

# NTUC Assessment Centre Services

Date: 23/05/2023	Job description	Date & Time Completed	Done by
Ref No NA/LIP23005401/W	SAS e-filing		
Veh No SMX 4130B	E-mail (within 2hrs, Aft 2hrs)		
DOA 22/05/2023 21:50	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: SMY 4008.S	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: 62881061)	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

NA2301569	Invoice for Repairation, Gicoldist	Amc 53
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$43	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idag 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 Licence Coordination \$5	
	TP (N11): TP (N7a INC) against INC \$20	
	9) N12: Idag 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	23/05/2023 18:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/05/2023 21:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Suntec City Carpark
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX4130B

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Zunnur Syazzana Binte Mohamad Said
NRIC No	SXXXX011Z
Email Address	johnnathankumar18@gmail.com
Mobile Phone No	(Phone) +65-91807898
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V05560/VPZ/R00

#### DRIVER

Name of Driver	Veenoth Kumar S/O Kalimuthu
NRIC No	SXXXX855Z
Date Of Birth	24/08/1984
Occupation	Indoor



Date Of Driving Pass .....	07/12/2011
Driving experience .....	11 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91807898
Alt. Phone Number .....	-
Email Address .....	johnnathankumar18@gmail.com
Address .....	Blk 206A Compassvale Lane
Address complement .....	#03-61
Postcode .....	541206
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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) .....	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

Refer to the attached statement.

#### 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 .....	SMY4008S
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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	Veenoth Kumar S/O Kalimuthu
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMX4130B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

Date of Accident : 22/5/2023 Accident Time: 2150 HRS (24-HR-Format)  
 Accident Place : SUNTEC CITY CAR PARK  
 Vehicle No. (Car Plate No.) : SMX 4130 B Make/Model: HONDA SHUTTLE  
 Insurance Company : LIBERTY Policy No: SD22V05560 / VP2 / R00  
 Owner or Company Name / IC No. : ZUNNUR SYAZZANA BINTI MOHAMAD SAID (S8533011 Z)  
 Owner or Company Contact No. : 9180 7898 Owner's Hp - Company Tel -  
 DRIVER'S Name / IC No. : VEENOTH KUMAR S/O KALIMUTHU (S8424855 Z)  
 DRIVER'S Date Of Birth : 24/8/1984 DRIVER'S License Pass Date 7/12/2011  
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: -  
 DRIVER'S Address : APT BLK 206A COMPASSVALE LANE # 03-61 S' 541206  
 DRIVER'S Contact No./ Alt No. : 1) 9180 7898 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : JOHNATHANKUMAR 18 @ 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): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private Use \ Work Purpose

Any Injury (If YES, Pls state): VEENOTH KUMAR S/O KALIMUTHU

#### Other Party Driver's Particular (if any)

Vehicle. No: (B) SMY 4008 S

Vehicle. No: -

Vehicle Make \Model: -

Vehicle Make \Model: -

Name Driver: -

Name Driver: -

IC No. Driver/Contact: -

IC No. Driver/Contact: -

\* NEW – Passenger's name & gender:



## 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 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:

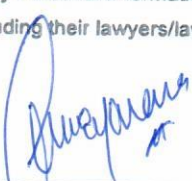
(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

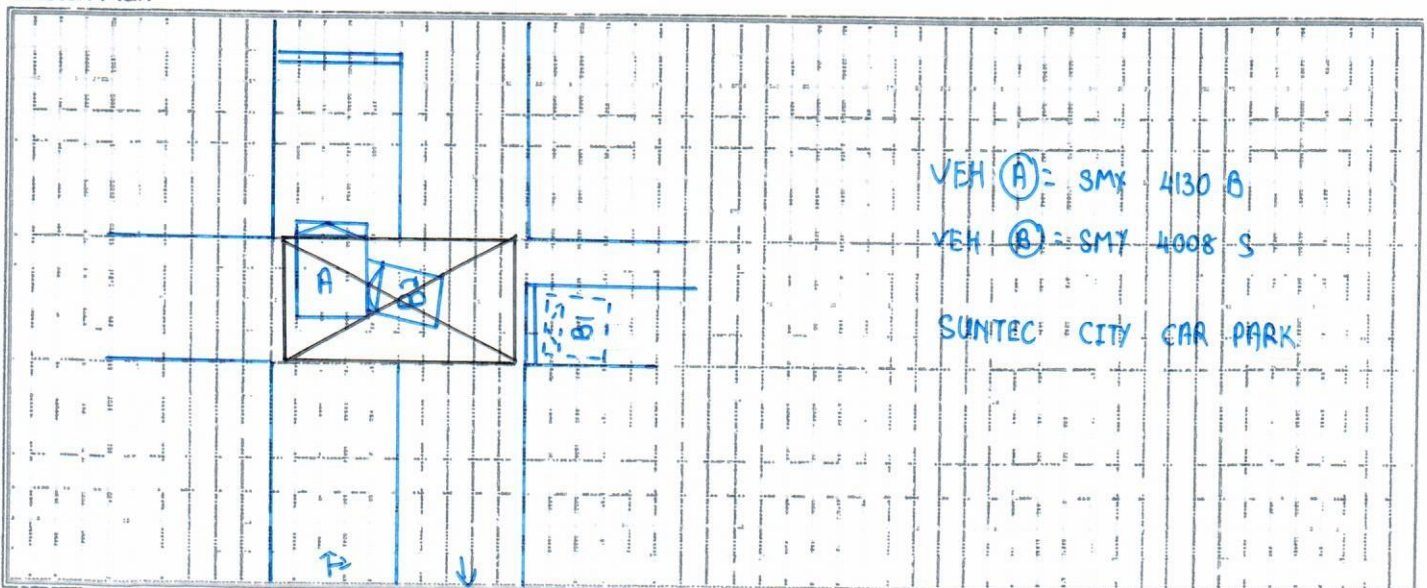
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 23/05/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



VEH (A) = SMX 4130 B  
VEH (B) = SMY 4008 S  
SUNTEC CITY CAR PARK

Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE (A) SMX 4130 B  
TRAVELLING ALONG SUNTEC CITY CAR PARK. I WAS DRIVING MY VEHICLE (A) SMX 4130 B  
AND NEED TO GO OUT CAR PARK AND PROCEED STRAIGHT. SUDDENLY I FELT A IMPACT  
FROM MY RIGHT. VEHICLE (B) SMY 4008 S COME OUT FROM THE RIGHT SIDE OF THE  
CAR PARK AND HIT ONTO THE RIGHT OF MY VEHICLE, AND MY VEHICLE WAS DAMAGED.  
WE ALIGHTED AND EXCHANGE EACH OTHER PARTICULAR. I LODGED THIS REPORT FOR INSURANCE  
CLAIM PURPOSE.


VEHICLE (A) = SMX 4130 B


VEHICLE (B) = SMY 4008 S

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

 23/05/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



## 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

<b>Certificate No</b>	<b>SD22V05560 /VPZ /R00</b>
<b>Form</b>	<b>MZ406A</b>
<b>Date Of Issue</b>	<b>04-JAN-2023</b>
<b>1. Index Mark and Registration No. of Vehicle:</b>	<b>SMX4130B</b>
<b>2. Chassis number of Vehicle:</b>	<b>GK82101922</b>
<b>3. Name of Policyholder:</b>	<b>ZUNNUR SYAZZANA BINTE MOHAMAD SAID (NOT DRIVING)</b>
<b>4. Effective date of Commencement of Insurance</b> for the purpose of the Act:	<b>08-APR-2022 00:00 AM</b>
<b>5. Date of Expiry of Insurance:</b>	<b>10-JUL-2023 23:59 PM</b>
<b>6. Persons or Classes of Persons</b> entitled to drive*:	<b>VEENOTH KUMAR S/O KALIMUTHU</b>

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 for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.

8. Policy does not cover:

- A) Use for racing, pace-making, reliability trial 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.

\*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 (Private Usage), Unlimited Windscreen

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I (Singapore) S\$1500, Section I (Outside Singapore) S\$3000, Windscreen Excess S\$100

FINANCE COMPANY:

GENIE FINANCIAL SERVICES PTE LTD

PRODUCER NAME:

CAR TIMES INSURANCE AGENCY PTE LTD

SCSL 20230104

Ver.1.260705