

Date In: 03/10/2022 16:07 Job description: SAS e-filing Date & Time Completed: Done by:

Ref No: NPA/LIP22009695/Y E-mail (with 3hrs, AIC 3hrs)

Veh No: XE7666Y I-Motor Claim Form

D.O.A: 05/09/2022 18:30 I-Motor W/O (within 60 days of loss)

QC (TP) Reporting Only I-Photo Uploaded

Assessment/Survey Report

TP Insurer: Ass'n Report by Fax: Hand to Owner/Whom

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

TP Particulars: Veh No: GV8463E INC () / Non-INC ()

Owner / Driver: Tel:

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: Time:

Insured Driver Liability: () % (Note: Use Status (WO) 1: 0-30%, 2: 31-70%, 3: 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 repeat.

() Total Loss Cost: 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 / Action: _____

Customer's Particulars:	Invoice Preparation Checklist		Amount / Task Bill
	Y/N	Y/N	
Customer/Owner:	1) AR: Accident Report (500)	INC (500)	
Contact No:	2) DA: Damage Assessment (5000)	INC (500)	
Damaged Portion:	3) TP: Towing Fee	500/540	
Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	100	
Additional Comments:	5) PE: Follow-Through Survey (Resurvey)	500	
	6) TR: Re-approval	300	
	7) NI: Initial DA + SMV Survey	2140	
	8) NIUC: Additional Surveys		
	9) QC		
	10) INC: Courtesy Car / Transport Allowance	50	
	11) Post Repair Construction	100	
	12) Post Repair Inspection	50	
	13) DV / Collect License Certificate	50	
	14) TP (Initial TP) / NO: Reginal INC	100	
	15) TP (Final TP) / NO: Reginal INC	10	
	16) TP (Final TP) / NO: Reginal INC		
	17) TP (Final TP) / NO: Reginal INC		
	18) TP (Final TP) / NO: Reginal INC		
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	28) TP (Final TP) / NO: Reginal INC		
	29) TP (Final TP) / NO: Reginal INC		
	30) TP (Final TP) / NO: Reginal INC		

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 16:07 (SGT)
Reported by	Driver
Date of Accident	05/09/2022 18:30 (SGT)
Exact Location of Accident	18 Jurong Pier Rd, Singapore 619168
Additional Location Information	JURONG ISLAND CHECK POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE7666Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	POWER EXPRESS LOGISTICS (S) PTE LTD
Company Reg No	2XXXXX828E
Email Address	admin@powerexpress.com.sg
Mobile Phone No	(Phone) +65-88354795
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	Sh1eeaka
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	12913

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD21V15324/VCH/R00

DRIVER

Name of Driver	SEGAR A/L SUBRAMANIAM
Passport No/FIN	FXXXX216P
Date Of Birth	06/07/1978
Occupation	Outdoor

Date Of Driving Pass	23/07/2014
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88354795
Alt. Phone Number	-
Email Address	ops.haulier@powarexpress.com.sg
Address	JOHOR BAHRU
Address complement	-
Postcode	80100
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY8463E
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) -

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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")

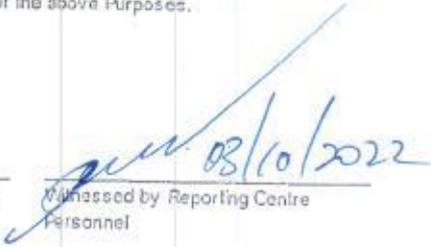
b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

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.



X
Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

JURONG ISLAND CHECKPOINT EXIT



(A) XETULLY
(B) GYR4L3E

Describe Circumstances of the Accident

I WAS TRAVELLING NEAR JURONG ISLAND
CHECKPOINT EXIT. I TRAVELLED SLOWLY IN MY
OWN LANE. SUDDENLY, I FELT AN IMPACT
FROM THE SIDE. I STOPPED MY VEHICLE AND
SAW THAT THE FRONT RIGHT PORTION OF MY
VEHICLE HAD BEEN COLLIDED.

Declaration

We declare the foregoing particulars are true in every respect.

X
Policyholder's Signature / Date &
Time



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

[Signature] 03/10/2022
Witnessed by Reporting Centre
Personnel

M

Email: sin@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 05 / 09 / 2022 (dd/mm/yy) Time of Accident: 18 : 30 (24-HR-FORMAT)

Vehicle No.: XE766V Vehicle Make & Model / Engine (cc): HINO 700 Private Hire: (Y/N)

Exact location of Accident: JURONG ISLAND CHECKPOINT EXIT

Policyholder's Name / IC No.: POWER EXPRESS LOGISTICS (S) PTE LTD ROC/UEN (Company) 201511828E

Driver's Name / IC No.: SEGAR A/L SUBRAMANIAM F7856216P (As Above)

Driver's Contact No.: 88354795 Company Contact No / Owner Contact No: _____

Driver's Address: JOHOR BAHRU 80100

Owner Email address: OPS.HAWKER@POWEREXPRESS.COM.SG Insurance Company: LIBERTY

Driver Email address: ADMIN@POWEREXPRESS.COM.SG

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / **Employee** / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

*No. of Passengers (Including Driver): 1

*Passenger Name: _____ Gender: Male / Female x ()

*Passenger Name: _____ Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No Remarks: _____

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GY8463E

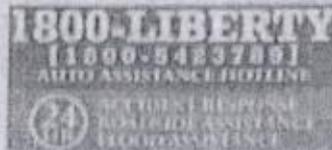
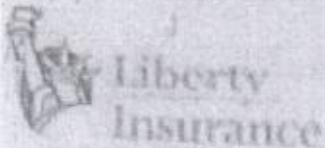
Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



Liberty Insurance Pte Ltd
 Registration No. 199007941E
 81 Club Street
 #03-00 Liberty House
 Singapore 069429
 Tel: (65) 6321 8511
 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, 1990
 ROAD TRANSPORT ACT, 1987
 ROAD TRANSPORT (AMENDMENT) ACT 2019
 THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1990

Certificate No.	SQ23V15374 W/CH/R00
Form	MZ001A
Date Of Issue	23-OCT-2021
1. Index Mark and Registration No. of Vehicle.	XE7665Y
2. Chassis number of Vehicle.	JHCSH1EEYXXX12435
3. Name of Policyholder.	POWER EXPRESS LOGISTICS (S) PTE. LTD.
4. Effective date of Commencement of Insurance for the purposes of the Act.	18-OCT-2021 00:00 AM
5. Date of Expiry of Insurance.	17-OCT-2022 23:59 PM
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>	
<p>7. Limitations as to use:</p> <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>	
<p>8. The Policy does not cover:</p> <p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst towing 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 6 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>	

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

Authorized Signature

For information only:	
COVERAGE	Comprehensive Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	All Claims: S\$2000 Additional Excess: All Claims (Young, Elderly & Independent Drivers): S\$3000 Windscreen Excess: S\$200
FINANCE COMPANY	TOYOTA FINANCIAL SERVICES SINGAPORE PTE LTD
PRODUCER NAME	VIRTUAL INSURANCE AGENCIES PTE LTD

PLVCP/VC/23-OCT-21 51 OCT 2021 10:54:23 AM