

NATIONAL Assessment Centre Services

Date In 17/03/2023	Job description	Date & Time Completed	Done by
REFNO NA/LP23002786/d4	SAS e-filing		
VehNo GBL 4322 H	E-mail (within 8hrs, A/C 2hrs)		
DOA 15/03/2023 20:10	i-Motor Claim Form		
OD/TP 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: SMI 7257 Z

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

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time:

Actions:

NA2300783

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Call 1:

Call 2/3:

Invoice Preparation Checklist

Amnt (\$)

1st Bill

Amnt

Add

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

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

3) TF: 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) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile \$0

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	17/03/2023 13:55 (SGT)
Reported by	Driver
Date of Accident	15/03/2023 20:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL4322H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUN KEE (PTE) LTD
Company Reg No	1XXXXX749M
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-97442103
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	SD22V12903/CV/R05

DRIVER

Name of Driver	HENG KOK KOON JASMOND
NRIC No	SXXXX298A
Date Of Birth	13/12/1975
Occupation	Indoor

Date Of Driving Pass	23/05/1995
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97442103
Alt. Phone Number	-
Email Address	jmartauto@gmail.com
Address	APT BLK 658 JALAN TENAGA
Address complement	# 03-150
Postcode	410658
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	KHOO HUI LI
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	SMJ7257Z
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GIAN JUAT NGIM
NRIC No	SXXXX533I
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	HENG KOK KOON JASMOND
Gender	Male
Phone No	(Phone) +65-97442103
Address	APT BLK 658 JALAN TENAGA
Address Complement	# 03-150
Post Code	410658
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK INJURY
Injured person in which vehicle?	GBL4322H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KHOO HUI LI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK INJURY
Injured person in which vehicle?	GBL4322H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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

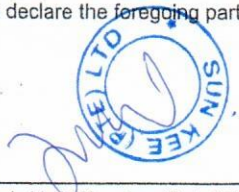
PIE Towards Changi

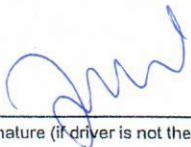
Describe Circumstance of the Accident

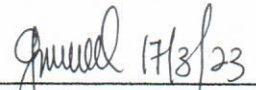
I was driving along PIE, suddenly my vehicle
rear ch portion being collided by veh B.

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 NPIC/ID card)

Pte Car / Commercial Vehicle / Pte Hire

Date of Accident : 15/3/23		Time of Accident : 2010 hrs	
Exact Location of Accident : PIE towards Changi			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Dry / Wet	
Pte Use / Work			
Owner's Name : Sun Kee (Pte) Ltd		NRIC : 197901749M	HP :
Driver's Name : Heng Kok Koon Jasmond		NRIC : 57537298A	HP : 97442103
DOB : 13/12/1975	Driving Licence Passing Date : 23/5/1995		Occupation : Indoor / Outdoor
Address : 858 Jln Tenaga #03-150 (470658)			
Relationship Of Driver with Insured : Employee		Email : jmartauto@gmail.com	
Vehicle Number : GBL 4322 H		Make & Model : Nissan NV200 1.6	
Insurance Company : Liberty		Policy No : SD22V12903/VCV/R05	Coverage : Comprehensive
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax			
A : 1+1	B : 1+0	C :	D :
Vehicle A Passenger Name :			Male / Female
Anyone Injured : <input checked="" type="checkbox"/> NO		Convey By Ambulance: Yes / No	
<input checked="" type="checkbox"/> YES		Name / NRIC / Which Vehicle : Jasmond Heng neck & back	
Was The Accident Reported To The Police ?		Which Police Station :	
<input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES	
Does The Driver Own Any Other Vehicle ?		Insurer :	
<input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES	
Was Any Foreign Vehicle Involved ?		Vehicle Number & Category :	
<input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES	
Was There Any Video Captured By Car Camera ?		<input type="checkbox"/> NO <input type="checkbox"/> YES	

Third Party's Particular


Vehicle B's Number : SMJ 7257Z		Make & Model : Mercedes	
Driver's Name : Giam Juat Ngim		NRIC : 51666533I	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	SD22V12903 /VCV /R05
Form	MZ300A
Date Of Issue	14-SEP-2022
1.Index Mark and Registration No. of Vehicle:	GBL4322H
2.Chassis number of Vehicle:	JN1YAAM20Z0002373
3.Name of Policyholder:	SUN KEE (PTE) LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	12-SEP-2022 00:00 AM
5.Date of Expiry of Insurance:	11-SEP-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.</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 in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>
8.The Policy does not cover:	<p>A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing or 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>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> 	
<p>_____ Authorised Signature</p>	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, Third Party Working Risk, Additional Accessories - Power Tailgate
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section 1 S\$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$1000, Windscreen Excess S\$100
ANCE COMPANY:	
RODUCER NAME:	ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY

JCI-14-SEP-22

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14-SEP-22