

# NATIONAL Assessment Centre Services:

Unit 1 (Vehicle)

540922A35001

Ref No	Job description	Date & Time Completed	Done by
03/10/2022 10:16	SAS e-filing		
X/BM/4P220967014	E-mail (with this, AUC sheet)		
SMR 4908 L	1-Motor Claim Form		
30/09/2022 12:38	1-Motor W/O (V/White OD, 3hrs, TP 4hrs)		
D.T? / Reporting Only	1-Photo Uploaded		
	Assessment/Survey Report		
P Insurer:	Ass't Report by Fax / Hand to Owner/Whsp		

Referral Wksp / INC Assign Wksp / QW:	Toll	Fax
P Particulars		
Yeh No: 8137 7620R	INC ( ) / Non-INC ( )	
Owner / Driver:	Toll	
Policy No: ( )	Cover Type: ( )	
Period: ( )	Time: ( )	
Confirmed by: ( )		
Insured/Driver Liability: ( )	% (Note: Est. Status (W/O): N: 0-20%, B: 21-79%, P: 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check/ Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

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

Item	Amount	Total
1) AA: Accident Report/Log (\$30)		
2) DA: Damage Assessment (\$100)		
3) TP: Towing Fee		
4) FT: Follow-Through Survey		
5) PT: Follow-Through Survey (Pinsurvey)		
6) TR: Re-inspection		
7) NI: Ins DA + SMRT Survey		
8) NTUC Additional Services		
9) NI: Ins Mobile		

Invoice dated: ( )

Ref Charged: ( )

Per 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 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	03/10/2022 10:16 (SGT)
Reported by	Both
Date of Accident	30/09/2022 17:50 (SGT)
Exact Location of Accident	Boon Lay PI, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ4908L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MIHINDUKULASURIYA ASANKA SANEewa FERNANDO
NRIC No	SXXXX535A
Email Address	fsanjeewa@gmail.com
Mobile Phone No	(Phone) +65-88933802
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1317

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI21V14546/VPL/R02

#### DRIVER

Name of Driver	MIHINDUKULASURIYA ASANKA SANEewa FERNANDO
NRIC No	SXXXX535A
Date Of Birth	23/09/1987
Occupation	Outdoor

Date Of Driving Pass	08/12/2015
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88933802
Alt. Phone Number	-
Email Address	fsanjeewa@gmail.com
Address	BLK 217D SUMANG WALK #05-204
Address complement	-
Postcode	824217
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 PLAN

#### 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	SBS7620R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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) -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	MIHINDUKULASURIYA ASANKA SANEewa FERNANDO
Gender	Male
Phone No	(Phone) +65-88933802
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMQ4908L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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

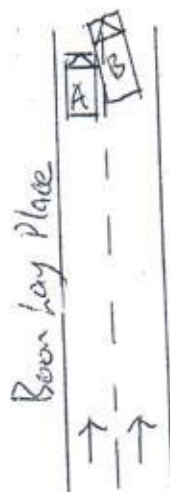
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Vehicle A - SMQ49082  
Vehicle B - SBS7620R

Describe Circumstances of the Accident

On the stated time and date, I was travelling straight along the stated location. Suddenly Vehicle B 'SB37620R' did an abrupt lane change into my lane colliding onto 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

Witnessed by Reporting Centre Personnel



Swk

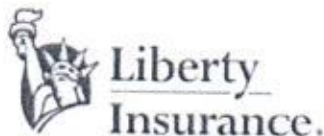
Date of Accident : 30/09/2022 Accident Time: 1750hrs (24-HR-FORMAT)  
 Accident Place : Boonlay Place  
 Vehicle Reg. No (Car plate No.) : SMQ 4908L Vehicle Make/Model: Honda Fit  
 Insurance Company : Liberty Insurance Policy No. SI21V14546/VPL/R02  
 Name of Registered Owner : Company / Individual M.A Sanjeeva Fernando  
 ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S8778535A  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: 88933802  
 DRIVER'S Name : M.A Sanjeeva Fernando DRIVER'S NRIC No: S8778535A  
 DRIVER'S Date of Birth : 22/09/1987 DRIVER'S License Pass Date 08/12/2015  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
 DRIVER'S Address : 2170 Sunning Walk #05-204 S(824217)  
 DRIVER'S Contact No./ Alt No. : 1) 88933802 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : Fsanjeeva@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): 01 Passenger Name: \_\_\_\_\_ Gender: M/F  
 Was the accident reported to the police? YES \ NO Passenger Name: \_\_\_\_\_ Gender: M/F  
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: M.A Sanjeeva Fernando  
 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>SBS7620R</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: _____




Liberty Insurance Pte Ltd  
Registration no: 1990027911  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611

## 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	SI21V14546 /VPL /R02
From	MZ400B
Date Of Issue	10-NOV-2021
1 Index Mark and Registration No. of Vehicle	SMQ4908L
2 Chassis number of Vehicle	GK33417047
3 Name of Policyholder	MIHINDUKULASURIYA ASANKA SANJEEWA FERNANDO
4 Effective date of Commencement of Insurance for the purpose of the Act	21-NOV-2021 00:00 AM
5 Date of Expiry of Insurance	20-NOV-2022 23:59 PM
6 Persons or Classes of Persons entitled to drive*	
For Private Hire Vehicle (PHV) Usage :	MIHINDUKULASURIYA ASANKA SANJEEWA FERNANDO
For Social, domestic & pleasure purposes :	Any Authorised Drivers driving with the permission of the Policyholder
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 for carriage of passengers or goods in connection with the Policyholder's business	
B) Use for social, domestic and pleasure purposes	
8 Policy does not cover:	
A) Use for racing, pace-making, reliability trials or speed-testing	
B) Use whilst drawing a trailer except the towing (other than for reward) of 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

  
Authorised Signature

For Information only:	
COVERAGE:	Comprehensive Unlimited Windscreen PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	
EXCESS:	Section I (Singapore): S\$3000 Section I (Outside Singapore): S\$6000 Section II (Singapore): S\$2500 Section II (Outside Singapore): S\$5000 Windscreen Excess: S\$100
FINANCE COMPANY:	GENIE FINANCIAL SERVICES PTE LTD
PRODUCER NAME:	CAR TIMES INSURANCE AGENCY PTE LTD

20220203

Ver 1.260705