

# NATIONAL Assessment Centre Services

Date In: 30/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/LIP22008408/13	SAS e-filing		
Veh No: YK3241Y	E-mail (within 8hrs. AP: 2hrs)		
DOA: 27/08/22 1350	i-Motor Claim Form		
OD: (i) Reporting Only	i-Motor W/O (Within: OE 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: XB6288C 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

NA2202353	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TP: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	6) TR: Re-inspection \$75		
<b>Cat 1:</b>	7) NI: Idac DA + SMRT Survey \$160		
<b>Cat 2/3:</b>	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 \$0		
	Invoice date: / Fee Charge: /		
	Invoice dated: / Fee Charge: /		

## 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 Actual 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	30/08/2022 14:42 (SGT)
Reported by	Driver
Date of Accident	27/08/2022 13:50 (SGT)
Exact Location of Accident	74 Woo Mon Chew Rd, Singapore 455150
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YK3241Y

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNIVERSE ENVIRO & ENGINEERING PTE LTD
Company Reg No	2XXXXX936Z
Email Address	edwin@universe.sg
Mobile Phone No	(Phone) +65-90153958
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FE83
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	3908

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI21V10422/VCH/R05

#### DRIVER

Name of Driver	RAHAMAN OBAYDOUR
Passport No/FIN	GXXXX597W
Date Of Birth	01/03/1980
Occupation	Outdoor

Date Of Driving Pass	15/02/2017
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90153958
Alt. Phone Number	-
Email Address	edwin@universe.sg
Address	3018 BEDOK NORTH STREET 5
Address complement	#03-09 EASTLINK
Postcode	486132
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	XB6288C
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.



*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]* 30/08/22

Policyholder's Signature / Date & Time

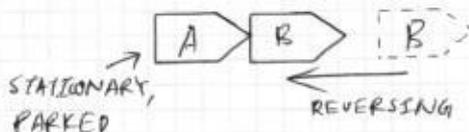
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

74 WOO MUN CHEW ROAD

A: YK3241Y  
B: XB6288C



**Describe Circumstances of the Accident**

I (YK3241Y) WAS PARKED ALONG 74 WOO MUN CHEW ROAD . I WAS NOT IN MY VEHICLE AT THE TIME OF THE ACCIDENT BUT WAS NEARBY. SUDDENLY, I HEARD AND SAW THAT VEHICLE B (XB6288C) HAD REVERSED INTO THE FRONT PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I NOTICED THAT THE DASHBOARD WAS EMITTING A HISSING SOUND.

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

\_\_\_\_\_  
Policyholder's Signature / Date  
Time



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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

*slym* 30/08/22

## Accident Reporting Draft

VEHICLE NO: YK3241Y

MODEL: MITSUBISHI FE83

AUTO/MANUAL

DATE OF ACCIDENT	27/8/2022	C.C: 3,908
TIME OF ACCIDENT	1350	HRS AM/PM
LOCATION OF ACCIDENT	74 WOO MUN CHEW ROAD	
EXACT PURPOSE USE DURING ACCIDENT	<del>EMPLOYMENT</del> PRIVATE USE/ PRIVATE HIRE	
NAME OF OWNER	UNIVERSE ENVIRO & ENGINEERING PTE LTD	
CONTACT NO.	90153958 (D) EMAIL: EDWIN@UNIVERSE.SG	
NRIC	201211936Z	
CLAIM TYPE	OD / <del>THIRD PARTY</del> / REPORTING ONLY 3P	
INSURANCE CO.	LIBERTY	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ <del>THIRD PARTY FIRE &amp; THEFT</del>	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF <del>NO</del> : RAHAMAN OBAYDOUR	
NRIC	G2313597W ANY PASSENGER: 0	
DATE OF BIRTH	1/3/1980	
OCCUPATION	<del>OUTDOOR</del> / INDOOR	
DATE OF DRIVING PASS	17/8/2020	
GENDER	<del>MALE</del> / FEMALE	
CONTACT NO.	90153958 (D) EMAIL: EDWIN@UNIVERSE.SG	
ADDRESS	3018 BEDOK NORTH STREET 5 #03-09 EASTLINK S(486132)	
DOES DRIVER OWN OTHER VEHICLES	<del>NO</del> IF YES: REG NO.	
RELATIONSHIP	<del>EMPLOYEE</del> / IF NO:	
WEATHER CONDITION	<del>CLEAR</del> / RAINY/ OTHER: CLEAR	
ROAD SURFACE	<del>DRY</del> / WET/ OTHER: DRY	
ANY INJURIES	<del>NO</del> IF YES: NO	
CONTACT NO.		
POLICE REPORT	<del>NO</del> IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING	<del>NO</del> / YES <del>NO</del> / IF YES: WHO?	
AUDIO RECORDING	<del>NO</del> / YES SCENE PHOTO(S) <del>NO</del> / YES	
VEHICLE B NO.	XB6288C ANY PASSENGER:	
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Ryder</div> Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?		
	NO / YES	



**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>	SI21V10422 /VCH /R05
<b>Form</b>	MZ301A
<b>Date of Issue:</b>	13-Aug-2021
<b>1. Index Mark and Registration No. of Vehicle:</b>	YK3241Y
<b>2. Chassis number of Vehicle:</b>	FES3PEA00687
<b>3. Name of Policyholder:</b>	UNIVERSE ENVIRO & ENGINEERING PTE. LTD.
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	03-SEP-2021 00:00
<b>5. Date of Expiry of Insurance:</b>	02-SEP-2022 23:59
<b>6. Persons or Classes of Persons entitled to drive*:</b>	<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. 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>
<b>7. Limitations as to use:</b>	<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>
<b>8. The Policy does not cover:</b>	<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>
*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.	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p>  Authorised Signature	

<b>For Information only:</b>	
<b>COVERAGE:</b>	Third Party Fire & Theft, Third Party Working Risk, Tailgate - Sum Insured S\$10000
<b>SUM INSURED (S\$):</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS (S\$):</b>	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00
<b>FINANCE COMPANY:</b>	CREDIT LINK PTE LTD
<b>PRODUCER NAME:</b>	WESTING AGENCY PTE LTD