

NATIONAL Assessment Centre Services

| | | | |
|------------------------------|--|-----------------------|---------|
| Date In 20/03/2023 | Job description | Date & Time Completed | Done by |
| Ref No NA/HP23002876/d4 | SAS e-filing | | |
| Veh No GBT 3942K | E-mail (within 8hrs, Aft 2hrs) | | |
| DOA 03/03/2023 08:00 | i-Motor Claim Form | | |
| OD/TP/ <u>Reporting Only</u> | 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: | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|----------|-----|
| NA2300807 | Invoice Preparation Checklist | | Amf (\$) | Amf |
| Claimant's Particulars | 1) AR: Accident Reporting (\$30); | | 1st Bill | Add |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| Auditors' Comments: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Call 1: | 6) TR: Re-inspection \$75 | | | |
| Call 2/3: | 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 | | | |
| | 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 | 20/03/2023 15:35 (SGT) |
| Reported by | Driver |
| Date of Accident | 03/03/2023 08:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | 808 FRENCH ROAD MULTI-STOREY CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBJ3942K |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | Yes |
| Name Of Registered Owner | ARIKI SEAFOOD PTE LTD |
| Company Reg No | 2XXXXX579H |
| Email Address | arikisf@singnet.com.sg |
| Mobile Phone No | (Phone) +65-62916655 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Dyna |
| 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 | Manual |
| CC | 2982 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SI22V12499/VCV/R01 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | LIM TIAN TECK |
| NRIC No | SXXXX742F |
| Date Of Birth | 31/12/1966 |
| Occupation | Outdoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 01/08/1984 |
| Driving experience | 38 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96388798 |
| Alt. Phone Number | - |
| Email Address | arikisf@singnet.com.sg |
| Address | APT BLK 819 YISHUN STREET 81 |
| Address complement | # 02-668 |
| Postcode | 760819 |
| 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 | No Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 1 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | No |
| 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 THE ATTACHED STATEMENT

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

IMPORTANT NOTICE

SKETCH PLAN

1. Please ~~fill in~~ 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 invalidate policy liability.
4. The ~~acceptance~~ use of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~reporting~~ 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 ~~submission~~ submission 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~~ being made available aforesaid.

3. 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 any 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 and 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 my 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")

- a) 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
- b) my Personal Information may/are disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC card)

Sketch Plan

808 French Road Multi Storey Carpark

A- G8J 3942K

B- S6V 899 J

No sketch as there was no collision involved for this vehicle

IMPORTANT NOTICE

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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 intended 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. Consistent with the Personal Data Protection Act (PDPA)

I understand and 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 the Insurers' lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

808 French Road multi-storey Carpark

A - GBJ 3942K

B - SAK 8199 J

No sketch as there was no collision involved for this vehicle

Describe Instance of the Accident

I Received a letter from the Insurance stating that my vehicle GBI 3942K Involved in an accident with SGV 8199J. But As far as I know, my vehicle did not Involved in any accidents. I am making this report for my safety purpose.

Declaration
We declare the foregoing particulars are true in every respect.



[Signature] 20/3/23

Policyholder's Signature / Date & Time

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

[Signature] 20/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NR/C/D Card)



**Liberty
Insurance.**

Liberty Insurance Pte Ltd

51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611

Date : 13 MAR 2023 Liberty Ref : IVS23/0528
Your Vehicle : GBJ3942K Policy No : SI22V12499
Third Party Veh : SGV8199J Accident Date : 03 MAR 2023
Accident Location : BLK 808 FRENCH ROAD MSCP
To Insured : ARIKI SEAFOOD PTE. LTD.
213 RANGOON ROAD
SINGAPORE 218455
Agent/Broker : VIRTUAL INSURANCE AGENCIES PTE LTD

- ☐ We acknowledge receipt of your accident report
- ☒ Please file an accident report at any of our Preferred Workshops or Reporting Centres urgently. Kindly ignore this letter if you have already submitted the report.
- ☒ We have received Third Party claim(s) against your policy.
If you have any additional information (photos/videos/witness) which would assist us in the handling of the claim, please revert within the next 5 working days. Should we not hear from you, we will proceed to handle the claim accordingly.

In the meantime, please forward any letters or court documents from third parties to our office.
Kindly note that your No Claims Discount (NCD) may be affected as a result of this claim.

Please provide us with the following information where applicable

If you are submitting a claim against the third party insurer

If any of your passenger(s) has made a claim against the third party insurer

Traffic Police Investigation Report and any action taken against you or any other party including the final outcome.

☐ Section II / All Claims excess is payable _____

☒ Others Remarks:
Kindly provide driver of GBJ3942K's authorisation to drive at the time of accident.

Claims Handler : YONG WENG HONG PATRICK Email : yong.patrick@libertyinsurance.com.sg

Contact No : 1800 5423 789

ACCIDENT STATEMENT

ACCIDENT DATE: 03 / 03 / 2023 (DD/MM/YYYY), TIME: 08 : 00 (HH:MM)

LOCATION: 808 French Road Multi-storey Carpark

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBS 3942K
 b) INSURANCE COMPANY: Liberty
 c) POLICY NUMBER: SI22V12499/VCV/ROI
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Dyna 150 Auto MANUAL
 f) TYPE: (SAIDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working time
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

a) NAME: ARIKI SEAFOOD Pte. Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201700579H CONTACT: 6291 6655
 c) ADDRESS: _____

* CONTINUE TO 3. & 4 IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: Lim Tian Teck (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1759742F CONTACT: 9638 8798
 c) ADDRESS: APT B1K 819 Yishun Street 81 #02-668, S766819

d) DATE OF BIRTH: 31 / 12 / 1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 01/08/1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRY
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NO
 7. c) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SGV 8199J MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = ariki sf @ singnet . com . sg

Phone = _____

and also NO

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 | SI22V12499 /VCV /R01 |
| Form | MZ300A |
| Date of Issue: | 15-Sep-2022 |
| 1. Index Mark and Registration No. of Vehicle: | GBJ3942K |
| 2. Chassis number of Vehicle: | JTFAT35Y40K212990 |
| 3. Name of Policyholder: | ARIKI SEAFOOD PTE. LTD. |
| 4. Effective date of Commencement of Insurance for the purposes of the Act: | 05-OCT-2022 00:00 |
| 5. Date of Expiry of Insurance: | 04-OCT-2023 23:59 |
| 6. Persons or Classes of Persons entitled to drive*: | Any person who is driving on the Policyholder's order or with their permission. 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 in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes. |
| 8. The Policy does not cover: | A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing or 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 |
| SUM INSURED (\$\$): | MARKET VALUE AT THE TIME OF LOSS |
| EXCESS (\$\$): | Section I \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00 |
| FINANCE COMPANY: | |
| PRODUCER NAME: | VIRTUAL INSURANCE AGENCIES PTE LTD |