

**NATIONAL Assessment Centre Services.** [wef 1 Jan'05] MA11902008

|                                 |   |                       |         |
|---------------------------------|---|-----------------------|---------|
| Date In: <u>12/19/11:33</u>     | Job description                                 | Date & Time Completed | Done by |
| Ref No: <u>HA/HP19002620/24</u> | SAS e-filing                                    |                       |         |
| Veh No: <u>6BE216JU</u>         | E-mail (within 8hrs, AIC 2hrs)                  |                       |         |
| D.O.A: <u>12/19-16:50</u>       | i-Motor Claim Form                              |                       |         |
| <b>OD</b> / TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs)          |                       |         |
|                                 | i-Photo Uploaded                                |                       |         |
| TP Insurer:                     | Assessment/Survey Report                        |                       |         |
|                                 | Ass't Report by <u>Fax / Hand to Owner/Wksp</u> |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: 6BE216JU 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 :-       | Invoice Preparation Checklist                   |                        |
|---------------------------------|---|------------------------|
|                                 | Am't (\$)<br>Est Bill                           | Am't (\$)<br>Add. Bill |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |                        |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$30)    |                        |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |                        |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |                        |
|                                 | 5) FT: Follow-Through Survey (Resurvey) \$30    |                        |
| Auditors' Comments :-           | For claiming against INC Only (wef 10 Jan 2005) |                        |
|                                 | 6) TR: Re-inspection \$75                       |                        |
| at 1:                           | 7) N1: Idac DA + SMRT Survey \$160              |                        |
| at 2 / 3:                       | 8) NTUC Additional Services:-                   |                        |
|                                 | OD*   |                        |
|                                 | *N5: Courtesy Car / Tpl Allowance \$5           |                        |
|                                 | *N6: Repair Co-ordination \$10                  |                        |
|                                 | *N7: Post Repair Inspection \$25                |                        |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                        |
|                                 | TE (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 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. 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             | 13/02/2019 11:33 |
| Date Of Accident           | 12/02/2019 16:50 |
| Exact Location Of Accident | SERANGOON GARDEN |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | GBE2165U              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | HOCKHUA TONIC PTE LTD |
| Co Reg No                   | 200210276G            |
| Email Address               | NOEMAIL               |
| Mobile Phone No             |                       |
| Alternative Phone No        | OFFICE-89999999       |

### Vehicle Particulars

|  |   |
|--|---|
| Manufacturer   | NISSAN                                  |
| Model  | NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5 |
| 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? | YES                                     |
| If No, Please state action to be taken                                       |   |
| Vehicle Category   | COMMERCIAL VEHICLE                      |

### Insurance Company

|                           |                           |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE             |
| Fleet Policy              | NO                        |
| Policy Number             | SD18V09861/VCV/R01        |
| Cover Note Number         |                           |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | YEOH KEONG TEE       |
| NRIC No              | S8560227F            |
| Date Of Birth        | 02/05/1985           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 19/09/2014           |
| Driving Experience   | 4 YEARS AND 4 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-94757566 |
| Fax Number           |                      |
| Contact Number       | OFFICE-94757566      |
| Email Address        | NOEMAIL              |

|   |                                |
|---|--------------------------------|
| Address   | 34 LORONG 34 GEYLANG<br>#05-02 |
| Postcode  | 398231                         |
| 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 (including own vehicle) involved in the accident                         | 2   |
| Was any body injured in the Accident?   | YES |
| 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

REFER TO STATEMENT.

#### Attachment(s)

|   |                           |
|---|---------------------------|
| Are accident photos available for attachment? | YES                       |
| Was there any video captured by Car Camera?   | YES                       |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded?                 | NO                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                     |
|-------------------------------------|---------------------|
| Vehicle Registration Number         | GBG7431H            |
| Vehicle Make/Model/Colour           |                     |
| Details Of Properties               |                     |
| Vehicle Category                    | COMMERCIAL VEHICLE  |
| Name of Driver                      | KANALAN BALAMURUGAN |
| NRIC/Passport Number                | G8242083K           |
| Contact Number                      |                     |
| Address                             |                     |
| Postcode                            |                     |
| Insurance Company Name              |                     |
| Nature Of Damage                    |                     |
| No. Of Passenger (Including Driver) | 3                   |

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

**DETAILS OF INJURED PERSON 1**

|   |                |
|---|----------------|
| Name  | YEOH KEONG TEE |
| Approximate Age                                     |                |
| Injuries Sustain                                    | CHEST          |
| Injured person in which vehicle?                    | GBE2165U       |
| Were seat belts worn?                               | YES            |
| Was this injured conveyed to hospital by ambulance? | NO             |
| Address   |                |
| Postcode  |                |

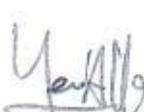
## SKETCH PLAN

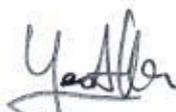
### IMPORTANT NOTICE

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:

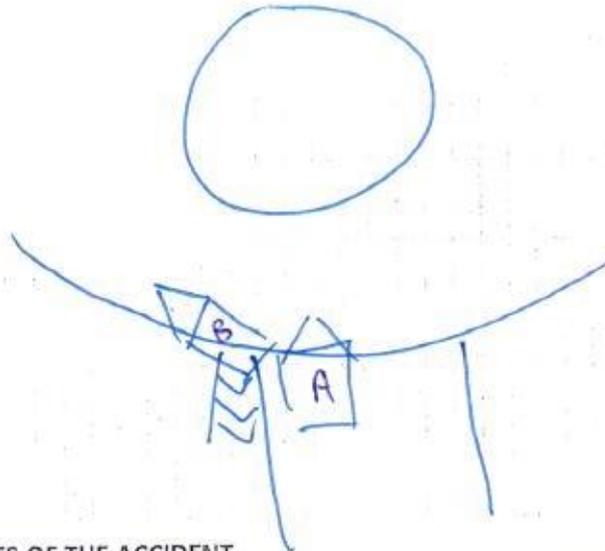
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DOA: 12/2/19  
 A: GBE 2165 U  
 B: GBG 7431 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Serangoon Garden, ~~Raffles Road~~  
 The lorry in front of me next pass the give way  
 line into the roundabout. Instead of going  
 straight into the roundabout, he turned left  
 and suddenly jammed brake in the roundabout  
 without any warning or signal & I could not react  
 in time. I wish to mention there was no other  
 traffic in the roundabout in front of the  
 lorry when he jammed brake. I sustained  
 injury & went to see a doctor.

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.:

Personal Particulars

Date of Accident: 12/2/19 Time of Accident: 4:50 pm  
 Exact Location of Accident: Serangoon Garden (Roundabout)  
 Owner's Name: Hock Hua Tonic Pte Ltd NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
 Driver's Name: Yeoh Keong Tee NRIC No: S8560227 HP No: 94757566  
 Date of Birth: 2/5/1985 Driving Licence Passing Date: 19/9/2014 Occupation: Indoor / Outdoor  
 Address: 34 Lorong 34 Geylang #05-02 (398231)  
 Relationship of Driver with Insured: Employee Email Address: \_\_\_\_\_  
 Vehicle No: GBE 2165U Make & Model: Nissan NV 200  
 Insurance Co: Liberty Coverage: Comprehensive Policy No: SD18V09861/VCU/ROL

\*Purpose of Reporting?  Own Damage Claim /  3rd Party Claim /  Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident:  Private Use /  Work

\*Weather Condition?  Clear /  Raining / Others: \_\_\_\_\_  Wet /  Dry / Others: \_\_\_\_\_

\* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:  
 A: 1 + 0 B: 1 + 2 C: \_\_\_\_\_ D: \_\_\_\_\_  
men

\*Was Anybody Injured? (Yes / ~~No~~) If yes,  
 Name / NRIC / In Vehicle: Yeoh Keong Tee chest

\*Was The Accident Reported To The Police?  
 No  Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?  
 No  Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / ~~No~~) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: GBG 7431H Make & Model: \_\_\_\_\_  
 Driver's Name: Kandan Balamurugan NRIC No: G8242083 HP No: \_\_\_\_\_  
 Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
 Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S 8560227F**

Name: **YEOH KEONG TEE**

Birth Date: **02 May 1985**

Issue Date: **27 Feb 2017**

002660654J




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/CLASSES

| Class    | Motorcycles | Motor cars   | Weight | Effective Date |
|----------|-------------|--|--------|----------------|
| Class 2B | = < 200 cc  |  |        | 19 Sep 2014    |
| Class 3  |             | with unladen weight = < 3000kg with = < 7 passengers, exclusive of driver; and other motor vehicles with unladen weight = < 2500kg |        | 19 Sep 2014    |



License No: S8560227F

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8560227F**

Name: **YEOH KEONG TEE**

杨慕池

Ethnicity: **CHINESE**

Date of birth: **02-05-1985**

Sex: **M**

Country/Place of birth: **MALAYSIA**




002660654J

MRIC No. **S8560227F**



Nationality: **MALAYSIAN**

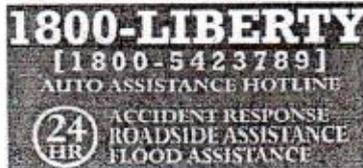
Date of Issue: **23-04-2015**

**34 LORONG 34 GEYLANG #05-02 SINGAPORE 398231**

NRIC No: **S8560227F** Date: **03/05/2017**



**Liberty  
Insurance.**



**Liberty Insurance Pte Ltd**  
Registration no. 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8511 Fax: (65) 6225 6890  
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 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

| Certificate No   | SD18V09861 /VCV /R01  |
|--|---|
| Form   | MZ300A  |
| Date Of Issue  | 14-SEP-2018   |
| <b>1. Index Mark and Registration No. of Vehicle:</b>  | GBE2165U  |
| <b>2. Chassis number of Vehicle:</b>   | VSKYBAM20Z0108070   |
| <b>3. Name of Policyholder:</b>  | HOCKHUA TONIC PTE. LTD.   |
| <b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>   | 12-SEP-2018 00:00 AM  |
| <b>5. Date of Expiry of Insurance:</b>   | 11-SEP-2019 23:59 PM  |
| <b>6. Persons or Classes of Persons entitled to drive*:</b>  | Any person who is driving on the Policyholder's order or with their permission.<br><br>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.<br>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.<br>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.<br>C) Use for social, domestic and pleasure purposes.   |
| <b>8. The Policy does not cover:</b>   | A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.<br>B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.<br><br>*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.   |
| 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 (Malaysia). |   |
| For and on behalf of<br><b>LIBERTY INSURANCE PTE LTD</b><br>Approved Insurers<br><br>_____<br>Authorised Signature  |   |
| <b>For Information only:</b>   |   |
| COVERAGE :   | Comprehensive, Unlimited Windscreen   |
| SUM INSURED:   | MARKET VALUE AT THE TIME OF LOSS  |
| EXCESS:  | Section I S\$500, 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  |

PLVC/PLVC/27-SEP-18

27-SEP-18