

NATIONAL Assessment Centre Services: (wef 1 Jan 08) .. 8109225 00003

Date In: 26/05/2022 10:20	Job description	Date & Time Completed	Done by
Ref No: NBM/21P200049514	SAS e-filing		
Veh No: GBL 780AM	E-mail (within 6hrs, AIC 2hrs)		
D.O.A: 25/05/2022 09:10	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: SKL 41894 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Bst. 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	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	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		Int. Bill	Ext. Bill
NA2201422 / NA2201423	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) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2008)		
	6) TR: Re-inspection \$75		
	7) NI: Idco 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: Idco 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 26/05/2022 10:20 (SGT)
Date of Accident 25/05/2022 09:10 (SGT)
Exact Location of Accident 295 Changi Rd, Singapore 419773
Additional Location Information CARPARK LOT 18
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL2180M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LIVINCI BUILDERS PTE. LTD.
Company Reg No 2XXXXX650H
Email Address manikm463@gmail.com
Mobile Phone No (Phone) +65-98766875
Alternative Phone No (Office) +65-88561280

VEHICLE PARTICULARS

Manufacturer Maxus
Model G10
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 Auto
CC 1995

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SI22V03693/VCV/R01
Cover Note Number -

DRIVER

Name of Driver MANIK
Passport No/FIN GXXXX298L

Date Of Birth	06/04/1984
Occupation	Outdoor
Date Of Driving Pass	24/03/2017
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88561280
Alt. Phone Number	-
Email Address	manikm463@gmail.com
Address	LORONG H TELOK KURAU
Address complement	TG MANSION
Postcode	426102
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAJENDIRAN ARUL
Gender	Male

PASSENGER 2

Name	ANNADURAIMUTHULINGAM
Gender	Male

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	SKL4189U
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) -

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as **truthful and accurate as possible.** Any willful misrepresentation or withholding of material facts may allow insurance companies to **repeal 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.

LIVINCI BUILDERS PTE LTD
 www.livincibuilders.com
 UEN: 200609501

Policyholder's Signature / Date & Time

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

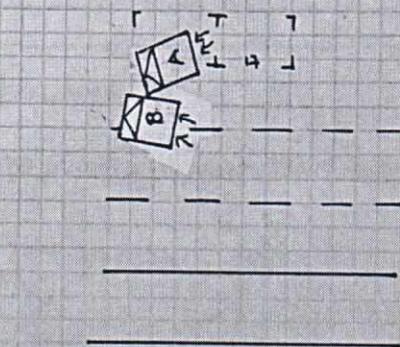
Witnessed by Reporting Centre Personnel

Sketch Plan

295 Changi Rd Car Park Lot 18

Vehicle A - 6B L2180M

Vehicle B - JKL 4189U

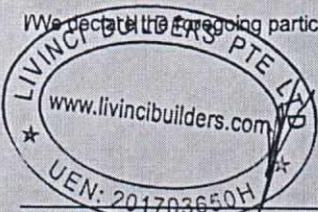


Describe Circumstances of the Accident

On the stated date and time, I, vehicle A (GBL2180M) was turning out from the car park lot to Exit the car park after I check the vehicle on the main road was clear. Out of sudden, vehicle B (SKL4189U) cut into my lane and collided onto the front left portion of my vehicle causing damages.

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

26/05/2022
Witnessed by Reporting Centre Personnel

July

Date of Accident : 25/05/2022 Accident Time: 0910 hrs (24-HR-FORMAT)

Accident Place : 295 Changi Rd CarPark Lot 4

Vehicle Reg. No (Car plate No.) : GBL 280M Vehicle Make/Model: Maxus G10 SL

Insurance Company : Liberty Policy No. SI22V03693/VCV/201

Name of Registered Owner : Company / Individual Living Builders Pte. Ltd.

ID of Registered Owner : Co Reg No: 2017036504 Owner's NRIC No: -

: Co Contact No: - Owner's Contact No: 98766875

DRIVER'S Name : Manik DRIVER'S NRIC No: 68286298L

DRIVER'S Date of Birth : 06 Apr 1984 DRIVER'S License Pass Date 24 Mar 2017

Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: -

DRIVER'S Address : Lorong H Telok Kurau, Ta Manjans 87, Singapore 426102

DRIVER'S Contact No./ Alt No. : 1) 8856 1280 2) -

DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)

Email Address : manikm463@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): 03 Passenger Name: Rajendiran Arul Gender: M/F

Was the accident reported to the police? YES / NO Passenger Name: Annadurai Muthulingam Gender: M/F

Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: -

Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SKL4189U</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	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
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI22V03693 /VCV /R01
Form	MZ300A
Date Of Issue	16-MAR-2022
1.Index Mark and Registration No. of Vehicle:	GBL2180M
2.Chassis number of Vehicle:	LSKG4AL11MA052194
3.Name of Policyholder:	LIVINCI BUILDERS PTE. LTD.
4.Effective date of Commencement of Insurance for the purposes of the Act:	29-APR-2022 00:00 AM
5.Date of Expiry of Insurance:	28-APR-2023 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*:	
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 hire or reward or for racing, pace-making, reliability trials or speed-testing.	
B) Use whilst drawing a trailer except the towing or 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	
 <hr/> Authorised Signature	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen
SUM INSURED:	
EXCESS:	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	CYCLE & CARRIAGE, FULCO MOTOR DEALER PTE LTD
PRODUCER NAME:	PHILLIP SECURITIES PTE LTD

20220317

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