

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

Date In: 26/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/HP23007577/d4	SAS e-filing		
Veh No: YQ 3473M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/07/2023 13:30	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: **YP4247Z**

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: 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

NA2302230

Invoice Preparation Checklist

Amf (\$)

Est. Bill

Am

Add

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 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 : 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 First Submission	26/07/2023 15:49 (SGT)
Reported by	Actual Driver
Date of Accident	24/07/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TIONG BAHRU MALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ3473M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	H.W AGRI-FOOD TRADING PTE. LTD.
Company Reg No	2XXXXXX739W
Email Address	jmartaauto@gmail.com
Mobile Phone No	(Phone) +65-83009054
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR75UH5A MT
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	5193

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V12912/VCV/R05

DRIVER

Name of Driver	LIM MUN CHOON
Passport No/FIN	GXXXX621U

Date Of Driving Pass	19/04/2023
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83009054
Alt. Phone Number	-
Email Address	jmartauto@gmail.com
Address	229 YISHUN STREET 21
Address complement	# 11-568
Postcode	760229
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 - Opening Door of Vehicle
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 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	YP4247Z
Vehicle Manufacturer	Isuzu

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)	-

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 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 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

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

Sketch Plan


Diagram illustrating the accident scene sketch plan. The diagram shows a road layout with two vehicles, A and B, involved in an accident. Vehicle A is positioned at the intersection, and Vehicle B is positioned on the road. The location is identified as Tiong Bahru Mall. The date and time of the accident (DOA) is 24/7/23. The vehicle registration numbers are A: 4Q 3473M and B: 4P 4247Z.

Describe Circumstance of the Accident

I was driving out from the parking lot,
I saw veh B the RH door slightly opened.
When I turned out from the parking lot, veh
B suddenly opened the door & collided onto
my veh LH portion.

Declaration

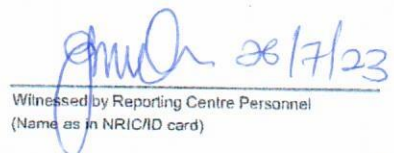
I/We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time



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



28/7/23

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

Pte Car / Commercial Vehicle / Pte Hire

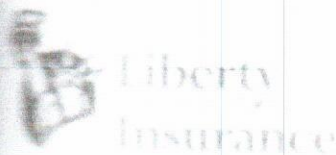
Date of Accident : 24/7/23		Time of Accident : 1.30 pm	
Exact Location of Accident : Tiong Bahru Mall			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Dry / Wet	
Pte Use / Work			
Owner's Name : H.W Agri - Food Trading PL		NRIC : 200267739W	HP :
Driver's Name : Lim Mun Choo		NRIC : G686162U	HP : 83009054
DOB : 23/7/1992	Driving Licence Passing Date : 19/4/2023		Occupation : Indoor / Outdoor
Address : 229 Yishun St 21 # 11-568 C 760229			
Relationship Of Driver with Insured : Employee		Email : jmartauto@gmail.com	
Vehicle Number : YQ 3473M		Make & Model : Isuzu	
Insurance Company : Liberty		Policy No : SD22V12912 / VCV / R05	Coverage : Comprehensive
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax			
A : 1 + 1	B : 1 + 0	C :	D :
Vehicle A Passenger Name : man			Male / Female
Anyone Injured : <input checked="" type="radio"/> NO		Convey By Ambulance: Yes / No	
<input type="radio"/> YES		Name / NRIC / Which Vehicle :	
Was The Accident Reported To The Police ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Which Police Station :	
Does The Driver Own Any Other Vehicle ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number : Insurer :	
Was Any Foreign Vehicle Involved ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number & Category :	
Was There Any Video Captured By Car Camera ? <input type="radio"/> NO <input type="radio"/> YES			

Third Party's Particular

Vehicle B's Number : YP 4247Z		Make & Model : Isuzu	
Driver's Name :		NRIC :	HP :
Vehicle C's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :

Witness's Particular

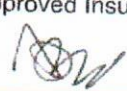
Name :	NRIC :	HP :
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Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611
Website: <http://www.libertyinsurance.com.sg>

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
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD22V12912 /VCV /R05
Form	MZ300A
Date Of Issue	14-SEP-2022
Under Mark and Registration No. of Vehicle:	YQ3473M
License number of Vehicle:	JAANPR75HM7100259
Name of Policyholder:	H.W AGRI-FOOD TRADING PTE. LTD.
Effective date of Commencement of Insurance for the purposes of the Act:	12-SEP-2022 00:00 AM
Date of Expiry of Insurance:	11-SEP-2023 23:59 PM
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.	
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.	
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.	
Provisions 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.	
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, Unlimited Windscreen, Third Party Working Risk, Additional Accessories - Power Tailgate
AMOUNT INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$1000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$1000, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY

SD22V12912

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14/09/2022

14/09/2022 1:50 PM