

NATIONAL Assessment Centre Services

Date In 27/01/2023

Ref No NA/HP23000822/d4

Veh No SMM 9281 Z

DOA 22/01/2023 10:00

OD/ (TP) Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 2hrs. Aft 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs. TP 4hrs)

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: SGA 5353K

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:

NA2300280

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars:

Owner/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Editors' Comments :-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

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) NI: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

* N5: Courtesy Car / Tpl Allowance \$5

* N6: Repair Co-ordination \$10

* N7: Post Repair Inspection \$25

* N8: DV / Collect Excess Co-ordination \$5

* N9: DV / Collect Excess Co-ordination \$20

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	27/01/2023 15:04 (SGT)
Reported by	Driver
Date of Accident	22/01/2023 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PENANG ROAD TOWARDS SOMERSET ROAD
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) +65-96548141
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

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

DRIVER

Name of Driver	NIDHI GUPTA @ NIDHI AGRAWAL
NRIC No	SXXXX970Z
Date Of Birth	08/07/1974
Occupation	Indoor

Date Of Driving Pass	31/07/2007
Driving experience	15 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96548141
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	9 TANJONG RHU ROAD
Address complement	# 21-04
Postcode	436894
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	Side Swipe
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	AVNIKA GUPTA
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)

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	SGA5353K
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HIROYUKI TAKANO
Passport No/FIN	GXXXX328L
Contact Number	(Phone) +65-88097612
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 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.

[Signature]



Policyholder's Signature / Date & Time
27/01/23
1238

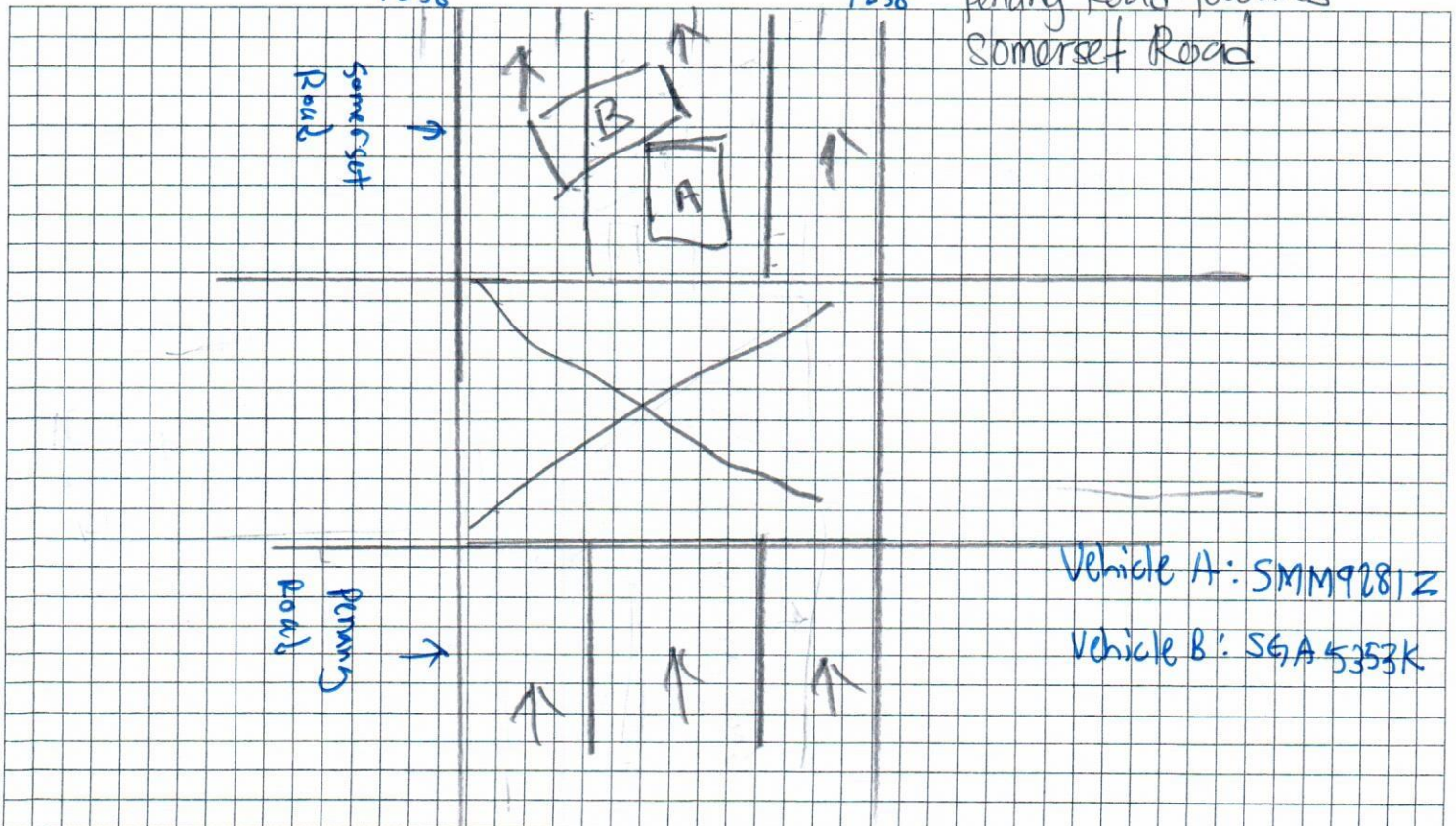
Nicholas

Driver's Signature (if driver is not the policyholder) / Date & Time
27/01/23
1238

[Signature] 27/1/23

Witnessed by Reporting Centre Personnel

Penang Road towards
Somerset Road



Describe Circumstances of the Accident

On 22/01/2023 around 10 am, I was driving on Penang Road towards Somerset Road and it was clear and dry weather. Soon after I passed the junction of Penang road and Somerset Road the vehicle B (SGA 5353K) entered the Somerset road from Killiney Road and all of a sudden without any indicator came almost horizontal in front of my car leaving no reaction time for me. I pressed the brake at full pressure but couldn't stop my car from colliding into Vehicle B (SGA 5353K).

Declaration

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



Policyholder's Signature
Date & Time 22/01/2023

1238



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

22/01/2023
1238



Witnessed by Reporting Centre Personnel

Frankie Chen
~~8128789~~
81288789

Date of Accident : 22/01/2023 Accident Time : 1000 (24-HR-Format)

Accident Place (A) : Penang Road toward Somerset Road

Vehicle Reg. No.(Car Plate No.): SMM9281Z

Vehicle Make/Model : KIA CERATO 1.6A EX

Insurance Company : LIBERTY INSURANCE PTE LTD Policy No SD22VOS188/VPZ/R02

Owner or Company Name/IC No : WEST WAY CAR RENTAL PTE LTD (201607941M)

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

DRIVER'S Name / IC No : NIDHI GUPTA IC No: 57464970Z

DRIVER'S Date Of Birth : 08/01/74 DRIVER'S Licence Pass Date: 31/07/2007

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

DRIVER'S Address : 9 TANTONG RHU ROAD, #21-04, SINGAPORE
-436894

DRIVER'S Contract No /Alt No : 1) 96548141 2) _____

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

Email Address : nidhi_appu@yahoo.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) (1) Anybody injured in the accident: Yes / NO

Passenger Name : AVNIKA GUPTA (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: SGA S353K Vehicle Reg No: _____

Vehicle Make \ Model: MAZDA 3 Vehicle Make \ Model : _____

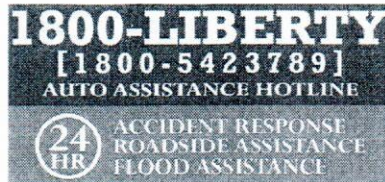
Driver Name : HIROYUKI TAKANO Driver Name: _____

Driver IC No : G3416328L Driver IC No: _____

Driver's Contract & Add: 88097612 Driver's Contract & Add: _____




Liberty
Insurance



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

PLVC/-/13-APR-22

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13-APR-22