

NATIONAL Assessment Centre Services

Date: 04/05/2023	Job description	Date & Time Completed	Done by
Ref No NA/HP23064542/d4	SAS e-filing		
Veh No 8JE228R	E-mail (within 8hrs, APT 2hrs)		
DOA 03/05/2023 14:06	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within 10D 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: 8KU 839G.	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

NA2301290	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11:		
	*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 (N11 INC) against INC \$20		
	9) N12: Idao Mobile \$30		
	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	04/05/2023 17:53 (SGT)
Reported by	Actual Driver
Date of Accident	03/05/2023 14:06 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT BLK 133 BUKIT PANJANG PRIMARY SCHOOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE228R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HLH AGRI INTERNATIONAL PTE. LTD.
Company Reg No	2XXXXX186H
Email Address	johari74zainol@gmail.com
Mobile Phone No	(Phone) +65-68610330
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	US4 STARIA 3.5 MPI SR AT
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	3470

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	C0140001

DRIVER

Name of Driver	JOHARI BIN ZAINOL
NRIC No	SXXXX628A
Date Of Birth	20/01/1974
Occupation	Outdoor

Date Of Driving Pass	04/06/2001
Driving experience	21 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68610330
Alt. Phone Number	-
Email Address	johari74zainol@gmail.com
Address	APT BLK 92 HENDERSON ROAD
Address complement	# 16-202
Postcode	150092
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	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	JING EN
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
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU839G
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)	-

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 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.

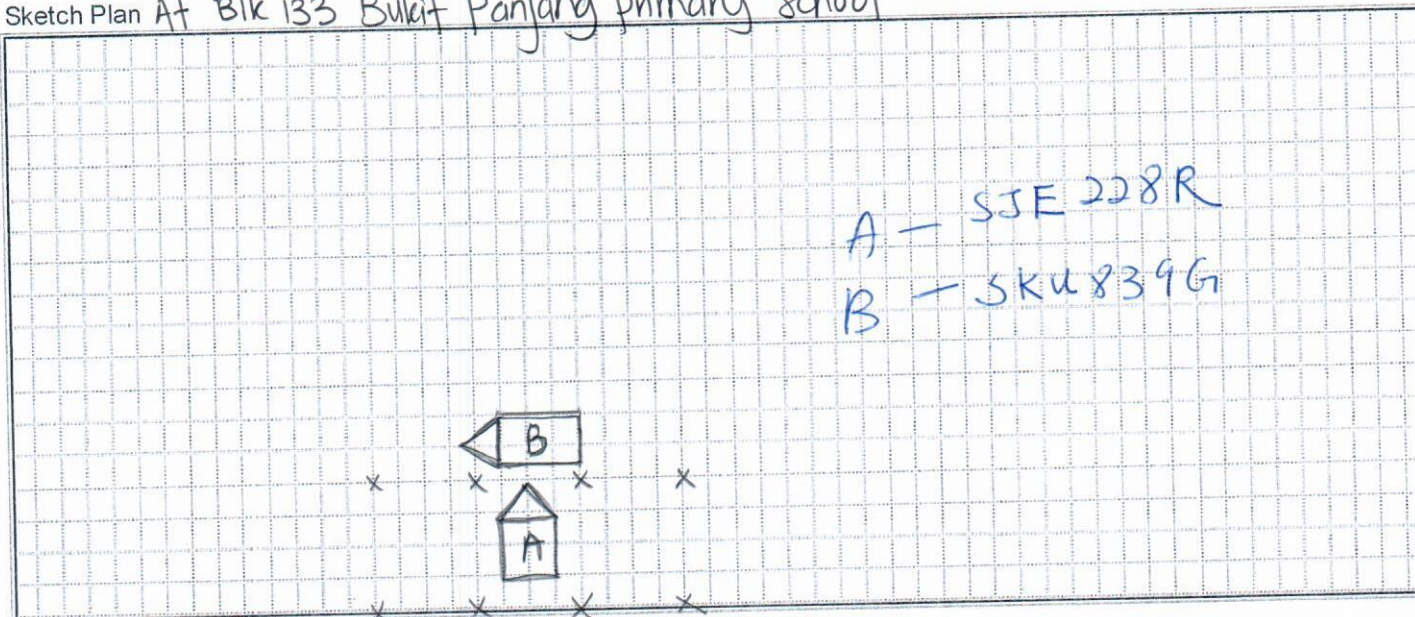


Policyholder's Signature / Date & Time

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

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

Sketch Plan At Blk 133 Bukit Panjang Primary School



Describe Circumstance of the Accident

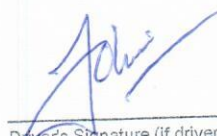
on the stated time and date. I was stationary my
Vehicle STE228R at the BK133 Bukit Panjang Primary
Parking lot.
School, suddenly vehicle sku 839G drove pass my
car and scratch on my front portion.

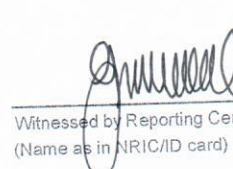
Declaration

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

 4/5/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO: SJE 228R

MAKE & MODEL: Hyundai Staria

AUTO / MANUAL

*C.C. 3.5

DATE OF ACCIDENT	03 / 05 / 2023	AM / PM	14:06
TIME OF ACCIDENT	14:06		
LOCATION OF ACCIDENT	AT BIK 133 Bukit Panjeng Primary School		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE		
NAME OF OWNER	HLH AGRI International P/L		
TELP NO	Mobile: 68610330 Home: 68610330		
NRIC	2000031864		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
FLEET POLICY	YES / <u>NO</u> ?		
INSURANCE CO.	Liberty		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	C014		
NAME OF DRIVER	Johari Bin Zainol		
NRIC	ST402628A		
DATE OF BIRTH	20 / 01 / 1974		
ANY PASSENGER	YES / NO:		
NAME OF PASSENGER	X <u>Juan EN</u>		
GENDER OF PASSENGER	MALE / <u>FEMALE</u>		
OCCUPATION	<u>Outdoor</u> / Indoor		
DATE OF DRIVING PASS	04 / 06 / 2001		
GENDER	<u>Male</u> / Female		
CONTACT NO.	Mobile: Office: Home:		
EMAIL	Bik 92 Henderson Road #16-202 S150092		
ADDRESS	INSURER:		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.		
RELATIONSHIP	<u>Employee</u> / If No.		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	No / If yes: <u>Who?</u>		
CONTACT NO.	No / If yes: Where?		
POLICE REPORT	NO / IF YES: WHO?		
NOTICE OF INTENDED PROSECUTION GIVEN?	Any Passenger: 1 person (unknown)		
VEHICLE B NO.	SKU8396		
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>		

johari 74 zainol@gmail.com

Motor Cover Note

Name of Producer: KOMOCO TRADING PTE LTD (A1975)	Cover Note No.: C0140001
Date of Issue: 14 Apr 2023	Quotation/ Proposal/ Policy No.: XA / SL

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

Name of Insured:	HLH AGRI INTERNATIONAL PTE LTD
Period of Insurance:	From: 14 Apr 2023 15:36 To: 13 Apr 2024 23:59
Registration No.:	SJE228R
Make and Model:	HYUNDAI STARIA 3.5 AUTO S/R
Type of Body:	MPV
Capacity/Tonnage:	3470
Year of Manufacture/Registration:	2023/2023
Chassis No.:	KMHYF814MPU096001
Engine No.:	G6DUNA068092
Sum Insured:	MARKET VALUE AT TIME OF LOSS
Name of Finance Company:	HONG LEONG FINANCE LTD
Type of Plan:	Comprehensive
Excess:	AS AGREED

The Motor Vehicle (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 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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.

Not valid unless counter-signed by authorized person.

Date: 14 Apr 2023 15:36

For and on behalf of
LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.