

# NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 118046976

Date In: 9/14/18 14:35	Job description	Date & Time Completed	Done by
Ref No: MNA/CTZ 18006489164	SAS e-filing		
Veh No: YP 1424 K	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 3113-118 11:00	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Veh No: Unknown	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

<b>Claimant's Particulars:-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Sat 1: Sat 2 / 3:	<b>Invoice Preparation Checklist</b> 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:- QD* *N5: Courtesy Car / Tpl 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 Invoice dated	Amt (\$) 1st Bill 3000 Amt (\$) Add Bill
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## 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 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 ability.
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 Report 09/04/2018 14:35  
 Date Of Accident 31/03/2018 11:00  
 Exact Location Of Accident 53 UBI AVE 1 LEVEL 3  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YP1429K  
**Insured/Policyholder**  
 Name Of Registered Owner LIBRA ENGINEERING PTE LTD  
 Co Reg No -  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-62813543

### Vehicle Particulars

Manufacturer ISUZU  
 Model -  
 Exact Purpose for which vehicle was being used at time of accident WORKING  
 Are you claiming under your own insurance policy for repair to your vehicle? NO  
 If No, Please state action to be taken REPORTING ONLY  
 Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number DMCVSN3007341801  
 Cover Note Number -

### Driver

Name of Driver ONG YONG YEE  
 NRIC No S2205015Z  
 Date Of Birth 18/05/1960  
 Occupation OUTDOOR  
 Date Of Driving Pass 22/12/2011  
 Driving Experience 6 YEARS AND 3 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-90805910  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL



Address	BLK 103 AMK AVE 3 #07-1475
Postcode	560103
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AFTER DELIVERY AT THE BLK 53 UBI AVE 1 LEVEL 3 #03-14. WHEN MOVING OUT FROM THE STATIONARY POSITION. MY LORRY ACCIDENTALLY HIT ONTO A VEH LEFT HAND SIDE WHICH WAS ILLEGAL PARK AT THE YELLOW ZIG ZAG LINE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HONDA STREAM
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



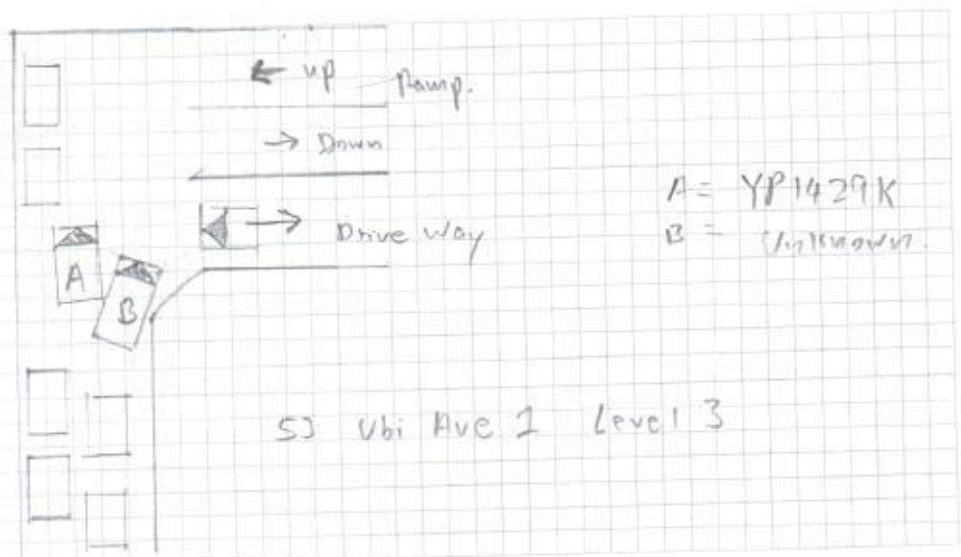
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

### 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S2205015Z**

Name  
**ONG YONG YEE**

Birth Date: **18 May 1960**  
Issue Date: **12 Apr 2012**

002059159A




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S2205015Z**

Name  
**ONG YONG YEE**

**王 楊 執**

Race  
**CHINESE**

Date of birth  
**18-05-1960**

Country/Place of birth  
**MALAYSIA**





**ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	14 Sep 1991
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	23 May 1990
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	22 Dec 2011
Class 5	*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg *Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	12 Apr 2012

NP 728A

Licence No. **S2205015Z**



**5358118**

**S2205015Z**

DATE OF ISSUE  
**29-09-2014**

Address  
**APT BLK 103 ANG MO KIO AVENUE 3  
#07-1475  
SINGAPORE 560103**






ORIGINAL

THE SCHEDULE

Agency	AN0357A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number	..... DMCVSN3007341801
Account	AN0357A	Issued on	..... 20/02/2018 in SINGAPORE	Replacing Policy no.	DMCVSN3007341700
Client	6022075	Acceptance Date	20/02/2018		

Period of Insurance from 03/03/2018 to 02/03/2019 , both dates inclusive

Insured's Name	LIBRA ENGINEERING PTE LTD
Address	3 KAKI BUKIT ROAD 2
	#01-06/07
	EUNOS WAREHOUSE COMPLEX
	SINGAPORE 417837

Business/Occupn	M & E WORKS
Financial interest	HONG LEONG FINANCE LTD AS HP OWNER

Premium	Base Annual Premium	\$2,708.55		
	Less 5% Loyalty Discount	\$135.43		
	Less 30% AutoSafe Scheme	\$771.94		
	No Claim Discount 15.00%	\$270.18		
	Windscreen @ \$2,000.-	\$100.00		
	Total Annual Premium	\$1,631.00	Premium Due	\$1,631.00
			Premium GST	\$114.17
			Total Due	\$1,745.17

Risk No. 001	MOTOR COMMERCIAL VEHICLE			
	ORIGINAL REGISTRATION DATE:	02-03-2016		
1. Registration	YP1429K	Make/Model	ISUZU NQR75UL5A WITH HOOD	
Type of Cover	Comprehensive	No. of seats	2	Body Type
Engine No.	4HK1456484	Capacity cc's	0	Yr of Manuf/Regn
Chassis No.	JAAN1R75LG7100587			2015/2016
		Tonnage	4.90	Certificate Ref.
				MZ300/C
Sum Insured	Market value at the time of loss			
Excess Sect I		\$600.00		
EX ON WINDSCREEN		\$100.00		

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 &amp; W(\$2,000/-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of \$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

Once this \$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.