

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 31/05/2023	Job description	Date & Time Completed	Done by
Ref No: NA/HP23005542/d4	SAS e-filing		
Yeh No: GBH 2763C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 30/05/2023 16:00	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	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: SHA 8562S	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

NA2301616

## Invoice Preparation Checklist

Amt (\$)	Amt (\$)
1st Bill	Add Bill

Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$30		
Cat. 2 / 3:	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	31/05/2023 14:49 (SGT)
Reported by	Actual Driver
Date of Accident	30/05/2023 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALEXANDRA ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2763C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PAINTMART PTE LTD
Company Reg No	1XXXXX128Z
Email Address	sales@paintmart.com.sg
Mobile Phone No	(Phone) +65-68480746
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	SD23V03211/VCV/R00

#### DRIVER

Name of Driver	SUBRAMANIAN THIYAGARAJAN
Passport No/FIN	GXXXX094K
Date Of Birth	11/04/1982
Occupation	Outdoor

Date Of Driving Pass .....	04/07/2008
Driving experience .....	14 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87479648
Alt. Phone Number .....	-
Email Address .....	sales@paintmart.com.sg
Address .....	APT BLK 867 TAMPINES STREET 83
Address complement .....	# 06-245
Postcode .....	520867
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) .....	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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA8562S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	TAN BOON HUAT
NRIC No .....	SXXXX494Z

Contact Number .....	(Phone) +65-96740530
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



27.7.23  
31/05/2023

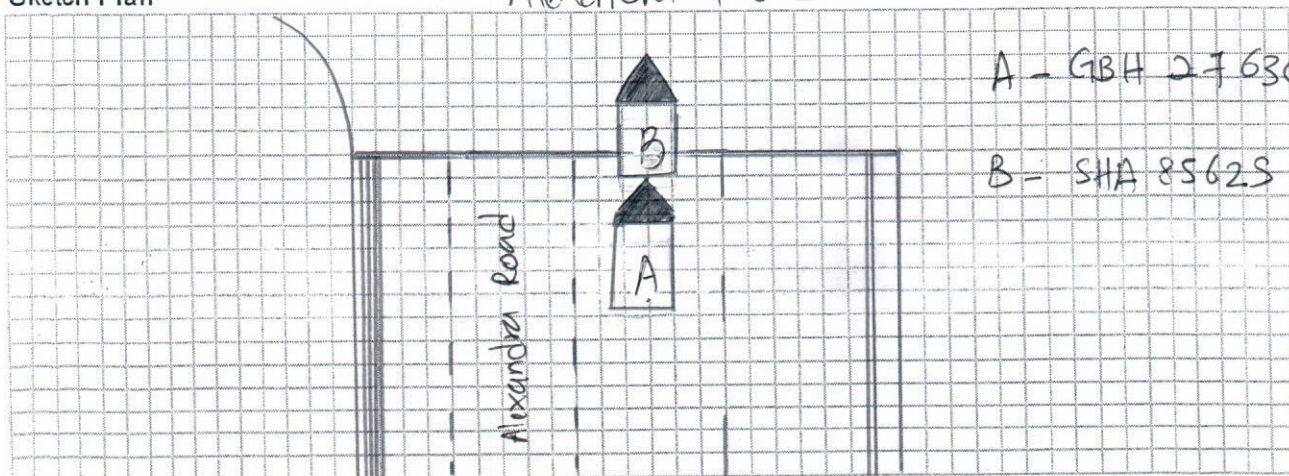
31/5/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





Describe Circumstance of the Accident

on the above stated date and time, I was driving along Alexandra Road. I was driving on the second lane. Vehicle B was in front of me. Suddenly the traffic light turns to yellow and vehicle B suddenly put on the emergency brake and I couldn't stop on time and I hit the rear portion of vehicle B. No injuries to both parties, as my vehicle just slightly touched the rear portion of vehicle B, and no severe damages on both vehicles, also to mention the road was slightly uneven and due to this when I put on the brake my vehicle might have skidded lightly to move forward and end up with the collision.

Declaration

I/We declare the foregoing particulars are true in every respect.



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)

S. T. L. 77-  
31/05/2023

Shamir 31/5/2023



# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 30/05/2023	TIME OF ACCIDENT : 16:00 P.m
VEHICLE NO : GBH 2763C	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL :	LOCATION : Alexandra Road
EXACT PURPOSE USE DURING ACCIDENT : <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : <u>OD / THIRD PARTY / REPORTING ONLY</u>
INSURANCE COMPANY : Liberty	POLICY NO : SD23Y03211/vcv/R00
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / <u>COUPE/MPV/VAN/LORRY/MOTORCYCLE</u> )
NAME OF OWNER : paintmart pte ltd	NRIC : 1996091282
ADDRESS :	CONTACT NO : 68480746
EMAIL ADDRESS : sales@paintmart.com.sg	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : subramanian thiyaaganjan	NRIC : <u>G7627094K</u> CONTACT NO : <u>87479648</u>
DRIVER OWNER RELATIONSHIP : <u>employee</u>	PASSENGER : <u>0</u> MALE ( ) FEMALE ( )
DATE OF BIRTH : 11 / 04 / 1982	DRIVING PASSING DATE : 04 / 07 / 2008
OCCUPATION : INDOOR / <u>OUTDOOR</u>	ADDRESS : Blk 867 #06-245 Tampines St. 83 , S 520867
ANY INJURIES : <u>NO</u> , IF YES :	POLICE REPORT : <u>NO</u> /IF YES WHERE ? _____
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>SHA 8562 S</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>Tan Boon Anut</u>	DRIVER NAME : _____
NRIC : <u>8115 24942</u>	NRIC : _____
CONTACT : <u>9674 0530</u> (3)(2m)	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? <u>NO</u> , IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / <u>NO</u> ) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / <u>NO</u> WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>



## 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 SD23V03211 /VCV /R00  
Form MZ300A  
Date Of Issue 03-MAR-2023  
1.Index Mark and Registration No. of Vehicle: GBH2763C  
2.Chassis number of Vehicle: KDY2318031849  
3.Name of Policyholder: PAINTMART PTE LTD  
4.Effective date of Commencement of Insurance for the purposes of the Act: 02-APR-2023 00:00 AM  
5.Date of Expiry of Insurance: 01-APR-2024 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

**VIRTUAL INSURANCE AGENCIES PTE LTD**  
192 Waterloo Street #02-02  
Skyline Building, Singapore 187366  
Tel: (65) 63380083 Fax: (65) 63380089



Authorised Signature

For Information only:

COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD