

NATIONAL Assessment Centre Services

Date In: 05/10/22	Job description	Date & Time Completed	Done by
Ref No: NA/L/A22009809/13	SAS e-filing		
Veh No: SJ449510	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/09/22 1815	i-Motor Claim Form		
OD (TP) Reporting Only	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: SJ424494	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

NA2200786

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	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 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

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	05/10/2022 09:55 (SGT)
Reported by	Driver
Date of Accident	28/09/2022 18:15 (SGT)
Exact Location of Accident	Meyer Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY4951D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VIVASTAR PTE LTD
Company Reg No	2XXXXX888K
Email Address	mohitvaryani@vivastar.co
Mobile Phone No	(Phone) +65-91700845
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Maserati
Model	Grancabrio
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	4691

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V11056/VPS/R06

DRIVER

Name of Driver	ANUP KUMAR SITALDAS VARYANI
NRIC No	SXXXX517G
Date Of Birth	12/09/1960
Occupation	Indoor

Date Of Driving Pass	30/08/2006
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91700845
Alt. Phone Number	-
Email Address	mohitvaryani@vivastar.co
Address	278 OCEAN DRIVE
Address complement	#04-23
Postcode	098450
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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 - Head to Rear
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	SJU2449Y
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

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 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 STATED DATE AND TIME, I CAME TO A SLOW

STOP TO CHECK FOR ONCOMING TRAFFIC.

OUT OF NOWHERE, I FELT AN IMPACT FROM THE REAR.

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

 05/10/22

Witnessed by Reporting Centre Personnel


MOHIT VARYANI @ VIVASTAR.CO

VEHICLE NO: SJY4951D.		MAKE & MODEL: MITSUBISHI GRAN		CABRIO.	AUTO / MANUAL
DATE OF ACCIDENT		28 / 09 / 22.		C.C. 4.7.	
TIME OF ACCIDENT		1815.		AM / PM.	
LOCATION OF ACCIDENT		MEYER RD.			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		VIVASTAR PTE LTD.			
EMAIL: MOHITVARYANI@VIVASTAR.CO.		OFFICE:		MOBILE: 91700845.	
NRIC		200200888K.			
CLAIM TYPE		OD / THIRTY PARTY / REPORTING ONLY			
FLEET POLICY		YES / NO?			
INCURANCE CO.		LIBERTY.			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.		S122V11056 / VPS / R06.			
NAME OF DRIVER		AS ABOVE / IF NO: ANUP KUMAR SITALDAS VARYANI.			
NRIC		S27405176.			
DATE OF BIRTH		12 / 09 / 1960.			
ANY PASSENGER		YES / NO: DRIVER ONLY.			
NAME OF PASSENGER		-			
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / Indoor.			
DATE OF DRIVING PASS		30 / 08 / 06			
GENDER		MALE / FEMALE			
CONTACT NO.		Mobile: 91700845.		Office: Home:	
EMAIL		MOHITVARYANI@VIVASTAR.CO.			
ADDRESS		278 OCEAN DRIVE SC 098450 #04-23.			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes, Reg No:		INSURE: -	
RELATIONSHIP		Employee / If No: DIRECTOR.			
WEATHER CONDITION		Clear / Raining / Other:			
ROAD SURFACE		Dry / Wet / Other:			
ANY INJURIES		NO / If yes, Who?			
CONTACT NO.					
POLICE REPORT		NO / If yes, Where?			
NOTICE OF INTENDED PROSECUTION?		NO / If yes, Who?			
VEHICLE B NO.		SJ02449Y		Any Passenger: DRIVER ONLY.	
NAME		SJ02449Y.			
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.					
WAS THERE ANY VIDEO CAPTURE?		YES / NO			
WAS THERE ANY AUDIO RECORDED?		YES / NO			
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO.			
WHO IS REPORTING		DRIVER / OWNER / BOTH			
Original Language Used		English / Mandarin / Others:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO			

1 Day

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	SI22V11056 /VPS /R06
Form	MX3
Date of Issue:	17-Aug-2022
1.Index Mark and Registration No. of Vehicle:	SJY4951D
2.Chassis number of Vehicle:	ZAMKM45C000053614
3.Name of Policyholder:	VIVASTAR PTE. LTD.
4.Effective date of Commencement of Insurance for the purposes of the Act:	08-SEP-2022 00:00
5.Date of Expiry of Insurance:	07-SEP-2023 23:59
6.Persons or Classes of Persons entitled to drive*:	ANUP KUMAR SITALOLAS VARYANI,MOHIT ANUP KUMARAVARYANI
<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>	
7.Limitations as to use*:	Use only for social, domestic and pleasure purposes and for the Policyholder's business.
8.The Policy does not cover:	<p>A) Use for hire or reward.</p> <p>B) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>C) Use for the carriage of goods (other than samples) in connection with any trade or business.</p> <p>D) Use for any purpose in connection with the Motor Trade.</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>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>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <div style="text-align: center;">  _____ Authorised Signature </div>	

For Information only:

COVERAGE:	Comprehensive, Unlimited Windscreen, Package Cover, NCD Protection, Valet Extension
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I -Singapore S\$5000 / Outside Singapore \$10,000.00, Windscreen Excess \$500.00
FINANCE COMPANY:	SING INVESTMENTS & FINANCE LTD
PRODUCER NAME:	ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD