

NATIONAL Assessment Centre Services. [ver 1 Jan 09]

MAN 19076712

Date In: 26/01/2009 15:08	Job description	Date & Time Completed	Done by
Ref No: NWA/UP19003599/Y	SAS e-filing		
Veh No: PC 1040 Y	E-mail (4 jobs 3hrs, AIC 2hrs)		
D.O.A: 25/01/2009 10:40	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: SCG 6677 INC () / Non-INC () Tel: ()

Owner / Driver: ()

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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

MAN 1901478	1) AR: Accident Reporting (\$30)	
Client's Particulars:	2) DA: Damage Assessment (\$100); INC (\$50)	
Driver/Owner:	3) TP: Towing Fee \$40/\$45	
Contact No:	4) FT: Follow-Through Survey \$120	
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	For claiming against INC Only (ver 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	* NS: Courtesy Car / Tpl Allowance \$5	
	* N6: Repair Co-ordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Coordination \$5	
	* N9: DV / Collect Excess Coordination \$20	
	* N10: TP (N-in INC) against INC \$0	
	* N11: Idao Mobile	
	* N12: Idao Mobile	
	* N13: Idao Mobile	
	* N14: Idao Mobile	
	* N15: Idao Mobile	
	* N16: Idao Mobile	
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	* N100: Idao Mobile	

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	26/02/2019 15:08
Date Of Accident	25/02/2019 10:40
Exact Location Of Accident	CALTEX STATION AT JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1040Y
Insured/Policyholder	
Name Of Registered Owner	DISCOVERY EXCURSION LIMO SERVICES
Co Reg No	-
Email Address	GOH.YONG67@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81577792
Alternative Phone No	OFFICE-81577792
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VIANO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	BUS
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V00525/VBS/R07
Cover Note Number	
Driver	
Name of Driver	GOH KHIM YONG
NRIC No	S1791644J
Date Of Birth	01/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	09/05/1987
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81577792
Fax Number	
Contact Number	OTHERS-81577792
Email Address	GOH.YONG67@GMAIL.COM

Address	BLK 135 JALAN BUKIT MERAH #13-1446
Postcode	160135
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	SIDE SWIPE
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?	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

PLEASE REFER TO SKETCH PLAN

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	SJQ667T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHD SYAFIA
NRIC/Passport Number	
Contact Number	90257627
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.
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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:

26/2/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

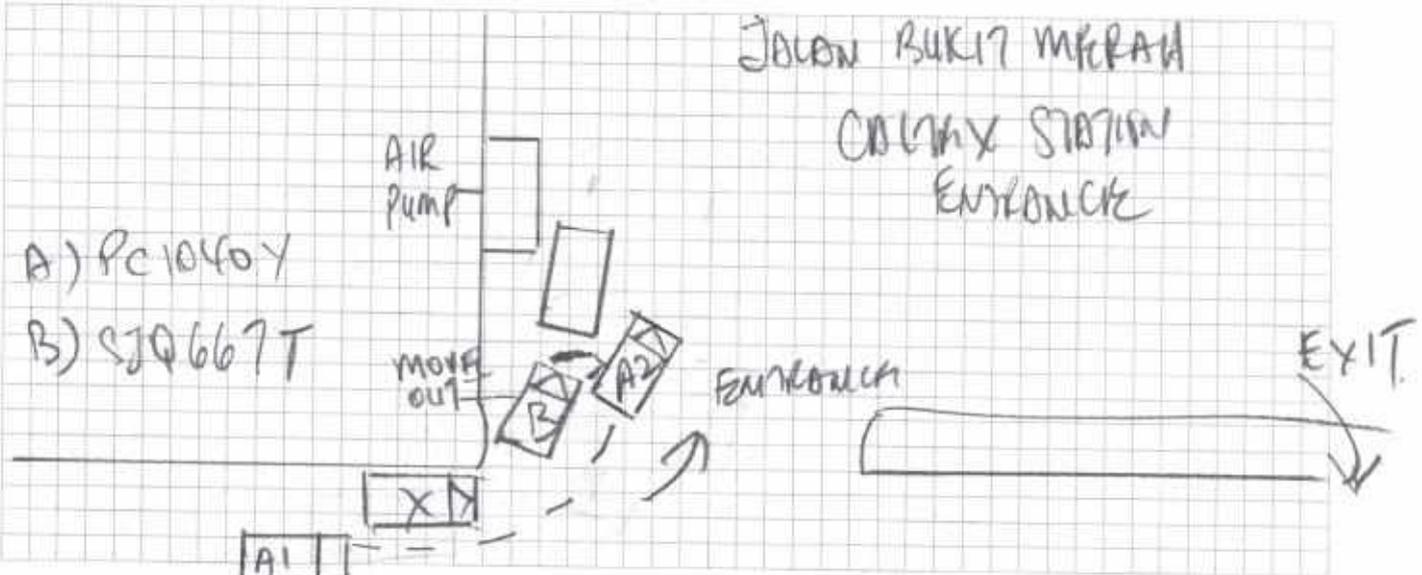
26/02/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

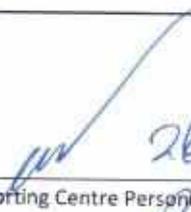
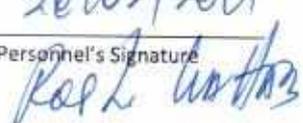
ON 25/02/2019 AT ABOUT 10:40HRS I WAS AT JLN BUKIT MERAH & WANTED TO GO TO THE CALIX STATION. I SAW CARS QUEUING SO I OVERTAKE TO ENTER. SUDDENLY A CAR SJQ667T MOVE OUT & HIT MY REAR LEFT PORTION. THE CAR WAS NATURALLY BLOCKED AN OIL TRUCK. THAT ALL.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 25/02/2019 (DD/MM/YYYY). TIME: 10:40 (HH:MM)

LOCATION: Jalan Bukit Merah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 1040 Y
b) INSURANCE COMPANY: Liberty
c) POLICY NUMBER: S119V00525/VBS1R07
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: DISCOVERY EXCURSION (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Goh Khim Yong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S17916447 CONTACT: 8157-7792
c) ADDRESS: BK 135, Jalan Bukit Merah
#13-1446, SPOR 160135
*d) DATE OF BIRTH: (01/03/1987) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 09-05-1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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

- a) VEHICLE NUMBER: STQ 667 T MODEL: _____
b) DRIVER'S NAME: Muhammad Syafiq
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9025-7627

9. THIRD PARTY VEHICLE

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

Passenger (F)

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = Goh.Yong67@gmail.com.

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1791644J



Name
GOH KHIM YONG

吴 钦 荣

Race
CHINESE

Date of birth
01-03-1967

Sex
M

Country of origin
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1791644J

Name
GOH KHIM YONG

Birth Date: 01 Mar 1967

Issue Date: 29 Apr 2010





Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1791644J

Name: GOH KHIM YONG

Issue Date: 1/2/2016

Please visit www.lta.gov.sg to check the status of this vocational licence



4578585



NRIC No: S1791644J



Date of Issue
03-05-2010

Address
APT BLK 135 JALAN BUKIT MERAH
#13-1445
SINGAPORE 160135

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

Class	Description	PASS DATE
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	08 May 1987
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	02 Feb 2009
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	06 Mar 2008

NP 426A

Licence No: S1791644J



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	26/12/2008
03	BUS VL	01/02/2016
04	BUS ATTENDANT	01/02/2016



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SI19V00525 /VBS /R07
Form	MZ603A
Date of Issue:	07-Jan-2019
1. Index Mark and Registration No. of Vehicle:	PC1040Y
2. Chassis number of Vehicle:	WDF63981523696291
3. Name of Policyholder:	DISCOVERY EXCURSION LIMO SERVICES
4. Effective date of Commencement of Insurance for the purpose of the Act:	13-JAN-2019 00:00
5. Date of Expiry of Insurance:	12-JAN-2020 23:59
6. Persons or Classes of Persons entitled to drive*:	Any person provided he is in the Policyholder's employ and is driving on their 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 only for the carriage of passengers or goods in connection with the Policyholder's business. B) Use only in the Republic of Singapore.
8. Policy does not cover:	A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of 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:	Comprehensive, Unlimited Windscreen, Flood and Special Perils
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I \$2,000.00, Section II \$1,500.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$160.00
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	E TAY TRADING COMPANY