

NATIONAL Assessment Centre Services SNO 2350001

Date In: 25/05/2023 10:21	Job Description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: NBM/C123005812/4	E-mail (with photo, A/C 2000)		
Yell No: GPR 3TD	1-Motor Claim Form		
D.O.A: 23/05/2023 15:38	1-Motor W/O (with: OD Int, TP Int)		
OD: <input checked="" type="checkbox"/> Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

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

TP Particulars: Yell No: GPR 905E 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: 30-140%)

Year of Registration: () Warranty: YES () / NO ()

Excess: \$ () Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO info of repater.

() Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: (INC No: 018, 0014) Date & Time Completed: 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: ()

Witness: ()

Police Report: ()

Insurance Claim: ()

Invoice / Preparation Charge

1) AR: Accident Passbook (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$10/\$50
4) PT: Follow-Through Survey	\$150
5) PT: Follow-Through Survey (Repair > \$3000)	\$50
6) TR: Repairs/Repair	\$75
7) NI: No DA / SMRT Survey	\$145
8) NI: No Admittal Fee	
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Checked by (Engi-In-Charge):

Signature: ()

Date: ()

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	25/05/2023 10:21 (SGT)
Reported by	Actual Driver
Date of Accident	23/05/2023 15:35 (SGT)
Exact Location of Accident	Gul Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE371D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RICO ENGINEERING WORKS PTE LTD
Company Reg No	1XXXXX407G
Email Address	junmin147@icloud.com
Mobile Phone No	(Phone) +65-64841933
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	SD22V09463/VCV/R00

DRIVER

Name of Driver	VEERA SUNDARAM SIVA SANKARAN
Passport No/FIN	GXXXX023T
Date Of Birth	10/08/1975
Occupation	Outdoor

Date Of Driving Pass	21/04/2014
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91300886
Alt. Phone Number	-
Email Address	junmin147@icloud.com
Address	-
Address complement	-
Postcode	-
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?	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	NARAYANAN
Gender	Male

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	GBK7905L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
NRIC No	LIM ENG HAI BENEDICT
Contact Number	SXXXX002F
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

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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;

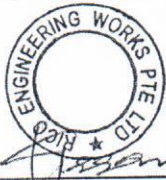
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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



Vehicle A : GBE 371D

Vehicle B : GBK 7905L

25/04/2023
Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident

At the stated date and time of accident, I was driving my vehicle A (GBE371D) along the stated location. I was stationary, waiting for traffic lights when vehicle B (GBK7905L) crashed into the rear portion of my vehicle A.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]
25/04/2023
Witnessed by Reporting Centre Personnel

DATE OF ACCIDENT : 23/05/2023

SWK

TIME : 1535 HRS

LOCATION : Gul Way

INFORMANT'S PARTICULARS

- 1) VEHICLE NO. : GBE 371 D MODEL : Toyota Hiace
- 2) INSURANCE CO. : Liberty POLICY NO. : SD22V09463 VCV Roo
- 3) CLAIM TYPE : OWN DAMAGE / THIRD PARTY / REPORTING ONLY (PLS CIRCLE)
- 4) OWNER NAME : Rico Engineering Works P/L I/C 1998004076 TEL: 6484 1933
- 5) OWNER EMAIL : JUNMIN147@ICLOUD.COM ALTERNATIVE PHONE NO. :
- 6) DRIVER NAME : Veera Sundaram Siva Sankaran I/C G2343023T TEL: 9130 0886
- 7) DRIVER OCCUPATION : Construction EMAIL : JUNMIN147@ICLOUD.COM
- 8) RELATIONSHIP WITH OWNER : Employee
- 9) DOES DRIVER OWN ANY CAR? YES / NO (QN 9 & 10 APPLY FOR NON OWNER ONLY)
- 10) DRIVER'S OWN VEHICLE REG NO. : INS CO. :
- 11) WEATHER CONDITION : CLEAR / RAINING / OTHERS
- 12) ROAD SURFACE : DRY / WET / OTHERS
- 13) ANY SCENE PHOTOS : YES / NO
- 14) ANY VIDEO CAPTURED BY CAR CAMERA : YES / NO
- 15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT : Work Purpose
- 16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE : YES / NO
- 17) NO. OF PASSENGERS (INCLUDING DRIVER) : 02 A) PASSENGER NAME : Narayanan
- 18) No. of Vehicle Involved (Including own vehicle) : 02 B) PASSENGER NAME :
MALE / FEMALE
MALE / FEMALE

THIRD PARTY (OTHER VEHICLE) PARTICULARS

- VEHICLE 1**
- 1) VEHICLE NO. : GBK 7905L MODEL : Tivoli Musso
 - 2) DRIVER NAME : Lim Eng Hai Benedict I/C 30259002F
 - 3) ADDRESS : _____
 - 4) CONTACT NO. : _____ INS CO. : _____
- VEHICLE 2**
- 1) VEHICLE NO. : _____ MODEL : _____
 - 2) DRIVER NAME : _____ I/C _____
 - 3) ADDRESS : _____
 - 4) CONTACT NO. : _____ INS CO. : _____

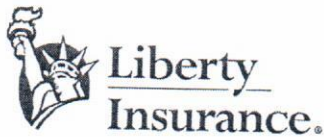
* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT : (YES / NO)
IF YES, FOREIGN VEHICLE NO. : _____
FOREIGN VEHICLE CATEGORY : _____

WITNESS PARTICULARS

- 1) ANY WITNESS (YES / NO) - IF YES, PLS PROVIDE AS BELOW :-
- 2) NAME & NRIC : _____ TEL : _____
- 3) RELATIONSHIP WITH INVOLVED PARTIES : _____

OTHERS

- 1) ANY INJURIES (YES / NO) IF YES, STATE INJURY SUSTAIN : _____
- 2) WAS ACCIDENT REPORTED TO POLICE (YES / NO) - IF YES, PLEASE PROVIDE A COPY OF POLICE REPORT.
- 3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES / NO) - IF YES, PLS PROVIDE A COPY OF THE NOTICE.
- 4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO THE ABOVE ACCIDENT (YES / NO)



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611

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 SD22V09463 /VCV /R00
Form MZ300A
Date Of Issue 16-JUL-2022
1.Index Mark and Registration No. of Vehicle: GBE371D
2.Chassis number of Vehicle: KDH2010148301
3.Name of Policyholder: RICO ENGINEERING WORKS PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act: 20-AUG-2022 00:00 AM
5.Date of Expiry of Insurance: 19-AUG-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.

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.

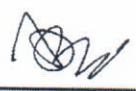
8.The Policy does not cover:

- 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 of 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 :

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen

MARKET VALUE AT THE TIME OF LOSS

Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

VIRTUAL INSURANCE AGENCIES PTE LTD

20220718

Ver.1.260705