

NATIONAL Assessment Centre Services (Call 1-800-851-8100) **8110972550006**

Date In: **05/05/2023 15:21** Job description: **SAS e-illing** Date & Time Completed: Done by:

Ref No: **X142801307** E-mail (attach this, AIC 2013)

Veh No: **GBE 4577B** i-Motor Claim Form

D.O.A: **04/05/2023 06/10** i-Motor W/O (When: OD Int, TF Int)

OD: **TP: Reporting Only** i-Photo Uploaded

TP Insurer: Assessment/Survey Report

Assn Report by Fax / Hand to Owner/Whse

Preferred Wksp / INC Assign Wksp / OW: () Tel: Fax:

TP Particulars: Veh No: **X142801** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: List Status (WO): 10: 0-30%, F: 21-70%, 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 Cost : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC Ref: 6789, 0010) Date of Completion: Done by:

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date of Injury:

Location:

Police Report No:

Witness Name:

Witness Phone:

Witness Address:

Witness Email:

X142801307

Insurance Particulars:

Insured/Owner:

Unit No:

Damaged Portion:

Checked by (Engr-In-Charge):

Location:

Date:

Invoice Preparation Checklist:

1) AIC: Accident Processing (\$300)	INC (\$50)
2) DA: Damage Assessment (\$1000)	\$1000
3) TP: Towing Fee	\$100
4) PE: Follow-Through Survey	\$100
5) PE: Follow-Through Survey (Repairer)	\$100
6) TR: Reproduction	\$100
7) NI: New DA + SMRT Survey	\$100
8) NIUC: Additional Fee	\$100
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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	05/05/2023 15:27 (SGT)
Reported by	Actual Driver
Date of Accident	04/05/2023 06:10 (SGT)
Exact Location of Accident	19 Marsiling Ln, Singapore 730019
Additional Location Information	OPEN CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4577B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GOOD WAY RENT-A-CAR PTE. LTD.
Company Reg No	2XXXXX120D
Email Address	nghweehong@gmail.com
Mobile Phone No	(Phone) +65-97973360
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD23V00863/VCZ/R03

DRIVER

Name of Driver	NG HWEE HONG
NRIC No	SXXXX168A
Date Of Birth	07/09/1959
Occupation	Outdoor

Date Of Driving Pass	25/08/1980
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97973360
Alt. Phone Number	-
Email Address	nghweehong@gmail.com
Address	BLK 583 WOODLANDS DRIVE 16 #09-462
Address complement	-
Postcode	730583
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	YQ1428H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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 reudiate 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

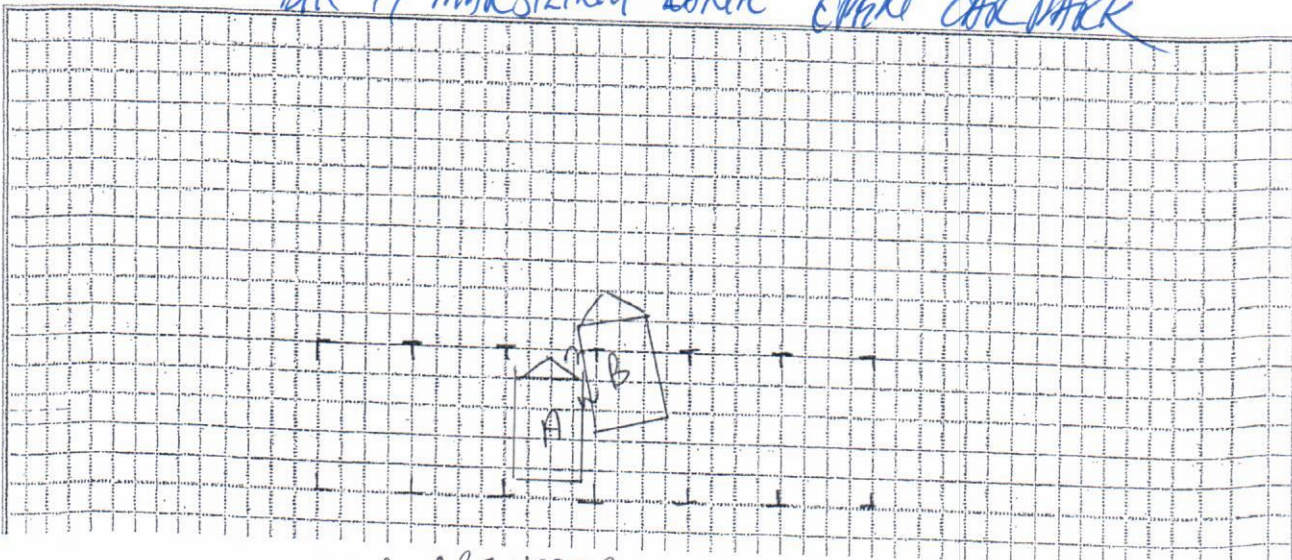
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

BIK 19 MARSILINCH LOKK

05/05/2023
EPPH CAR PARK



A: GBE 4577B

B: 4Q1428H

Describe Circumstance of the Accident

On the stated date and time, my vehicle was stationary in the parking lot behind BKK19 Mawailing Lane Open Carpark. I was unloading stuffs from my vehicle. Suddenly, I felt an impact from the front of my vehicle. I went to take a look and realised vehicle B had collided onto the front right portion of my vehicle.

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

Witnessed by Reporting Centre Personnel

05/05/2023

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Date of Accident : 04/05/2023 Accident Time: 0610 (24-HR-FORMAT)
Accident Place : Blk 19 Marsiling Lane Open Carpark
Vehicle Reg. No (Car plate No.) : GBE 4577B CC :
Insurance Company : Liberty Insurance Vehicle Make/Model: Toyota Hiace
Name of Registered Owner : Company / Individual Policy No. SD23V00863/VC7/K03
ID of Registered Owner : Good Way Rent-A-Car Pte Ltd
OWNER EMAIL ADDRESS: Co Reg No: 2015051200 Owner's NRIC No:
Co Contact No: Owner's Contact No:
DRIVER'S Name : Ng Hwee Hong DRIVER'S NRIC No: S1369168A
DRIVER'S Date of Birth : 07-09-1959 DRIVER'S License Pass Date 25/08/1980
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: Hirer
DRIVER'S Address : 583, Woodlands Dr 16, #09-462, S(730583)
DRIVER'S Contact No./ Alt No. : 1) 9797 3360 2)
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
Email Address : nghweehong@gmail.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): 0 Name & Gender:
Was the accident reported to the police? YES / NO
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 injuries, if yes (name of the injured person):

Other Party Driver's Particulars (if any)

Vehicle Reg No: YQ 1428H	Vehicle Reg No:
Vehicle Make/Model:	Vehicle Make/Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH




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	SD23V00863 /VCZ /R03
Form	MZ407
Date Of Issue	06-JAN-2023
1. Index Mark and Registration No. of Vehicle:	GBE4577B
2. Chassis number of Vehicle:	JTFHT02P000033141
3. Name of Policyholder:	GOOD WAY RENT-A-CAR PTE LTD
4. Effective date of Commencement of Insurance for the purpose of the Act:	01-FEB-2023 00:00 AM
5. Date of Expiry of Insurance:	31-JAN-2024 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. 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.</p>	
7. Limitations as to use*:	
<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.</p>	
8. Policy does not cover:	
<p>A) Use for racing, pace-making, reliability trials 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.</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> Authorized Signature</p>	
For Information only:	
COVERAGE :	Third Party Fire & Theft, Geographical Area: Singapore only
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	All Claims S\$1000, Refer Memorandum - Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$0
FINANCE COMPANY:	
PRODUCER NAME:	INSURED UNITED PTE. LTD.

PLFM-/06-JAN-23

S1_CI_T1_T3_OE_Template2-Ver1.

06-JAN-23