

**NATIONAL Assessment Centre Services:** (wef 1 Jan 02) **51092670009**

Date In: <b>27/06/2022 17:24</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA200/2000627/4</b>	SAS e-filing		
Veh No: <b>651 6620D</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>27/06/2022 09:10</b>	I-Motor Claim Form		
<b>OD</b> : TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand</u> to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **NA 5895G** 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	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

**NA200/2000**

Claimant's Particulars:

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

C. Checked by (Engr-In-Charge): ( )

Auditors Comments:

L. 1: ( )

L. 2/3: ( )

Invoice Preparation Checklist		Am (S)	Ball
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 2009)			
6) TR: Re-inspection	\$75		
7) N1: Idac DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*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	\$0		
Invoice dated	Fax Charged		
Invoice dated	Fax 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	29/06/2022 17:21 (SGT)
Reported by	Driver
Date of Accident	27/06/2022 09:10 (SGT)
Exact Location of Accident	Lornie Hwy, Singapore
Additional Location Information	TOWARDS BRADDELL ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6626D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	STRAITS TEAMWORK PTE LTD
Company Reg No	1XXXXX956G
Email Address	stwork@gmail.com
Mobile Phone No	(Phone) +65-90946263
Alternative Phone No	(Office) +65-62826580

#### VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Fiorino
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1248

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI21V06086/VCH/R01

#### DRIVER

Name of Driver	PERIYASAMY KARUPPIAH
NRIC No	SXXXX464A
Date Of Birth	14/06/1966
Occupation	Outdoor

Date Of Driving Pass	25/09/2008
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90946263
Alt. Phone Number	-
Email Address	stwork@gmail.com
Address	BLK 12 LORONG 7 TOA PAYOH #02-475
Address complement	-
Postcode	310012
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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 AND ATTACHMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5895G
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' 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.



*[Signature]*

*Poigusamy Karupiah*

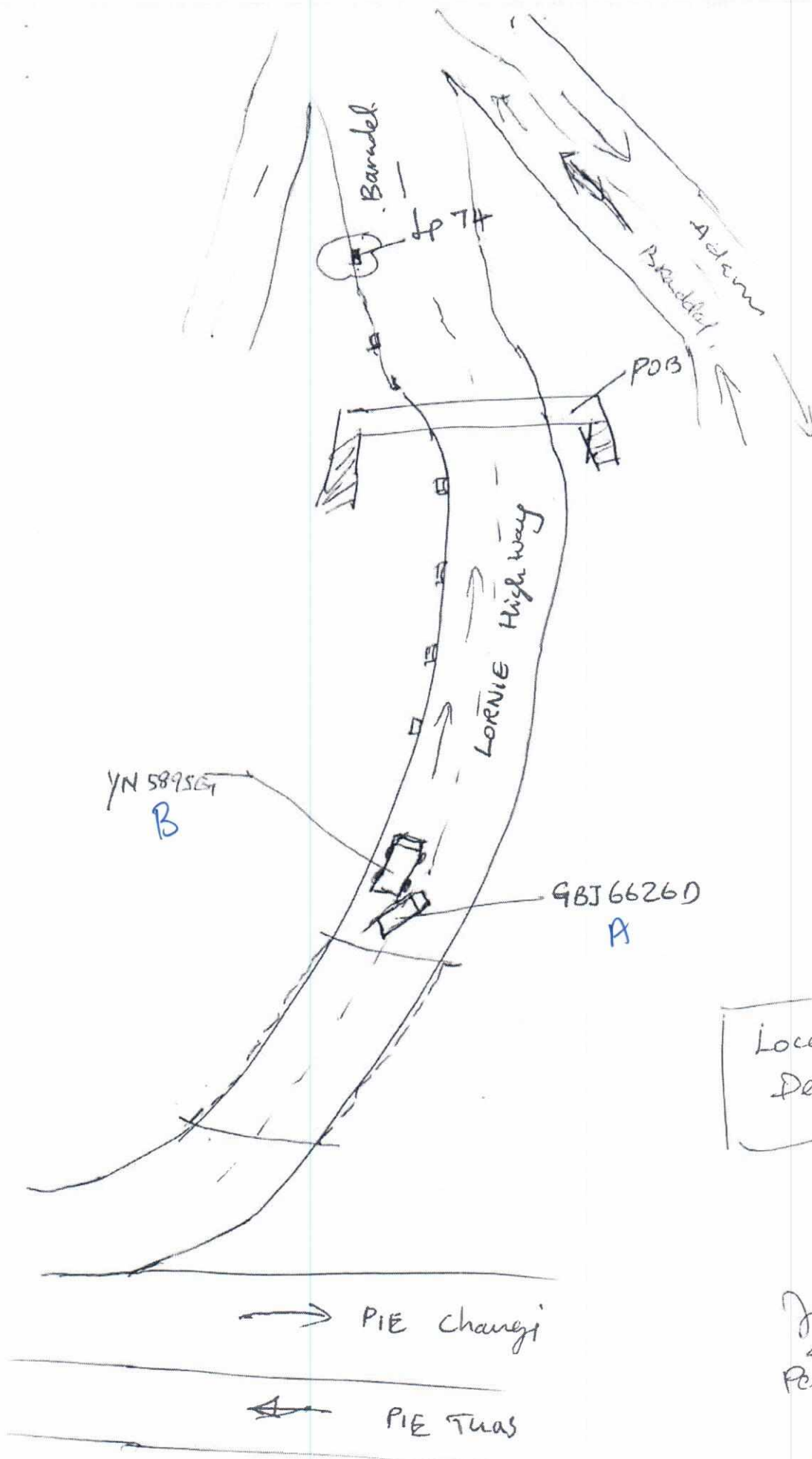
Policyholder's Signature / Date & Time

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

*[Signature]* 29/06/2022  
Witnessed by Reporting Centre Personnel

### Sketch Plan

REFER TO ATTACHMENT



Location  
Details

*Mrh*  
Penyayang Kumpuliah

*an* 29/06/2022  
Roda *WATSON*

### Describe Circumstances of the Accident

Date: 27/06/2022

Time: 9.10 am

Location: Lornie highway (Tunnel) before Lamp post 74  
from work place via PIE - Lornie tunnel to  
Braddell road.

Happen: During driving when I change from Lane ②  
to Lane 1 happen my vehicle go in to  
hit on rear body and damaged the R/s danger  
light droped for opposite lorry (V/N 5895 G)  
NO injuries other party driver.

Note: ① Drivel Vehicle G1336626D left side door,  
glam screen head light and side of body with  
minor damaged etc.  
② NO traffic Police at the place.  
③ normal traffic.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

*[Signature]*  
Periyasamy Karupiah

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

*[Signature]* 29/06/2022  
Witnessed by Reporting Centre  
Personnel

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Complete and submit this Form to Authorised Reporting Centre ("ARC") for e-filing

2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding material facts may allow insurance company to repudiate policy liability.
5. The issue and acceptance this Form by insurance companies is not an admission of policy liability on the part the insurance companies.
6. Any false reporting may be referred to the Police for investigation.
7. This report will be forwarded by the insurers 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
8. By lodgement this report to the insurers, you hereby consent to the archiving this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

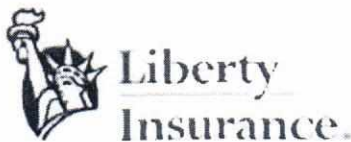
Date and Time of Accident	Date: 27.06.2012 Time: 9:10am
Country / State of Loss	SINGAPORE
Are you claiming under your own insurance policy for repair to your vehicle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Claiming Third Party <input type="checkbox"/> Reporting Only
Exact Location of Accident	LORNE Highway towards Bechtel road.
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	Left side door with Glass screen, side mirror, Head light, Side body
Weather Conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> others,
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others,
Was any foreign vehicle involved in this accident?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Singapore
Foreign Vehicle Registration Number	YN58956 Singapore
Number of vehicles involved in the accident	one only with own
Foreign Vehicle Category	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
I have been approached by unknown person(s) soliciting / offering accident claim assistance.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was the Accident reported to the Police?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, please state which Police Station.)
Police Station Name and Address	
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## DETAILS OF OWNERS

Vehicle Registration Number	GBJ6626D
Model	FIAT FIORINO CARGO 1.3MTA E6 (GLAZED)
Type of Vehicle*	<input type="checkbox"/> PV <input type="checkbox"/> CV <input type="checkbox"/> Taxis <input type="checkbox"/> Bus <input type="checkbox"/> Mcycle <input type="checkbox"/> others
CC	
Transmission	<input checked="" type="checkbox"/> Auto <input type="checkbox"/> Manual
Exact Purpose for which vehicle was being used at time of accident	From 2nd Lane to 1st Lane changing
Number of Passengers (Including Driver)	One only

<b>Insurance Company (Own Vehicle)</b>	
Name of Insurance Company *	
Type of Policy	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number	
ID Type	<input type="checkbox"/> Individual <input type="checkbox"/> Company
Registered Owner Name	STANIS THAMWARK MANO
ID of Registered Owner	1975019564
Email Address	
Mobile Phone No.	
<b>DRIVER</b>	<input type="checkbox"/> Same as Insured above
Is Driver the policy holder?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Driver	Periyasamy Karuppiah
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
ID of Driver	<input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No <input type="checkbox"/> Fin No. S2760464A
Date of Birth	14.06.1966
Occupation	<input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor
Driving Date Pass	19 / May / 2010
Mobile Phone No.	90946263
Alternative Phone No.	62826580
Address of Driver	BLK 12 Long T Teo Pahoh Postcode 310012
Email Address	stwork@gmail.com
Was driver an employee of the Insured's Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, Relationship of the Driver with the Insured	nil
Does the Driver Own Any Vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
<b>DETAILS OF OTHERS VEHICLE / PROPERTY</b>	
Was there any other vehicle or property damaged?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle No	YN 5895G

Vehicle Category	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bus
Name of Insurance company	
Nature Of damaged in accident	
Name of drivers	
Driver ID	
Mobile No	
Driver address	
Number of passengers (including driver)	
<b>Injured Person Details</b>	
Was anybody injured in the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was any injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger	Name:
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Details of Witness</b>	
Name	
Phone	
Email Address	
<b>Files</b>	
Are accident photos available for attachment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was there any video captured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was there any audio captured	<input type="checkbox"/> Yes <input type="checkbox"/> No



**Liberty Insurance Pte Ltd**  
Registration no. 199002791D  
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  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	<b>S12IV06086/VCH/R01</b>
<b>Form</b>	<b>MZ301A</b>
Date of Issue:	14-May-2021
1. Index Mark and Registration No. of Vehicle:	GBJ6626D
2. Chassis number of Vehicle:	ZFA22500006H34309
3. Name of Policyholder:	STRAITS TEAMWORK PTE LTD
4. Effective date of Commencement of Insurance for the purposes of the Act:	01-JUL-2021 00:00
5. Date of Expiry of Insurance:	30-JUN-2022 23:59
6. Persons or Classes of Persons entitled to drive*:	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
7. Limitations as to use:	<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>
8. The Policy does not cover:	<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward.</p>
<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.</p> <p>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.</p>	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p> <p> Authorised Signature</p>	
<b>For Information only:</b>	
COVERAGE:	Comprehensive, Unlimited Windscreen
SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$):	Section I S600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S3,000.00, Windscreen Excess S100.00
FINANCE COMPANY:	MAYBANK SINGAPORE LTD
PRODUCER NAME:	SVALINN RISK SOLUTIONS PTE. LTD