

NATIONAL Assessment Centre Services

Date In 08/09/22	Job description	Date & Time Completed	Done by
Ref No NA/LIP22008827/13	SAS e-filing		
Veh No QBF 6140J	E-mail (within 8hrs. A/C 2hrs)		
DOA 05/09/22 2025	i-Motor Claim Form		
OD/ (TP) / Reporting Only	i-Motor W/O (Within: O/D 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:	Veh No: SMZ9497A	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

NA2202450	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) iT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR : Re-inspection \$75			
Cat 2/3:	7) NI : 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 date: / /	Fee Charged		
	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 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	08/09/2022 10:39 (SGT)
Reported by	Driver
Date of Accident	05/09/2022 20:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LIM CHU KANG LANE 3
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF6140J

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JIANA BUILDERS PTE LTD
Company Reg No	2XXXXX490W
Email Address	ktmotorwerk@hotmail.com
Mobile Phone No	(Phone) +65-82245740
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V00516/VCH/R01

### DRIVER

Name of Driver	ABEDIN MD JOYNAL
Passport No/FIN	GXXXX132T
Date Of Birth	05/07/1988
Occupation	Outdoor

Date Of Driving Pass .....	23/01/2022
Driving experience .....	8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88591490
Alt. Phone Number .....	-
Email Address .....	ktmotorwerk@hotmail.com
Address .....	2 GUILLEMARD CRESCENT
Address complement .....	-
Postcode .....	399903
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	SUPPLY
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) .....	2
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 .....	-

PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

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 .....	SMZ9497A
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**

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

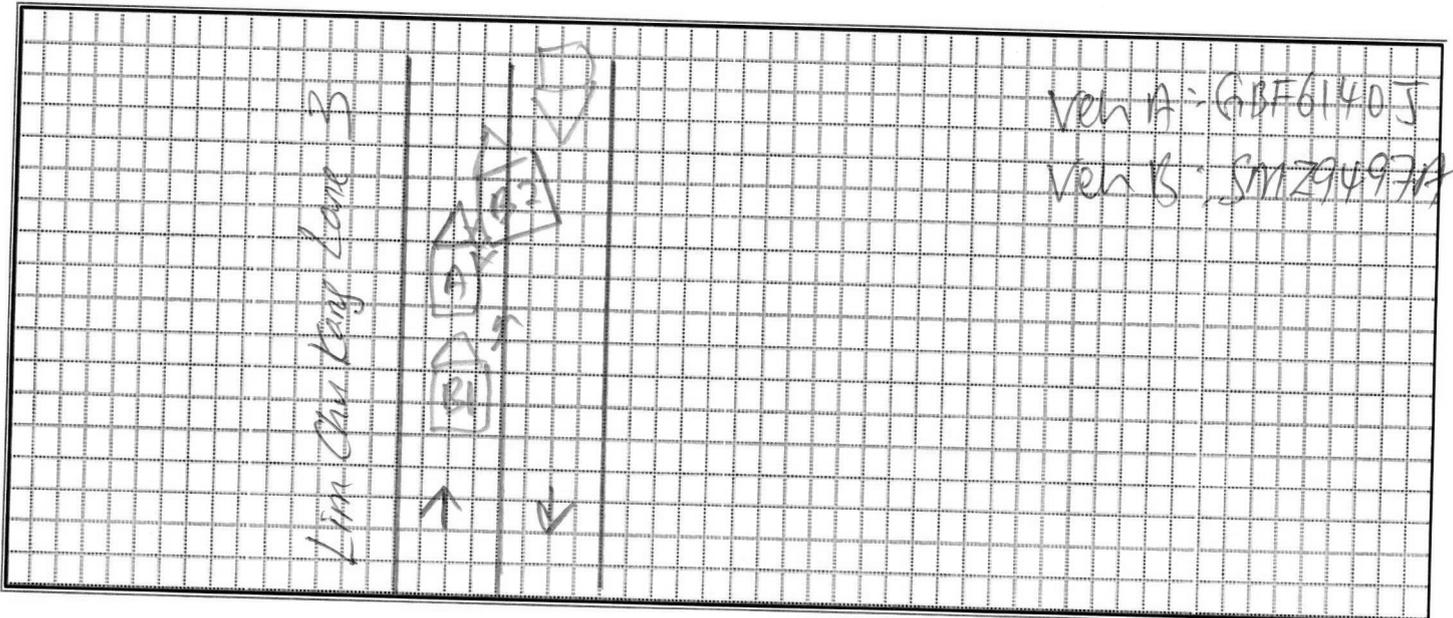


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**



**Describe Circumstance of the Accident**

On the state date and time, I was travelling in my lane on Lim Chu Kang Lane 3, Suddenly veh B (SM29497A) which was at the rear of my vehicle suddenly overtake from the right and cut into my lane due to oncoming vehicle on the right side as it was a two way road. He hit the front right portion of my vehicle when he cut into my lane. He admitted his mistake and agree to claim insurance.

**Declaration**

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 08/09/22

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

07/09/22

### ACCIDENT STATEMENT

ACCIDENT DATE: 05/09/2022 (DD/MM/YYYY), TIME: 20:25 (HH:MM)

LOCATION: Lim Chu Kang Lane 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G3F6140J
- b) INSURANCE COMPANY: Liberty Insurance
- c) POLICY NUMBER: S172V00516/VCH/R01
- d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: TOYOTA DYNA
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
- j) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: Siana Builders Pte Ltd (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 201230490W CONTACT: 82245740
- c) ADDRESS: 5A Cuff Road (S) 209716

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

DRIVER

\* No of passengers  
(including driver)  
(1)

- a) NAME: ABEDIN MD JOYAL (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: G688H1327 CONTACT: 88591490
- c) ADDRESS: 2 Guttemad Cres (S) 399903

\* FARROD (Female)  
(Female)

\* d) DATE OF BIRTH: (05/07/1988) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 23.01.2022

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) (NO)

7. a) REPORTED TO POLICE (YES/NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

3. THIRD PARTY VEHICLE

\* No of passenger  
(including driver)  
(4)

a) VEHICLE NUMBER: SM29497A MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

4. THIRD PARTY VEHICLE

\* No of passenger  
(including driver)  
( )

a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email: Ktmotorwerk@hotmail.com



**Liberty  
Insurance.**

**1800-LIBERTY**  
[1800-5423789]  
AUTO ASSISTANCE HOTLINE

**24  
HR** ACCIDENT RESPONSE  
ROADSIDE ASSISTANCE  
FLOOD ASSISTANCE

**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>S122V00516 /VCH /R01</b>
<b>Form</b>	<b>MZ301A</b>
Date of Issue:	06-Jan-2022
1. Index Mark and Registration No. of Vehicle:	GBF6140J
2. Chassis number of Vehicle:	KDY2318026164
3. Name of Policyholder:	JIANA BUILDERS PTE. LTD.
4. Effective date of Commencement of Insurance for the purposes of the Act:	13-JAN-2022 00:00
5. Date of Expiry of Insurance:	12-JAN-2023 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. 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>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>VIRTUAL INSURANCE AGENCIES PTE LTD 192 Waterloo Street #02-02 Skyline Building, Singapore 167986 Tel: (65) 63380083 Fax: (65) 63380048</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 1 \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD