

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 07/11/20	Job description	Date & Time Completed	Done by
Ref No: NA/UP 22011071/13	SAS e-filing		
Veh No: GBL3894E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 05/11/20 1721	i-Motor Claim Form		
OD : (P) 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: YQ2680M	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%. P: 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

NA2203126	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: 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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
Pat. 1:	9) N12: Idac Mobile 30		
Pat. 2 / 3:	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	07/11/2022 12:36 (SGT)
Reported by	Driver
Date of Accident	05/11/2022 17:21 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 507 TAMPINES CENTRAL 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL3894E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HOCKHUA TONIC PTE. LTD.
Company Reg No	2XXXXX276G
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-97733792
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1598

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V12906/VCV/R05

DRIVER

Name of Driver	NG KIAN BOON(HUANG JIANWEN)
NRIC No	SXXXX474J
Date Of Birth	24/11/1982
Occupation	Outdoor

Date Of Driving Pass	17/11/2006
Driving experience	16 YEARS
Gender	Male
Mobile Number	(Phone) +65-97733792
Alt. Phone Number	-
Email Address	jmartauto@gmail.com
Address	BLK 452B SENGKANG WEST WAY
Address complement	#15-405
Postcode	792452
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	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)	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ2680M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	.....	-
Vehicle Category	.....	Commercial vehicle
Name of Driver	.....	ABD RAHIM BIN MOHD UNNI
NRIC No	.....	SXXXX462F
Contact Number	.....	-
Address	.....	-
Address complement	.....	-
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	.....	-
No. Of Passenger (Including Driver)	.....	-

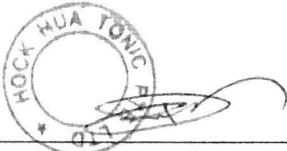
SKETCH PLAN

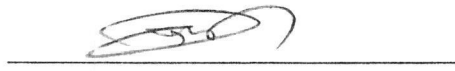
IMPORTANT NOTICE

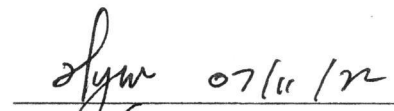
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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:

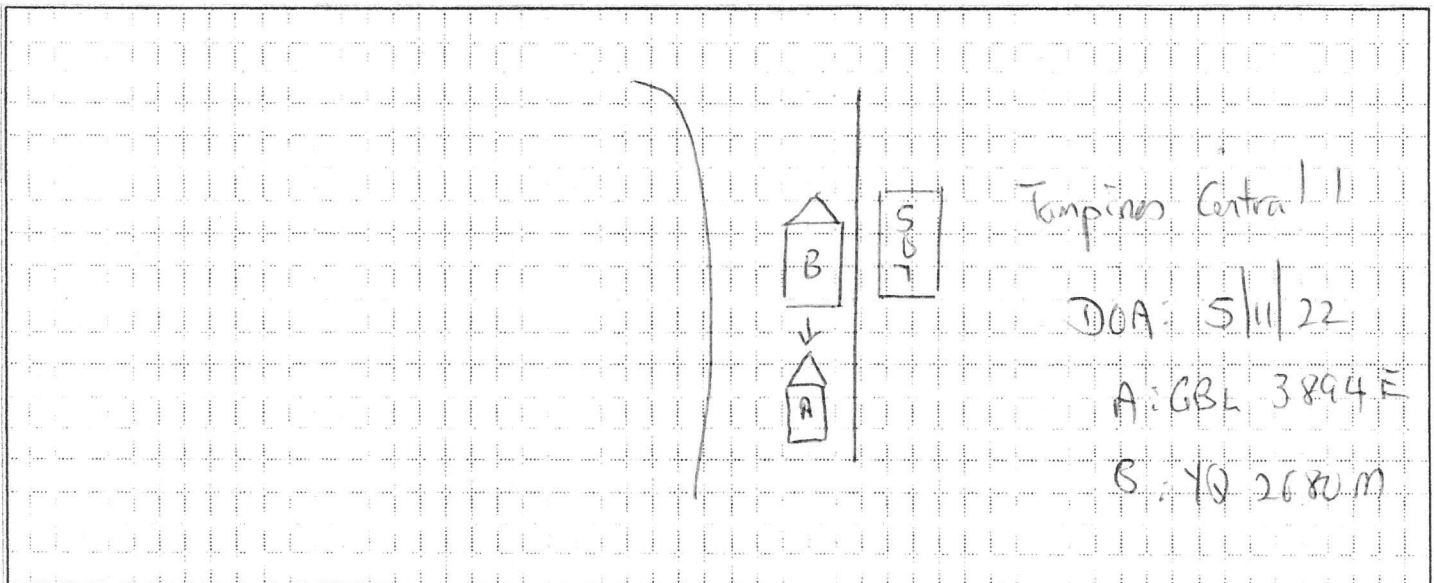
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

Lorry (YQ 2680M) suddenly reversed & hit onto
my vehicle frt portion.

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
& Time



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

Pte Car / Commercial Vehicle / Pte Hire

Date of Accident : 5/11/22		Time of Accident : 5.21 pm	
Exact Location of Accident : Tampines Central 1 Bk 507			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Dry / Wet	
Owner's Name : Hock Hua Tonic Pte Ltd		NRIC :	HP :
Driver's Name : Ng Kian Boon		NRIC : 88240474J	HP : 97733792
DOB : 24/11/1982	Driving Licence Passing Date : 17/11/2006		Occupation : Indoor / Outdoor
Address : 452B Serangoon West Way #15-405 (792452)			
Relationship Of Driver with Insured : Employee		Email : jmartauto@gmail.com	
Vehicle Number : GBL 3894E		Make & Model : Nissan	
Insurance Company : Liberty		Policy No : SD22V12906/VCV/ROJ	Coverage : Comprehensive
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax			
A : 1 + 1	B : 1 + 1	C :	D :
Vehicle A Passenger Name : girl man			Male / Female
Anyone Injured : Convey By Ambulance: Yes / No			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Name / NRIC / Which Vehicle :	
Was The Accident Reported To The Police ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Which Police Station :	
Does The Driver Own Any Other Vehicle ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number : Insurer :	
Was Any Foreign Vehicle Involved ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number & Category :	
Was There Any Video Captured By Car Camera ? <input type="radio"/> NO <input checked="" type="radio"/> YES			

Third Party's Particular

Vehicle B's Number : YQ 2680M		Make & Model :	
Driver's Name : Abd Rahim Bin Mohd Unni		NRIC : 52177462F	HP :
Vehicle C's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :

Witness's Particular

Name :	NRIC :	HP :
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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

Certificate No	SD22V12906 /NCV /R05
Form	MZ300A
Date Of Issue	14-SEP-2022
and Registration No. of Vehicle:	GBL3894E
Number of Vehicle:	JN1YAAM20Z0002260
Policyholder:	HOCKHUA TONIC PTE. LTD.
Date of Commencement of Insurance	12-SEP-2022 00:00 AM
Events of the Act:	
Expiry of Insurance:	11-SEP-2023 23:59 PM
Classes of Persons	
Exclusions:	
Persons driving on the Policyholder's order or with their permission.	
No person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been disqualified 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.	
Further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not expired at the time of the accident loss or damage.	
Exclusions as to use*:	
Not for use in connection with the Policyholder's business.	
Not for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.	
Not for domestic and pleasure purposes.	
Exclusions does not cover:	
Not for reward or for racing, pace-making, reliability trials or speed-testing.	
Not for towing a trailer except the towing or any one disabled mechanically propelled vehicle.	
Not for Motor Vehicle rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 9 of the Road Transport Act, 1987 are not to be included under these headings.	
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  <hr/> Authorised Signature	
Remarks:	
Comprehensive, Unlimited Windscreen MARKET VALUE AT THE TIME OF LOSS Section I S\$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$1000, Windscreen Excess S\$100	
Issued by:	
ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY	