2022 (dd/mm/yy)

Time of Accident: 18 : 30 (24-HR-FORMAT)

Vehicle No.: GBC291L Vehicle Make & Model / Engine (cc): TOYOTA DYNA Private Hire: (Y / N)

Exact location of Accident: LOWER KENT RIDGE ROAD

Policyholder's Name / IC No.: NTH CONSTRUCTION PTE LTD ROC/UEN (Company) 198403324N

Driver's Name / IC No.: MUTHUKUMARAN SAVIN G2957292K (As Above) ☐

Driver's Contact No.: 9128 2649 Company Contact No / Owner Contact No: _____

Driver's Address: 14 KAKI BUKIT 03-13 SINGAPORE 417807

Owner Email address: CS8558CS@GMAIL.COM Insurance Company: LIBERTY

Driver Email address: _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

***No. of Passengers (Including Driver):** 1

*Passenger Name: _____ Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: DRIVER

Injuries Sustain: _____ Injured Person in Which Vehicle: GBC291L

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SJT4943D

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No SD22V03440 /VCH /R00
Form MZ301A

Date Of Issue 03-MAR-2022

1.Index Mark and Registration No. of Vehicle: GBC291L

2.Chassis number of Vehicle: JTFAT35Y30K201432

3.Name of Policyholder: NTH CONSTRUCTION PTE LTD

4.Effective date of Commencement of Insurance
for the purposes of the Act: 23-FEB-2022 11:12 AM

5.Date of Expiry of Insurance: 22-FEB-2023 23:59 PM

6.Persons or Classes of Persons
entitled to drive*:

- A) Whilst the vehicle is being used in connection with the Policyholder's business :-
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.
- B) Whilst the vehicle is being used for social, domestic and pleasure purposes :-
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:

- A) Use in connection with the Policyholder's business.
- B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- C) Use for social, domestic and pleasure purposes.

8.The Policy does not cover:

- A) Use for racing, pace-making, reliability trials or speed-testing.
- B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- C) Use for the carriage of passengers for hire or reward.

*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.

HUI HUA ENTERPRISE
Reg. No. 53139918D
No. 1 Bukit Batok Crescent
#02-23 WCEGA Plaza
Singapore 658064
Tel: 64696611 Fax: 64698358

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers



Authorised Signature

For information only:

COVERAGE:	Third Party Fire & Theft, Additional Accessories (Hood \$5,000.00)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: S\$3000
FINANCE COMPANY:	HUI HUA CREDIT PTE LTD
PRODUCER NAME:	HUI HUA ENTERPRISE