

# NATIONAL Assessment Centre Services

Date In: 06/10/22	Job description	Date & Time Completed	Done by
Ref No: NA/LIP00009866/13	SAS e-filing		
Veh No: SM092812	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 05/10/22 11:11	i-Motor Claim Form		
OD TP (Reporting Only)	i-Motor W/O (Within: OD 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: SM087054	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

NA0000797

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	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	

## 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	06/10/2022 09:29 (SGT)
Reported by	Driver
Date of Accident	05/10/2022 11:11 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE BRADDELL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM9281Z
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEST WAY CAR RENTAL PTE LTD
Company Reg No	2XXXXX941M
Email Address	dreamcarrentalsg@gmail.com
Mobile Phone No	(Phone) +65-81288789
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1600

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V05188/VPZ/R02

#### DRIVER

Name of Driver	TANG HUI YI
NRIC No	TXXXX158B
Date Of Birth	28/07/2002
Occupation	Indoor

Date Of Driving Pass	04/05/2022
Driving experience	5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86666538
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	139 SUNRISE TERRACE
Address complement	-
Postcode	805384
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	AFT RAIN
Road Surface	Wet

#### 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	SMD8705Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANNE CHAI
NRIC No	SXXXX851I

Contact Number	.....	(Phone) +65-82236703
Address	.....	-
Address complement	.....	-
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	.....	-
No. Of Passenger (Including Driver)	.....	-

## IMPORTANT NOTICE

## SKETCH PLAN

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

5/10/2022  
12 PM

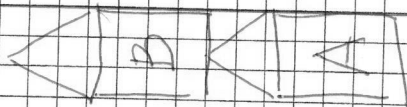
Driver's Signature (if driver is not the policyholder) / Date & Time

Shi 5/10/2022  
12 PM

Witnessed by Reporting Centre Personnel

Shym 06/10/22

CTE Braddel



A - SMM92812

B - SMD87054



## Describe Circumstances of the Accident

On 5th October 2022, 11:11 am, I was driving the rental car Kia Cerato, Grey Sedan along CTE (Braddell Road) towards city below the legal speed limit of 90km/h. The car Honda in front of me suddenly hit the brakes to a complete stop. The weather was slightly rainy, with slippery wet road. As soon as I saw the vehicle in front of me came to a emergency stop, I quickly hit the brakes. However, it was too late & collided with the Honda... I would like to clarify I am alone, not injured.

## Declaration

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



5/10/2022  
12pm

Policyholder's Signature /  
Date & Time

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

5/10/2022  
12pm

5/10/2022  
12pm

Witnessed by Reporting Centre  
Personnel

Date of Accident : 5 October 2022 Accident Time : 11:11am (24 -HR-Format)

Accident Place (A) : CTE Braddell

Vehicle Reg. No.(Car Plate No.): 8MM 9281 Z

Vehicle Make/Model : Kia Cerato EX 1.6A.

Insurance Company : Liberty Insurance Pte Ltd. Policy No SD22V05188/VPZ/R03

Owner or Company Name/IC No : West way Car Rental Pte Ltd.

Owner or company Contract No: \_\_\_\_\_ Owner's Hp 81288789 Company Tel \_\_\_\_\_

DRIVER'S Name / IC No : Tang Hui Yi IC No: T0222158B

DRIVER'S Date Of Birth : 28/07/2002 DRIVER'S Licence Pass Date: 4 May 2022

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other Hire

DRIVER'S Address : 139 sunrise terrace cabana S(805384)

DRIVER'S Contract No /Alt No :1) 86666538 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR \ (e.g. Working inside or outside office)

Email Address : dreamcarrentals@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) ( / ) Anybody injured in the accident: Yes / NO

Passenger Name : \_\_\_\_\_ (Male / Female)

Was there any video captured by car camera : YES \ NO

Exact purpose for what vehicle was being used at the time of accident : Private use \ Work Purpose .

(B) Other Party Driver's Particulars ( If any )

(C)

Vehicle Reg No: SMD 8705 Y Vehicle Reg No: \_\_\_\_\_

Vehicle Make \ Model: HONDA HR-V Vehicle Make \ Model : \_\_\_\_\_

Driver Name : ANNE CHAI Driver Name: \_\_\_\_\_


Driver IC No : S71708511 Driver IC No: \_\_\_\_\_

Driver's Contract & Add: 82236703 Driver's Contract & Add: \_\_\_\_\_



## 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  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	<b>SD22V05188 /VPZ /R02</b>
<b>Form</b>	MZ406C
<b>Date Of Issue</b>	13-APR-2022
<b>1.Index Mark and Registration No. of Vehicle:</b>	SMM9281Z
<b>2.Chassis number of Vehicle:</b>	KNAF3416MK5046381
<b>3.Name of Policyholder:</b>	WEST WAY CAR RENTAL PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	18-APR-2022 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	17-APR-2023 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b> Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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.	
<b>7.Limitations as to use*:</b> A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired. C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.	
<b>8.Policy does not cover:</b> A) Use for racing, pace-making, reliability trial 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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b> <b>COVERAGE :</b> Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only) <b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS <b>EXCESS:</b> All Claims S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$2000, Windscreen Excess S\$100 <b>FINANCE COMPANY:</b> TAI THONG LEE TRADING PTE LTD <b>PRODUCER NAME:</b> NEWSTATE STENHOUSE (S) PTE LTD	

PLVC/-/13-APR-22

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13-APR-22