

NATION 11 Assessment Centre Services

Date In: 25/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/KIP18015471/13	SAS e-filing		
Veh No: GZ293B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/08/18 1100	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: SM11496	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

Claimant's Particulars:-	NA1805364	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
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		
at: 1:		For claiming against INC Only (wef 10 Jan 2005)		
at: 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 (N'n 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 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	25/08/2018 15:22
Date Of Accident	24/08/2018 11:00
Exact Location Of Accident	ALONG STAMFORD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ293B
Insured/Policyholder	
Name Of Registered Owner	LINDA FOOD INDUSTRIES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63966812

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI16V03250/VCV/R01
Cover Note Number	

Driver

Name of Driver	LEE SOON CHYE
NRIC No	S1298815Z
Date Of Birth	18/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1977
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98552219
Fax Number	
Contact Number	
EMail Address	LSCFAM@YAHOO.COM.SG

Address	BLK 676 HOUGANG AVE 8
	#02-553
Postcode	530676
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	COLLISION - HEAD TO REAR
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?	NO
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SJM1149L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG YOKE MIN
NRIC/Passport Number	S6815520G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

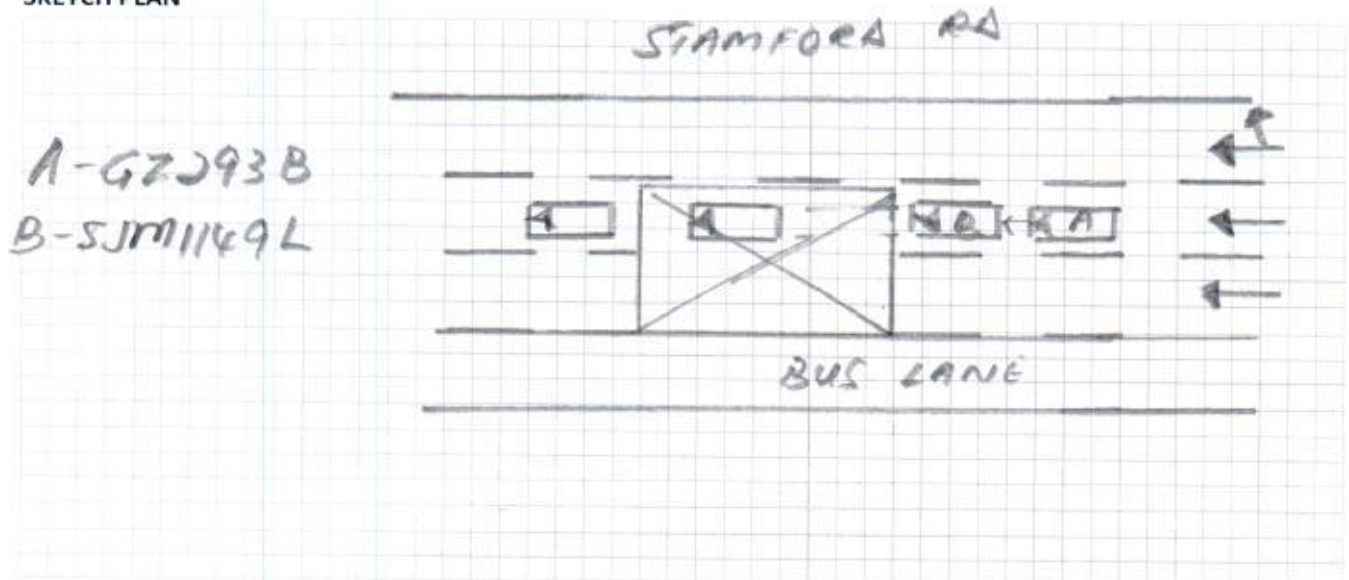


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/8/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached 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: *24/8/18*

Sym 25/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I WAS TRAVELLING STRAIGHT ALONG STAMFORD RD ON THE 2ND LANE OF A4-LANES RD. SUDDENLY
INFRT OF MY VEH STOP B4 THE YELLOW BOX AND I FOLLOWED SUIT BUT MY VEH DIDN'T STOP
COMPLETELY AND TOUCH THE REAR PORTION OF VEH B.

ACCIDENT STATEMENT

ACCIDENT DATE: 24/08/18 (DD/MM/YYYY), TIME: 11:00 (HH:MM)

LOCATION: ALONG STAMFORD RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GZ2938
b) INSURANCE COMPANY: LIBERTY
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYNA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LINDA FOOD INDUSTRIES (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 63966812
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98552219
c) ADDRESS: _____

*d) DATE OF BIRTH: 18/02/1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 25/01/1977

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS _____
b) ROAD SURFACE: (DRY) WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE SJM

- a) VEHICLE NUMBER: SGH1149L MODEL: _____
b) DRIVER'S NAME: ONG YOKI MIN
c) NRIC/FIN/PASSPORT: 568155206 CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

video =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1298815Z



Name: **LEE SOON CHYE**
 李 順 財
 Race: **CHINESE**
 Date of Birth: **18-02-1958** Sex: **M**
 Country of Birth: **SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1298815Z**
 Name: **LEE SOON CHYE**
 Birth Date: **18 Feb 1958**
 Issue Date: **11 Jan 2003**



3276688



NRIC No: **S1298815Z**



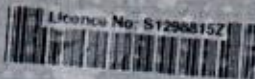
Blood Group: Date of issue: **18-12-2002**

APT BLK 676 HOUGANG AVENUE 8 #02-553
SINGAPORE 530676
 NRIC No: **S1298815Z** Date: **20/02/2013** No: **7247414**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3: **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms** PASS DATE: **25 Jan 1977**
 Class 4: **Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms** **14 Aug 1950**

NP 428A



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

Certificate No	SI18V03250 /NCV /R01
Form	MZ300A
Date of Issue:	13-Mar-2018
1. Index Mark and Registration No. of Vehicle:	GZ293B
2. Chassis number of Vehicle:	JTFUF34Y903011232
3. Name of Policyholder:	LINDA FOOD INDUSTRIES PTE LTD
4. Effective date of Commencement of Insurance for the purposes of the Act:	01-APR-2018 00:00
5. Date of Expiry of Insurance:	31-MAR-2019 23:59
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 (Malaysia) 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 (Malaysia).

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:	ABWIN PTE LTD
PRODUCER NAME:	ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY