

# NATIONAL Assessment Centre Services

Date In 17/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/HP23000548/d4	SAS e-filing		
Veh No SMX1253A	E-mail (within 2hrs. AP 2hrs)		
DOA 16/01/2023 14:09	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: SJK292Y	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
( ) Apply for Transport Allowance ( ) / Courtesy Car ( )		
( ) QC Check / Post Repair Inspection ( )		
( ) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : ( )

Date/Time	Actions

NA2300180	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Insurant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Owner/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Charged Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Inspectors' Comments:-	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		



# 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	17/01/2023 15:22 (SGT)
Reported by	Driver
Date of Accident	16/01/2023 14:09 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS DRIVE 8
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX1253A
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHOVA GUHA @ LIM MUI CHOO
NRIC No	SXXXX289D
Email Address	brendonlow8@gmail.com
Mobile Phone No	(Phone) +65-98386623
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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 hire
Transmission	Auto
CC	1797

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V02657/VPL/R01

### DRIVER

Name of Driver	LOW TIAN MING,BRENDON
NRIC No	SXXXX536F

Date Of Driving Pass .....	25/10/2004
Driving experience .....	18 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98386623
Alt. Phone Number .....	-
Email Address .....	brendonlow8@gmail.com
Address .....	APT BLK 415 PASIR RIS DRIVE 6
Address complement .....	# 13-223
Postcode .....	510415
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
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 .....	Female

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 3

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 THE ATTACHED STATEMENT

#### ATTACHMENT(S)



Was there any video captured by Car Camera? .....  
Reasons for not uploading a video of the accident .....

Yes  
WITH OWNER

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SJK292Y  
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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... LOW TIAN MING,BRENDON  
Gender ..... Male  
Phone No ..... (Phone) +65-98386623  
Address ..... APT BLK 415 PASIR RIS DRIVE 6  
Address Complement ..... # 13-223  
Post Code ..... 510415  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY PAIN AND MUSCLE ACHE  
Injured person in which vehicle? ..... SMX1253A  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... UNKNOWN  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY PAIN AND MUSCLE ACHE  
Injured person in which vehicle? ..... SMX1253A  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 3

Name of injured person ..... UNKNOWN  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY PAIN AND MUSCLE ACHE  
Injured person in which vehicle? ..... SMX1253A  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 4



## 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

PASIR RIS DRIVE 8



**Describe Circumstance of the Accident**

I was travelling straight along pasir ris drive 8  
out of sudden i felt an impact on my vehicle  
rear portion when i got down i realised vehicle  
(b) collided onto my vehicle

**Declaration**

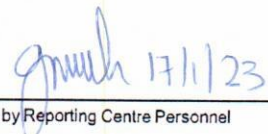
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Date of Accident : 16/01/23 Accident Time: 2:09pm (24-HR-FORMAT)  
Accident Place : Pasir ris drive 8  
Vehicle Reg. No (Car plate No.) : SMX1253A CC : 108 Vehicle Make/Model: toyota noah  
Insurance Company : liberty Policy No. SI22VO2657/VPL/RO1  
Name of Registered Owner : Company / Individual Shova @ uha lim mui chao  
ID of Registered Owner : Co Reg No: Owner's NRIC No: S1377289D  
OWNER EMAIL ADDRESS: BRENDONLOW8@gmail.com : Co Contact No: Owner's Contact No: 98386623  
DRIVER'S Name : low tian ming, brendon DRIVER'S NRIC No: S8130536F  
DRIVER'S Date of Birth : 24/09/1981 DRIVER'S License Pass Date 25/10/2004  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:   
DRIVER'S Address : B1K 415 Pasir ris drive 6 #13-223  
DRIVER'S Contact No./ Alt No. : 1) 98386623 2)   
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address :   
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): 4 Name & Gender; 1 male 3 female  
Was the accident reported to the police? YES \ NO  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any injuries, if yes (name of the injured person) driver and passenger

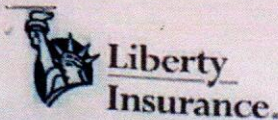
**Other Party Driver's Particulars (if any)**

Vehicle Reg No: SJK292Y	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: \_\_\_\_\_

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH






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  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI22V02657/VPL/R01
Form	MZ400B
Date of Issue:	24-Feb-2022
1. Index Mark and Registration No. of Vehicle:	SMX1253A
2. Chassis number of Vehicle:	ZWR800332278
3. Name of Policyholder:	SHOVA GUHA @LIM MUI CHOO
4. Effective date of Commencement of Insurance for the purpose of the Act:	24-MAR-2022 00:00
5. Date of Expiry of Insurance:	23-MAR-2023 23:59
6. Persons or Classes of Persons entitled to drive*:	LOW TIAN MING BRENDON
For Private Hire Vehicle (PHV) Usage:	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	
<b>For Information only:</b>	
COVERAGE:	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I (Singapore) \$3,500.00, Section I (Outside Singapore) \$7,000.00, Section II (Singapore) \$3,000.00, Section II (Outside Singapore) \$6,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	
PRODUCER NAME:	MBM WHEELPOWER PTE LTD