

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 02/10/19	Job description	Date & Time Completed	Done by:
Ref No NA/LIP/19017358/13	SAS e-filing		
Veh No GBE3772K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/10/19 1755	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: SJ76830H	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

NA1907413	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
Cat. 1:	TP (N11): TP (Non INC) against INC \$20			
Cat. 2 / 3:	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	02/10/2019 11:21
Date Of Accident	01/10/2019 17:55
Exact Location Of Accident	ALONG ZION ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE3772K
Insured/Policyholder	
Name Of Registered Owner	THE WINE GALLERY PTE LTD
Co Reg No	201120555N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96189581
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V12075/VCV/R00
Cover Note Number	
Driver	
Name of Driver	CHUNG CHERNG SHIAN
Passport No/FIN	G2047946P
Date Of Birth	22/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87999545
Fax Number	
Contact Number	
EMail Address	EELI.NG@MAGNUM.COM.SG

Address	BLK 501 BEDOK NORTH ST 3 #05-20
Postcode	460501
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)	2
Passenger 1	NAME: : SIMON GENDER: : MALE

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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT6830H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD FARHAN BIN RAHMAT
NRIC/Passport Number	
Contact Number	85180125
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

The Wine Gallery Pte Ltd
No. 31 Kallang Road, Singapore 339160
Tel: 6408-1270 Fax: 6483-1277

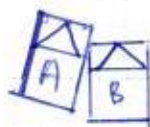
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Granges Ave

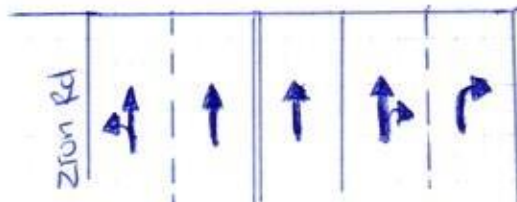


Vehicle A: GBE 3772K

Vehicle B: SST 6830H

Wing

Havelock Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (GBE 3772K) traveling along Zion Road. I was on lane 2 waiting traffic light to turn green. When the traffic light turn green I then start to move my vehicle, on the moment I turning right from Zion Rd to Havelock Rd suddenly vehicle B (SST 6830H) wanted to drive straight from lane 1 and collided onto my right side portion.

DECLARATION

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

The Wine Gallery Pte Ltd
No. 32 Kallang Place Singapore 339160
Tel: 6488-1270 Fax: 6488-1277

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.:

Vehicle No.	GBE 3772K	Model / Make	Toyota Hance
Date of Accident	11/10/2019		
Time of Accident	1755	HRS	
Location of Accident	Along Zion Road		
Exact purpose use during accident	Work		
Name of Owner	The Wine Gallery Pte Ltd		
Telephone No.	H/P: 96189581	Home :	Office :
NRIC	201120555N		
Address	32 Kallang Place, Singapore 339160		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	Liberty		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	SD18VI2075/VCV/R00		
Name of Driver	As Above If No, Chung Cherng Shuan		
NRIC	G2047946P	Any Passengers :	1 (Simon) male
Date of birth	22/8/1990		
Occupation	Outdoor / Indoor		
Driving License Pass Date	04/01/2016		
Gender	Male / Female		
Contact No.	H/P: 87999545	Home :	Office :
Address	BLK 501 Bedok North 3 #05-20 8 (460501)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SJT6830H	Any Passengers :	1
Name of Driver	Muhammad Farhan Bin Rahmat	Contact No. :	8518 0125
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Right portion		
Camera Recorder	Yes / No		
Email Address	eeli.ng@magnum.com.sg		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 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	SD18V12075 /VCV /R00
Form	MZ300A
Date Of Issue	25-OCT-2018
1.Index Mark and Registration No. of Vehicle:	GBE3772K
2.Chassis number of Vehicle:	JTFHT02P600180032
3.Name of Policyholder:	THE WINE GALLERY PTE. LTD.
4.Effective date of Commencement of Insurance for the purposes of the Act:	19-NOV-2018 00:00 AM
5.Date of Expiry of Insurance:	18-NOV-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 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.	
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 LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	GIM'S INSURANCE AGENCY PTE LTD

SCKH/SCKH/25-OCT-18

S1_CI_T1_T3_OE_Template2-Ver1

25-OCT-18

The owner and vehicle particulars for Vehicle No. GBE3772K as at 20 Nov 2015 are as follows:

1.	Name	: THE WINE GALLERY PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 201120555N
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: GBE3772K
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 20 Nov 2015
8.	Original Registration Date	: 18 Nov 2015
9.	First Registration Date	: 18 Nov 2015
10.	Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: No Attachment
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: TOYOTA
16.	Vehicle Model	: TOYOTA HIACE VAN TURBO 5 DR MANUAL
17.	Year of Manufacture	: 2015
18.	Primary Colour	: Silver
19.	Secondary Colour	: -
20.	Passenger Capacity	: 2
21.	Chassis/Trailer Chassis No.	: JTFHT02P600180032 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 1KD2561529 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
26.	Unladen Weight(kg)	: 1740
27.	Maximum Laden Weight(kg)	: 2800
28.	Open Market Value	: \$27,741.00
29.	PARF Eligibility	: No
30.	PARF Eligibility Expiry Date	: -
31.	Minimum PARF Benefit	: \$0.00
32.	No. of Transfers	: 1
33.	IU Label No.	: 1042691972
34.	COE No.	: 2015111805000958H
35.	COE Expiry Date	: 17 Nov 2025
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$40,046.00 / \$40,046.00
38.	Actual Quota Premium/PQP Paid	: \$40,046.00
39.	Actual ARF Paid	: \$1,388.00
44.	Vehicle Lifespan Expiry Date	: 17 Nov 2035
45.	Road Tax Amount	: -
46.	Road Tax Start Date	: -
47.	Road Tax End Date	: -
48.	Remarks	: -