

NATIONAL Assessment Centre Services (001 2222) **NA2203113**

Date In: 07/11/2022 15:48	Job description	Date & Time Completed	Done by
Ref No: NPA/21P20/1086/1	SAS e-filing		
Veh No: GUE 26288	E-mail (with title, A/C title)		
D.O.A: 05/11/2022 18:31	I-Motor Claim Form		
QC: TP / Reporting Only	I-Motor W/O (with: OD title, TP title)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: 4BD 3132M INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Ist Status (WO): R: 0-30%, 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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 0788 6616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date: () Time: ()

Actions: ()

NA2203113

Insurance Particulars:

Owner/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Comments:

12/3

Invoice Preparation Checklist			Amount	Remarks
1) AR: Accident Reporting (\$30)				
2) DA: Damage Assessment (\$100)		INC (\$50)		
3) TP: Towing Fee		\$10/\$40		
4) PT: Follow-Through Survey		\$120		
5) PT: Follow-Through Survey (Resurvey)		\$30		
Excluding repair cost INC Only (up to 10 Jan 2023)				
6) TR: Resurveys		\$75		
7) NI: 1500 DA + SMRT Survey		\$140		
8) NTUC Additional Services:				
QW:				
*NI: Courtesy Car / Tpt Allowance		\$5		
*NI: Repair Coordination		\$15		
*NI: Post Repair Inspection		\$25		
*NI: DV / Collect Excess Coordination		\$5		
*TP (NI): TP (Non-INC) against INC		\$30		
9) NI: 1500 Mileage		10		
Invoice dated				
Prepared by				
Fee Charged				
Max Amount				

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 15:45 (SGT)
Reported by	Both
Date of Accident	05/11/2022 18:31 (SGT)
Exact Location of Accident	Wan Tho Ave, Singapore
Additional Location Information	TOWARDS UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF2623S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JIANG GUOJU
NRIC No	SXXXX683I
Email Address	jiangguoju2015@gmail.com
Mobile Phone No	(Phone) +65-82810699
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V06863/VPL/R00

DRIVER

Name of Driver	JIANG GUOJU
NRIC No	SXXXX683I
Date Of Birth	09/06/1985
Occupation	Outdoor

Date Of Driving Pass	21/03/2018
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82810699
Alt. Phone Number	-
Email Address	jiangguoju2015@gmail.com
Address	BLK 161 YISHUN STREET 11 #07-190
Address complement	-
Postcode	760161
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 - 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)	3
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
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

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	FBD3132M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-96190063
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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.

[Signature]

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

WAN TITO AVE TOWARDS UPPER SIBERANJAY ROAD

Vehicle A = JNF26235

Vehicle B = FB3332M

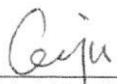
Describe Circumstance of the Accident

My vehicle was stationary stopped before the stopping line to check oncoming vehicle before I can filter out.

Out of sudden, I felt an impact from the rear and realised that vehicle B collided onto stationary vehicle rear 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)

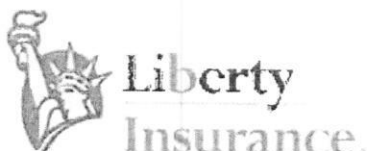
Jack

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 05/11/2022 (dd/mm/yy) Time of Accident: 18:31 (24-HR-FORMAT)
Vehicle No.: SNF26235 Vehicle Make & Model: Honda Vezel
*Transmission: ☐ Manual ☒ Auto *C.c.: 1406
Exact location of Accident: Wan Tho Ave towards upper Serangoon Road
Policyholder's Name: Jiang Guojin NRIC/FIN/REG No.: 685636831
*Policyholder's email address: Jiangguojin2015@gmail.com
Driver's Name: As above NRIC/FIN/REG No.: -
*Driver's email address: -
Driver's Contact No.: 82810699 Company Contact No (If any): -
Date of birth: 09/06/1985 Driving Pass Date: 21/03/2018
Driver's Address: Blk 161 Vishnu Street 11, 07-190, 760161
Insurance Company: Liberty
Policy No.: SD22V06863/VPL/R00 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
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)
Type of Accident
☐ Chain Collision / ☒ Head To Rear / ☐ Side Swipe / ☐ Other -
Occupation (nature job) ☐ Indoor / ☒ Outdoor *No. of Passengers / Including Driver: 3
*Passenger Name: - Gender: ☒ Male / ☐ Female
*Passenger Name: - Gender: ☐ Male / ☒ Female
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 Car camera? ☒ Yes / ☐ No
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: FBD3132M
Driver's Contact No: 96190063 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.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611
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, 1960
ROAD TRANSPORT ACT, 1987
ROAD TRANSPORT (AMENDMENT) ACT 2019
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD22V06863 /VPL /R00
From	MZ400B
Date Of Issue	26-MAY-2022
1.Index Mark and Registration No. of Vehicle:	SNF2623S
2.Chassis number of Vehicle:	RV31004030
3.Name of Policyholder:	JIANG GUOJU
4.Effective date of Commencement of Insurance for the purpose of the Act:	26-MAY-2022 00:00 AM
5.Date of Expiry of Insurance:	25-MAY-2023 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
For Private Hire Vehicle (PHV) Usage :	JIANG GUOJU
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:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	GENIE FINANCIAL SERVICES PTE LTD
PRODUCER NAME:	CAR TIMES INSURANCE AGENCY PTE LTD

PLFM/-/26-MAY-22

S1_CI_T1_T3_OE_Template6-Ver1. 26-MAY-22