

NATIONAL Assessment Centre Services (all items) **SLN092300002**

Date In: 13/02/2023 19:26	Job description	Date & Time Completed	Done by
Ref No: N/A/2IP2300/568/Y	SAS e-filing		
Veh No: SKL 8185 Z	E-mail (attach sheet, A/C sheet)		
D.O.A: 10/02/2023 19:10	1-Motor Claim Form		
QC: TP: Reporting Only	1-Motor W/O (what's on sheet, or there)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/W/Rep		

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

TP Particulars: () Veh No: SKL 8185 Z INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Hst Status (WO): 10-0-30%, P: 21-72%, P: 30-100%)

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: ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Other: ()

N(4)300446

Invoice/Repairation Charges	Ass't
1) AR: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$1000) INC (\$50)	
3) TP: Towing Fee \$100/\$40	
4) PT: Follow Through Survey \$120	
5) PT: Follow Through Survey (Emergency) \$30	
Excess/Insurance Deductible (\$1000) (\$1000)	
6) TR: Rep/Repairer \$75	
7) NI: New DA, P, SMRT Survey \$140	
8) NTUC Additional Services	
QTY	
*NI: Courtesy Car / Tel Allowance \$5	
*NI: Rep/Repair Coordination \$15	
*NI: Post Repair Inspection \$25	
*NI: DV / Collect Excess Coordination \$1	
*NI: TP (Rm INC) against INC \$100	
TP/NI/TP/NI	
Ins'ts/Total	
Net Charged	

Checked by (Engr-In-Charge): ()

Printed: ()

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	13/02/2023 19:26 (SGT)
Reported by	Driver
Date of Accident	10/02/2023 19:10 (SGT)
Exact Location of Accident	855 Yishun Ring Rd, Singapore 760855
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL3185Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRIBECAR PTE LTD
Company Reg No	2XXXXX722Z
Email Address	khierthii@rosetlimo.com
Mobile Phone No	(Phone) +65-68445225
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V06345/VPZ/R01

DRIVER

Name of Driver	THEYVASIGAMANI S/O PERIASAMY
NRIC No	SXXXX670D
Date Of Birth	10/08/1982
Occupation	Outdoor

Date Of Driving Pass	07/02/2004
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-98524778
Alt. Phone Number	-
Email Address	khierthii@rosetlimo.com
Address	BLK 629 YISHUN STREET 61 #02-11
Address complement	-
Postcode	760629
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 - Major/Minor Rd
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)	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

PLEASE REFER TO SKETCH PLAN

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	SKL7423Z
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	THEYVASIGAMANI S/O PERIASAMY
Gender	Male
Phone No	(Phone) +65-98524778
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SJL3185Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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

Sketch Plan

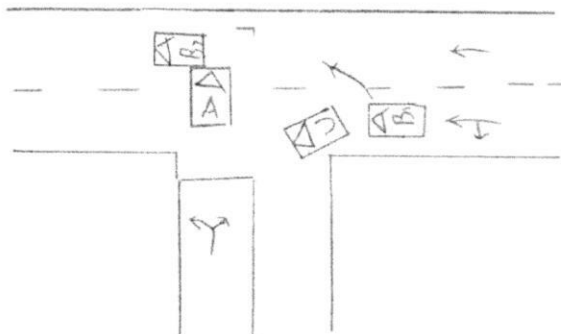
Driver's Signature (If driver is not the policyholder) / Date & Time

BIK 855 Yishun Ring Road

Witnessed by Reporting Centre Personnel

A- SJL 31852

B- SKL 74232



Describe Circumstances of the Accident

I was exiting Blk 855 Yishun Ring Road , trying to get across to the opposite lane (Yishun Ring Road), as vehicle U is turn into Blk 885 Yishun Road, and vehicle B was behind vehicle U at the point of time. So I proceeded to check for if the lane on the opposite was clear before proceeding off. After I proceeded to move off, vehicle B which was behind vehicle U suddenly overtake vehicle U at a very high speed and I could not react in time , hence collided to the rear portion of vehicle B

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

hi

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

Witnessed by Reporting Centre Personnel

13/02/2023

UB1

Date of Accident : 10-2-23 Accident Time: 1910 (24-HR-Format)
Accident Place : BIK 855 YISHUN RING ROAD
Vehicle No. (Car Plate No.) : SJL 3785Z Make/Model: _____
Insurance Company : ~~NTUC~~ Liberty Policy No.: _____
Owner or Company Name/IC No. : ROSET LIMOUSINE SERVICES PTE LTD (200406722Z)
Owner or Company Contact No. : _____ Owner's Hp 6844 5225 Company Tel _____
DRIVER'S Name / IC No. : THEY VASIGAMANI S/O PERIASAMY
DRIVER'S Date of Birth : 04-07-2013 DRIVER'S License Pass Date 07-02-2004
Relationship of Owner & Driver : Spouse/Parents/Children/Sibling/Employee/Others: HIRER
DRIVER'S Address : BIK 629 YISHUN ST 01 #02-11 5760629
DRIVER'S Contact No./ Alt No. : 1) 9852 4778 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : KHIERTHII@ROSETLIMO.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
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 Injury (If YES, Pls state): NO yes, Neck pain

Other Party Driver's Particular (if any)

Vehicle. No: <u>SKL 7423Z</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*NEW – Passenger's Name & Gender:



Having Trouble?
Email support@tribecar.com

Hi THEYVASIGAMANI Periasamy,

Your booking is confirmed! Get ready to drive off with your Tribecar!

Booking Details

Booking Reference

A-100223-2617183

Your Vehicle

Toyota Vios (2007-2013)
(SJL3185Z)

Economy Sedan
Automatic Transmission, Petrol

Pickup

7:00 pm

10 Feb 2023

Return

10:00 pm

10 Feb 2023

Booking Fees

\$27.72

E-Wallet Balance

\$41.96

To view your booking, click [here](#).

Directions to Vehicle



[Open Location in Google Maps](#)

Address and Directions

Blk 880 Yishun Street 81, Surface Carpark
Singapore 760880

Proceed to Deck Surface, Lot 371 to 390
Alternative car park lots if full: 491 to 500

Opposite Orchid Park Secondary School

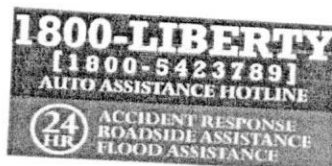
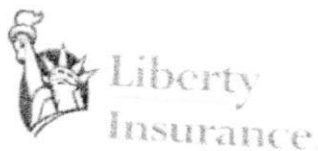
Things to Note

Amendment / Cancellation Policy

Thank you for using Tribecar.

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GST Reg No. 201605563H



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	SD22V06345 /VPZ /R01
Form	MZ406
Date Of Issue	01-AUG-2022
1. Index Mark and Registration No. of Vehicle:	SJL3185Z
2. Chassis number of Vehicle:	MR053HY9305080694
3. Name of Policyholder:	TRIBECAR PTE LTD
4. Effective date of Commencement of Insurance for the purpose of the Act:	27-JUL-2022 00:00 AM
5. Date of Expiry of Insurance:	26-MAY-2023 23:59 PM
6. Persons or Classes of Persons entitled to drive*:	
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.	
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, pleasure and business purposes of any person to whom the vehicle is hired.	
8. Policy does not cover:	
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. C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.	
*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 :	Third Party Only
SUM INSURED:	
EXCESS:	Refer Memorandum - Section II S\$2000
FINANCE COMPANY:	
PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD

PLSL/PLSL/01/08/2022

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01/08/2022

Aug 1, 2022, 4:25 PM