

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 10/05/22         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/LIP22004356/13 | SAS e-filing                             |                       |         |
| Veh No: 4030146           | E-mail (within 8hrs, A/C 2hrs)           |                       |         |
| D.O.A: 09/05/22 2010      | 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: XE119G 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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

- |   | Ant (\$) | Ant (\$) |
|---|----------|----------|
|   | 1st Bill | Add Bill |
| 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) iT: 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:-                   |          |          |
| Q1:   |          |          |
| *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              | 10/05/2022 16:40 (SGT)         |
| Date of Accident                | 09/05/2022 20:10 (SGT)         |
| Exact Location of Accident      | Singapore                      |
| Additional Location Information | PIE(TUAS)MEAR STEVEN'S RD EXIT |
| Country/State of Loss           | Singapore                      |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | YQ3014E |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                             |
|--------------------------|-----------------------------|
| Is company?              | Yes                         |
| Name Of Registered Owner | LAYAN MANAGEMENT PTE LTD    |
| Company Reg No           | 2XXXXX311M                  |
| Email Address            | layanmanagementpl@yahoo.com |
| Mobile Phone No          | (Phone) +65-63843766        |
| Alternative Phone No     | (Office) +65-63843766       |

#### VEHICLE PARTICULARS

|  |                            |
|--|----------------------------|
| Manufacturer   | Hino                       |
| Model  | XZU710R 14FT WID CAB 5T MT |
| 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   | 4009                       |

#### INSURANCE COMPANY

|                           |                           |
|---------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Type of Coverage          | Comprehensive             |
| Fleet Policy              | No                        |
| Policy Number             | SD21V15376/VCV/R00        |
| Cover Note Number         | -                         |

#### DRIVER

|                 |                         |
|-----------------|-------------------------|
| Name of Driver  | MARIMUTHU RAJA MANICKAM |
| Passport No/FIN | GXXXX313R               |

|  |                             |
|--|-----------------------------|
| Date Of Birth  | 27/02/1994                  |
| Occupation   | Outdoor                     |
| Date Of Driving Pass   | 20/06/2014                  |
| Driving experience   | 7 YEARS AND 11 MONTHS       |
| Gender   | Male                        |
| Mobile Number  | (Phone) +65-90356377        |
| Alt. Phone Number  | -                           |
| Email Address  | layanmanagementpl@yahoo.com |
| Address  | 53 UBI AVE 1                |
| Address complement   | #05-34 PAYA UBI IND PARK    |
| Postcode   | 408934                      |
| Is the driver the policyholder?                              | No                          |
| If No, Relationship of the Driver with the Insured           | SUB-CON                     |
| 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 | Raining                  |
| Road Surface       | Wet                      |

#### 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 | XE119G             |
| Vehicle Manufacturer        | -                  |
| Vehicle Model               | -                  |
| Vehicle Variant             | -                  |
| Vehicle Colour              | -                  |
| Vehicle Category            | Commercial vehicle |
| Name of Driver              | OH KIAN CHOON      |
| NRIC No                     | SXXXX878C          |
| 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 willful 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.



M. Palar  
10/05/2022

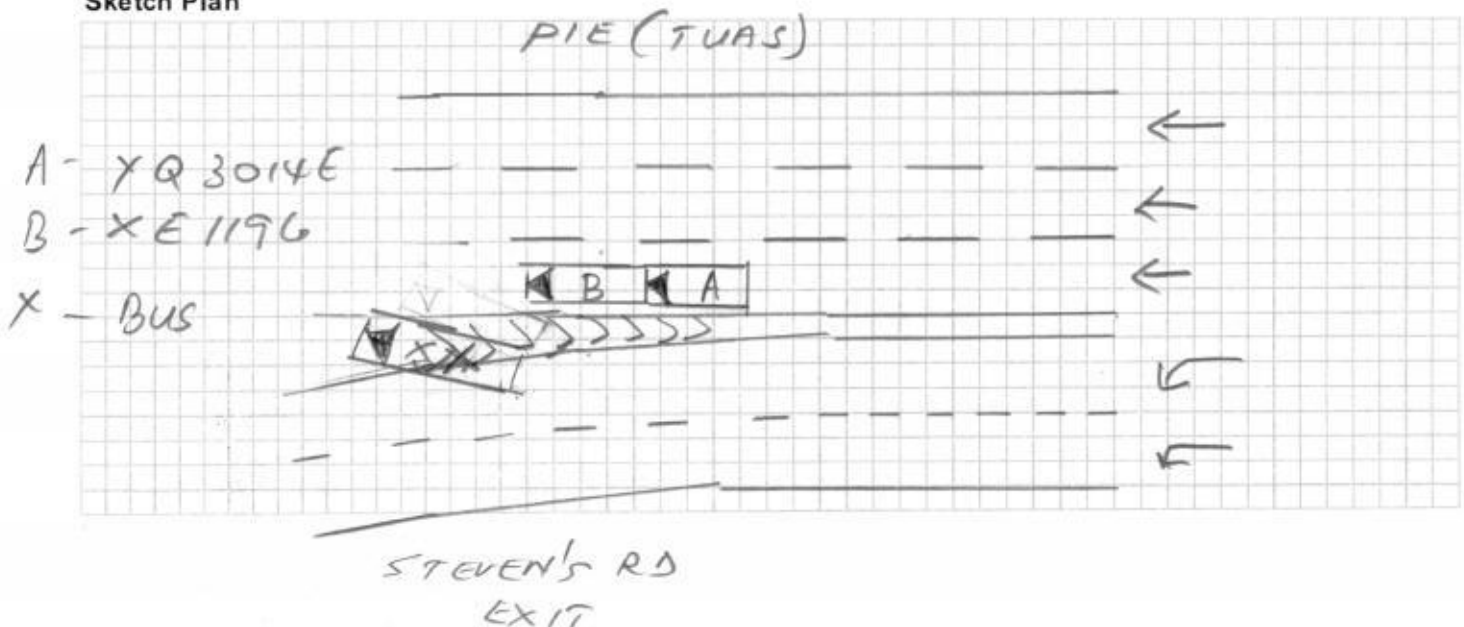
Sym 10/05/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



### Describe Circumstances of the Accident

I was travelling straight along Pie (Truss) on the 3rd lane. Suddenly veh B in front of me stop and give way to veh BX that enter to the Steven's Rd exit that swerved from the chevron marking to Pie. I can't stop on time and hit onto the rear portion of veh B.

### 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

Witnessed by Reporting Centre Personnel

M. P. D. 10/05/22

slm 10/05/22



## ACCIDENT STATEMENT

ACCIDENT DATE: (09/05/22) (DD/MM/YYYY), TIME: (20:40) (HH:MM)

LOCATION: PIE (TAS) NEAR STEVEN'S RD EXII

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ3014E  
b) INSURANCE COMPANY: LIBERTY  
c) POLICY NUMBER: 5021V15376/VCL/ROU  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HINO X24710R C/CX AUTO/MANUAL  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO).  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: LAYAN MANAGEMENT PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 200907211M CONTACT: 63843766  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: MARIMUTHU RAJA MANICKAM (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G2359313R CONTACT: 90356377  
c) ADDRESS: 33 UBI AVE 1 #05-34 (PAYA UBI IND)

\*d) DATE OF BIRTH: (27/02/1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/06/2014

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 84B CON

### 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: XE1196 MODEL:  
b) DRIVER'S NAME: CH RIAN CHON  
c) NRIC/FIN/PASSPORT: 51726878C CONTACT:

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

email = layan.managementpl@yahoo.com

fax = 63843812

VIDEO =

## 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

|   |                             |
|---|-----------------------------|
| <b>Certificate No</b>   | <b>SD21V15376 /VCV /R00</b> |
| <b>Form</b>   | MZ300A                      |
| <b>Date Of Issue</b>  | 25-OCT-2021                 |
| <b>1.Index Mark and Registration No. of Vehicle:</b>  | YQ3014E                     |
| <b>2.Chassis number of Vehicle:</b>   | JHHUCV3F90K035367           |
| <b>3.Name of Policyholder:</b>  | LAYAN MANAGEMENT PTE LTD    |
| <b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>   | 21-OCT-2021 00:00 AM        |
| <b>5.Date of Expiry of Insurance:</b>   | 20-OCT-2022 23:59 PM        |
| <b>6.Persons or Classes of Persons entitled to drive*:</b><br>Any person who is driving on the Policyholder's order or with their permission.<br>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.<br>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. |                             |
| <b>7.Limitations as to use*:</b><br>A) Use in connection with the Policyholder's business.<br>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.<br>C) Use for social, domestic and pleasure purposes.   |                             |
| <b>8.The Policy does not cover:</b><br>A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.<br>B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.  |                             |
| <small>*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.</small>  |                             |
| 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<br><b>LIBERTY INSURANCE PTE LTD</b><br>Approved Insurers<br><br>_____<br>Authorised Signature   |                             |
| <b>For Information only:</b><br><b>COVERAGE :</b> Comprehensive, Unlimited Windscreen, Additional Accessories - HOOD S/I-S\$5,000/-<br><b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS<br><b>EXCESS:</b> Section I - S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers - S\$3000, Windscreen Excess - S\$100<br><b>FINANCE COMPANY:</b><br><b>PRODUCER NAME:</b> VIRTUAL INSURANCE AGENCIES PTE LTD  |                             |

PLFM/PLFM/25-OCT-21

S1\_CI\_T1\_T3\_OE\_Template2-Ver1

25-OCT-21