

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

Date In: 14/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/HP23006122/J	SAS e-filing		
Yeh NO: YM 9293Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 13/06/2023 09:20	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 4203 E	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

NA2301758	Invoice Preparation Checklist		Am't (\$)	Am't
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add.
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : 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)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac 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 Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac 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	14/06/2023 16:40 (SGT)
Reported by	Actual Driver
Date of Accident	13/06/2023 09:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOWER DELTA ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9293Y
-----------------------------	---------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DEV TRANSPORTATION SERVICES
Company Reg No	5XXXX597B
Email Address	JEEVANRAJJ21@GMAIL.COM
Mobile Phone No	(Phone) +65-89521206
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2977

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V12309/VCH/R01

#### DRIVER

Name of Driver	JEEVAN RAJ S/O POOVENDRAN
NRIC No	TXXXX125I
Date Of Birth	30/05/2002
Occupation	Outdoor

Date Of Driving Pass	21/10/2021
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89521206
Alt. Phone Number	-
Email Address	JEEVANRAJJ21@GMAIL.COM
Address	APT BLK 9 MARSILING DRIVE
Address complement	#18-44
Postcode	730009
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	UNKNOWN
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 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	SHA4203E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 Authorised 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. 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.



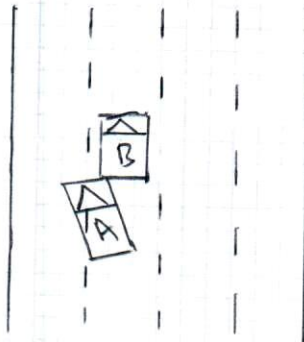
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

lower delta road



A: YM 9293Y

B: SHA 4203E

### Describe Circumstances of the Accident

I was travelling along Lower Delta Road on the 3rd lane, whereby vehicle B suddenly Brake, whereby its still green light despite me honning him for about 5 to 10 seconds. However, I wasn't able to avoid and collided onto vehicle rear left portion.

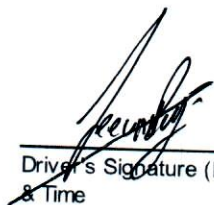
I wish to state that, the traffic was green and there wasn't any car in front of vehicle B. However, I decided to Jam brake for no reason which caused me to hit onto his vehicle.

### Declaration

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



14/6/23

Witnessed by Reporting Centre Personnel

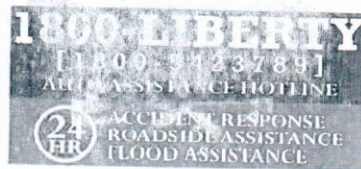


# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 13 / 06 / 23	TIME OF ACCIDENT : 9 20 am
VEHICLE NO : YM 9293Y	TRANSMISSION : AUTO / <u>MANUAL</u>
MAKE & MODEL : Mitsubishi Fuso	LOCATION : Lower Delta Road
EXACT PURPOSE USE DURING ACCIDENT : <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / <u>REPORTING ONLY</u>
INSURANCE COMPANY : Liberty	POLICY NO : SI 22 v 12309 / VCH / R01
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / COUPE / MPV / VAN / <u>LORRY</u> / MOTORCYCLE )
NAME OF OWNER : Dev Transportation Services	NRIC :
ADDRESS :	CONTACT NO :
EMAIL ADDRESS : Jeevan Raj 21@gmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : Jeevan Raj s/o Poovendran	NRIC : T02171251 CONTACT NO : 89521206
DRIVER OWNER RELATIONSHIP : worker	PASSENGER : 1 MALE ( <input checked="" type="checkbox"/> ) FEMALE ( <input type="checkbox"/> )
DATE OF BIRTH : 30 / 05 / 2002	DRIVING PASSING DATE : 21 / 10 / 21
OCCUPATION : INDOOR / <u>OUTDOOR</u>	ADDRESS :
ANY INJURIES : NO, IF YES : <u>NO</u>	POLICE REPORT : NO / IF YES WHERE ?
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : SHA4203E	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC :	NRIC :
CONTACT :	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO



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  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	SI22V12309/VCH/R01
<b>Form</b>	MZ301A
<b>Date of Issue:</b>	12-Sep-2022
<b>1 Index Mark and Registration No. of Vehicle:</b>	YM9293Y
<b>2 Chassis number of Vehicle:</b>	FE83BEA10865
<b>3 Name of Policyholder:</b>	DEV TRANSPORTATION SERVICES
<b>4 Effective date of Commencement of Insurance for the purposes of the Act:</b>	15-SEP-2022 00:00
<b>5 Date of Expiry of Insurance:</b>	14-SEP-2023 23:59
<b>6 Persons or Classes of Persons entitled to drive*:</b>	
A) Whilst the vehicle is being used in connection with the Policyholder's business :- Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.	
B) Whilst the vehicle is being used for social, domestic and pleasure purposes :- 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.	
<b>7 Limitations as to use:</b>	
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.	
<b>8 The Policy does not cover:</b>	
A) Use 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.	
C) Use for the carriage of passengers for hire or reward.	
*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.	
<b>For and on behalf of</b> <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE:</b>	Third Party Fire & Theft
<b>SUM INSURED (\$\$):</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS (\$\$):</b>	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	VIRTUAL INSURANCE AGENCIES PTE LTD