

NATIONAL Assessment Centre Services. [ver 1 Jan 05] MMA 119027626

Date In: 28 12 119 10:41	Job description	Date & Time Completed	Done by
Ref No: MA/LIP 19003739164	SAS e-filing		
Veh No: GBB 25645	E-mail (within 3hrs, AIC 2hrs)		
DOA: 27 12 119 16:30	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: 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: ( ) Tot: Fax: ( )

TP Particulars: Veh No: GBB 7987Y. 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:	Date and 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 Description	Amount (\$)	Payable (\$)
MA1901567	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee 540/545		
Damaged Portion:	4) PT: Follow-Through Survey 120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) 50		
Auditors' Comments:	6) TR: Re-inspection 75		
	7) NI: Idao DA + SMRT Survey 160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance 55		
	*N6: Repair Co-ordination 510		
	*N7: Post Repair Inspection 225		
	*N8: DV / Collect Excess Coordination 35		
	TP (N11): TP (N-in INC) against INC 520		
	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 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	28/02/2019 10:41
Date Of Accident	27/02/2019 16:30
Exact Location Of Accident	ALONG PIE TWDS CHANGI
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB2564S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GS FACILITIES MANAGEMENT
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62504328
<b>Vehicle Particulars</b>	
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD18V12341/VC/R00
Cover Note Number	-
<b>Driver</b>	
Name of Driver	KOH TIAM HUAT
NRIC No	S1362323F
Date Of Birth	06/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	16/02/1981
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82672098
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 541 BEDOK NORTH ST 3 #04-1246
Postcode	460541
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	CHAIN COLLISION
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	1
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

PLEASE REFER TO 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	GBB7987Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF8292R
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

## SKETCH PLAN

### IMPORTANT NOTICE

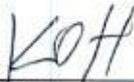
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

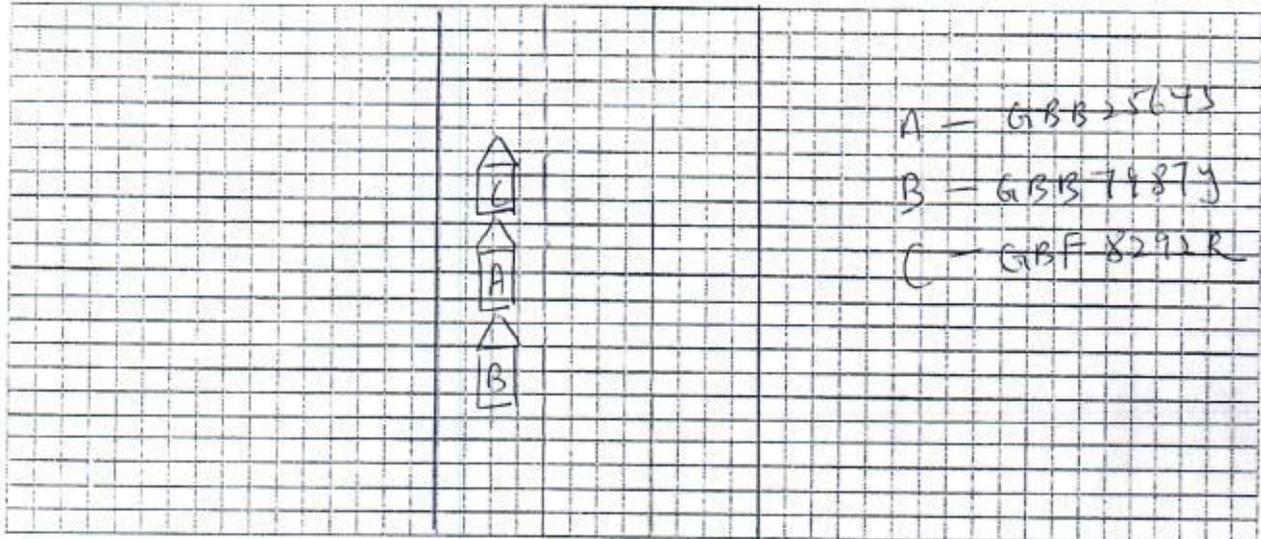


Policyholder's Signature  
Date & Time:

  
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**

on the stated date and time, I was driving my vehicle  
 along PIE towards Changi; vehicle C stop. I follow suit.  
 suddenly vehicle B hit on my rear portion and cause  
 my lorry to push forward and hit on vehicle C. There  
 were 3 car involved in an accident

**DECLARATION**

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



Policyholder's Signature  
 Date & Time:

*KOH*

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

*[Signature]*

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

Date of Accident : 27/2/19 Accident Time: 4.30pm (24-HR-Format)

Accident Place : Along PIE towards changi

Vehicle No. (Car Plate No.) : G1B1525643 Make/Model: Toyota Dyna

Insurance Company : Liberty Policy No: SD18V12341

Owner or Company Name /IC No. : GS Facilities Management / 20509017W

Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : Koh Tiam Hunt / 51362323F

DRIVER'S Date Of Birth : 6/12/1958 DRIVER'S License Pass Date 16/2/1981

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address : 6 Tagore Drive #B1-02 Tagore Ind Building

DRIVER'S Contact No./ Alt No. : 1) 8267 2098 2) 62504328 5787623

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : \_\_\_\_\_

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1 Driver

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): NO

**Other Party Driver's Particular (if any)**

Vehicle No: <u>G1BB79874</u>	Vehicle No: <u>G1BF8292R</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1362323F



Name  
KOH TIAM HUAT

许添发

Race  
CHINESE  
Date of birth  
06-12-1958  
Country/Place of birth  
SINGAPORE  
Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1362323F  
Name  
KOH TIAM HUAT

Birth Date 06 Dec 1958  
Issue Date 08 Dec 2014



5543165



NRIC No. S1362323F



Date of issue  
23-12-2015

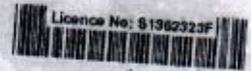
Address

APT BLK 541 BEDOK NORTH STREET 3  
#04-1246  
SINGAPORE 460541

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

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg  
EFFECTIVE UNTIL 16 Feb 1964

NP 428A





Liberty Insurance Pte Ltd  
Registration no. 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6226 3360

## 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	SD18V12341 /VCV /R00
Form	MZ300A
Date Of Issue	30-OCT-2018
1. Index Mark and Registration No. of Vehicle:	GBB2564S
2. Chassis number of Vehicle:	JTFAT35Y00K200092
3. Name of Policyholder:	GS FACILITIES MANAGEMENT PTE. LTD.
4. Effective date of Commencement of Insurance for the purposes of the Act:	31-OCT-2018 00:00 AM
5. Date of Expiry of insurance:	30-OCT-2019 23:59 PM
6. 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 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.	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers   _____ Authorised Signature	
For information only: COVERAGE: SUM INSURED: EXCESS: FINANCE COMPANY: PRODUCER NAME:	Third Party Fire & Theft MARKET VALUE AT THE TIME OF LOSS Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000  COLLIN LIM BENG TECK

CSJP 20181030

Ver.1.260705