

NATIONAL Assessment Centre Services

(wef 1 Jan'06)

SN092377000C

Date In: 18/07/2023 17:17	Job description	Date & Time Completed	Done by
Ref No: N/A/LIP23007255/4	SAS e-filing		
Veh No: GW 9107m	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/07/2023 10:15	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: GBL 2133A	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:-	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

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments:-	5) FT : Follow-Through Survey (Resurvey) \$30			
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2 / 3:	6) TR : Re-inspection \$75			
	7) N1 : Idao 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: Idao 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	18/07/2023 17:17 (SGT)
Reported by	Actual Driver
Date of Accident	18/07/2023 10:15 (SGT)
Exact Location of Accident	Clementi Rd, Singapore
Additional Location Information	TOWARDS AYE (NEAR BUS STOP 16141)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW9107M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JOHN HOLLAND ELECTRICAL & SERVICE PTE LTD
Company Reg No	1XXXXX464G
Email Address	shuying.poh@jholland.com.sg
Mobile Phone No	(Phone) +65-67525866
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Liteace
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	2184

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V16001/VCV/R01

DRIVER

Name of Driver	HO KAM YAN
NRIC No	SXXXX676J
Date Of Birth	10/08/1958
Occupation	Outdoor

Date Of Driving Pass	08/05/1986
Driving experience	37 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90412230
Alt. Phone Number	-
Email Address	shuying.poh@jholland.com.sg
Address	BLK 663B JURONG WEST STREET 65 #05-263
Address complement	-
Postcode	642663
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	AFTER RAIN
Road Surface	Wet

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 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	GBL2133A
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) -

Describe Circumstances of the Accident

On 18.07.2023 at about 10:15am. I was travelling along Clementi Road towards AYE (near bus stop 16141). I was stationary behind the total stop line taking the bus to exit from the bus line. Suddenly, Vehicle B (GBL 2133A) hit my rear portion of my vehicle (GW9107M).

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

18/7/2023

1630 hrs

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

Witnessed by Reporting Centre Personnel

18/07/2023

③
Date of Accident

: 18-07-23 Accident Time : 10:15 am (24-HR-Format)

Who reported the accident?

: Owner / Driver / Both

Accident Place

: Clementi Road towards AYE (near bus stop 16141)

Vehicle No (Car Plate No)

: GW 9107M Make/Model: Toyota Liteace SDR

Insurance Company

: Liberty Policy No: SI22V16001/VCV/RO1

Fleet Policy

: YES / NO

Type of Coverage

: Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No

: John Holland Electrical & Service Pte Ltd (1997004646)

Owner Contact No

: Owner's Hp Company Tel 6752 5866

Driver Name / IC No

: Ho Kam Yan

Driver's Date of Birth

: 10-08-1958 Driver's License Pass Date: 08-05-1986

Relationship of Driver

: Spouse / Parents / Children / Sibling / Employee / Other:

Driver's Address

: APT BLK 663B Jurong West st 65 #05-23 51642663

Driver's Contact No

: 1) 9041 2230 2)

Driver's Occupation

: INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address

: shuying.poh@j.holland.com.sg

Weather & Road Surface

: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type

: Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver)

: 1 person (driver)

Was there any video footage?

: YES / NO

Exact purpose used at time of accident

: Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State)

: NO injury

Other Party Driver's Particular (if any)

VEH B: GBL 2133A

Name & Contact No: _____

VEH C: _____

Name & Contact No: _____

VEH D: _____

Name & Contact No: _____

VEH E: _____


Name & Contact No: _____

*NEW - Passenger's Name & Gender:



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	SI22V16001 /VCV /R01
Form	MZ300A
Date of Issue:	28-Nov-2022
1. Index Mark and Registration No. of Vehicle:	GW9107M
2. Chassis number of Vehicle:	CR425007598
3. Name of Policyholder:	JOHN HOLLAND ELECTRICAL & SERVICE PTE LTD
4. Effective date of Commencement of Insurance for the purposes of the Act:	10-DEC-2022 00:00
5. Date of Expiry of Insurance:	09-DEC-2023 23:59
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 or 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:	Third Party Fire & Theft
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00
FINANCE COMPANY:	
PRODUCER NAME:	GIDEON INSURANCE AGENCIES PTE LTD