

# NATIONAL Assessment Centre Services

Date In: 07/07/12	Job description	Date & Time Completed	Done by
Ref No: NA/LIP00006497/12	SAS e-filing		
Veh No: GBK4895B	E-mail (within 5hrs. A/C 2hrs)		
D.O.A 06/07/12 0015	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	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: SMY5739J	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

NA2001858	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	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) RT : 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:-		
<b>QC Checked by (Engr-In-Charge):</b>	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*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:	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 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. 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	07/07/2022 15:31 (SGT)
Reported by	Driver
Date of Accident	06/07/2022 00:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEHIND 547 SERANGOON RD(RACE COURSE RD)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4895B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GSK ENGINEERING & TRADING PTE LTD
Company Reg No	2XXXXX370W
Email Address	pugamm@yahoo.com
Mobile Phone No	(Phone) +65-82687840
Alternative Phone No	-

#### 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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	C0121538(COVER NOTE)

#### DRIVER

Name of Driver	KRISHNAMOORTHY PUGAZENDHI
NRIC No	SXXXX197A
Date Of Birth	17/08/1964
Occupation	Outdoor



Date Of Driving Pass	15/07/2009
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-82687840
Alt. Phone Number	-
Email Address	pugamm@yahoo.com
Address	BLK 97 WHAMPOA DRIVE
Address complement	#02-198
Postcode	320097
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)	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

PLS REFER TO THE ATTACHED STATEMENT

#### 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	SMY5739J
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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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

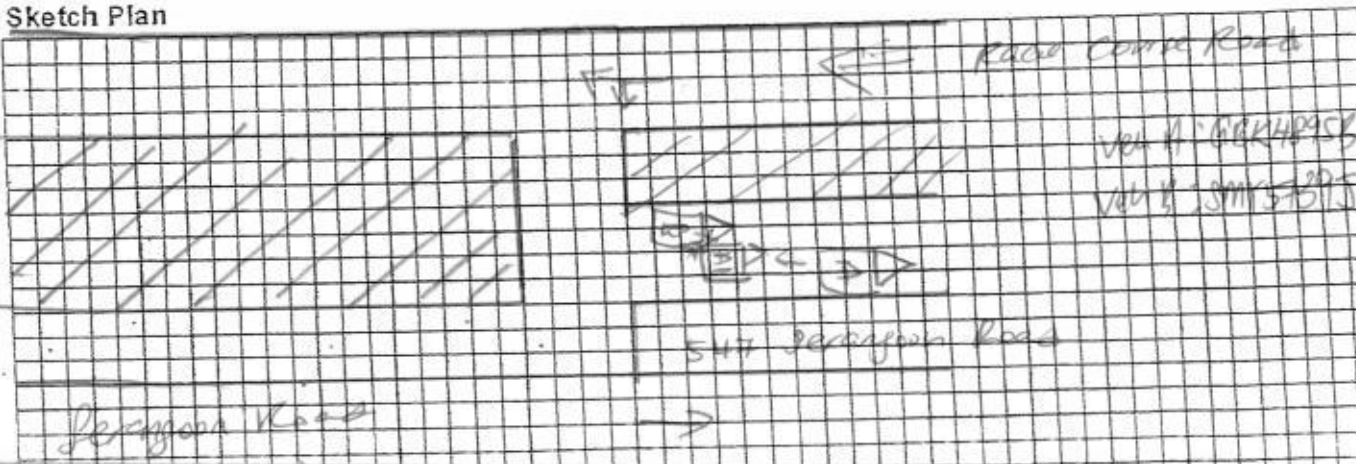
*[Signature]*

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

*Ruslinda Binte A. Umman*

Witnessed by Reporting Centre Personnel *07/07/12*

### Sketch Plan





**Describe Circumstances of the Accident**

On the stated date and time, I was preparing to make an reverse, as I was reversing my lorry, I did not notice veh B (SMY5739J) was at the side and bang into his vehicle.

**Declaration**

I/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

ROSLINDA BINTE A WAHAB  
Witnessed by Reporting Centre  
Personnel 07/07/22

# ACCIDENT STATEMENT

ACCIDENT DATE: 06.07.22 (DD/MM/YYYY), TIME: 00.15 (HH:MM)

LOCATION: Behind 547 Serangoon Road (Race Course Road)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8K4895B  
 b) INSURANCE COMPANY: Liberty  
 c) POLICY NUMBER: C0121538  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA DYNA 150, MT  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: GSK Engineering & Trading Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201230370W CONTACT: 82687840  
 c) ADDRESS: 123 MCNAIR ROAD #05-15 (P)320123

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

## DRIVER

- a) NAME: KRISHNAMOORTHY PUGAZENDH I (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2755197A CONTACT: 82687840  
 c) ADDRESS: BK 97 WAMPADA DRIVE #02-198  
(P)320097

\* d) DATE OF BIRTH: 17/08/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15 JUL. 2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: \_\_\_\_\_

## 3. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMY5739J MODEL: HONDA  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 4. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No. of passengers  
 (including driver)  
 ( )

\* No. of passengers  
 (including driver)  
 ( )

\* No. of passengers  
 (including driver)  
 ( )

Email: pugamm@yahoo.com

# Motor Cover Note

**Name of Producer:**

VIRTUAL INSURANCE AGENCIES PTE LTD (A1193)

**Date of Issue:**

25 Aug 2021

**Cover Note No.:**

C0121538

**Quotation/ Proposal/ Policy No.:**

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

**Details of Schedule**

<b>Name of Insured:</b>	GSK ENGINEERING & TRADING PTE. LTD.	
<b>Period of Insurance:</b>	From: 25 Aug 2021 14:53	To: 24 Aug 2022 23:59
<b>Registration No.:</b>	GBK4895B	
<b>Make and Model:</b>	TOYOTA DYNA 150 5MT	
<b>Type of Body:</b>	LORRY WITH HOOD	
<b>Capacity/Tonnage:</b>	1.67	
<b>Year of Manufacture/Registration:</b>	2020/2020	
<b>Chassis No.:</b>	JTFAT35Y20K215189	
<b>Engine No.:</b>	1KDB038352	
<b>Sum Insured:</b>	MARKET VALUE AT TIME OF LOSS	
<b>Name of Finance Company:</b>	UNITED OVERSEAS BANK LIMITED	
<b>Type of Plan:</b>	Comprehensive	
<b>Excess:</b>	AS AGREED	

The Motor Vehicle (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 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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.

Not valid unless counter-signed by authorized person.



Date: 25 Aug 2021 14:53



For and on behalf of  
LIBERTY INSURANCE PTE LTD

**IMPORTANT NOTICE**

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.