

NATIONAL Assessment Centre Services. (ref 1 Jan 05) **MUA19163265**

Date In: 11/12/2019 17:52	Job description	Date & Time Completed	Done by
Ref No: NBA/4P19021870/4	SAS e-filing		
Veh No: S2U 7543B	E-trail (3 jobs 2hrs, AIC 2hrs)		
DOA: 01/12/2019 17:00	I-Motor Claim Form		
OD: (P) 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/Work		

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

TP Particulars: Vch No: **S2U 7543B** 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

NBA1909234

Particulars	Amount
1) All: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ref 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:	
• NS: Courtesy Car / Tpt Allowance	\$3
• NG: Repair Co-ordination	\$10
• NV: Post Repair Inspection	\$25
• NB: DV / Collect Excess Co-ordination	\$3
TP (NI) : TP (Non INC) against INC	\$20
9) NI: Idao Mobile	\$0
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	11/12/2019 17:52
Date Of Accident	07/12/2019 17:00
Exact Location Of Accident	GRANGE ROAD BEFORE ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7543B
Insured/Policyholder	
Name Of Registered Owner	MKM CAR LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84882123
Alternative Phone No	OFFICE-84882123

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS PLUS
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	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	SD19V09968/VPZ/R00
Cover Note Number	

Driver

Name of Driver	ONG ENG KIONG
NRIC No	S1571949D
Date Of Birth	26/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1981
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84882123
Fax Number	
Contact Number	OTHERS-84882123
Email Address	NOEMAIL

Address	BLK 309 HOUGANG AVENUE 5 #07-297
Postcode	530309
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

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 AND POLICE REPORT T/20191207/7034

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	SLT737K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA CHENG GUAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ONG ENG KIONG
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SLU7543B
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.:

11/12/2015
Keshav

SKETCH PLAN



A) SLN 7543B.

B) SLT 737K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated Date and time I vehicle
 A was stationery suddenly I felt and impact
 on my rear left I a light and see
 Vehicle B SLT 737K have hit on to
 my rear left that's all

Police Report 1/2019

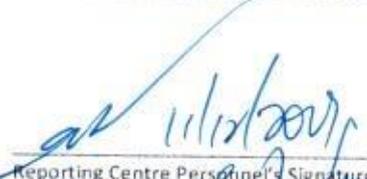
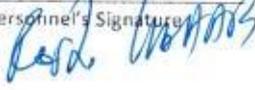
DECLARATION ★

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.:

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 07/12/19 (dd/mm/yy) Time of Accident: 17 00 (24-HR-FORMAT)
Vehicle No.: SLU 7543B Vehicle Make & Model: TOYOTA PRIUS PLUS
Exact location of Accident: GRANGE RD BEFORE ORCHARD BLVD
Policyholder's Name / IC No.: MKM CAR LEASING PTE LTD
Driver's Name / IC No.: ONG ENG KIONG S1571949D (As Above)
Driver's Contact No.: 84882123 Company Contact No.: _____
Driver's Address: BLK 309 HOUGANG AVE 5 #07-297 SPORE 530309
Insurance Company: Liberty Email address (if any): _____

Relationship between Owner & Driver: Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

No. of Passengers (Including Driver): 2

Passenger Name : _____
Passenger Name : _____

Gender : Female
Gender : _____

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: CHUA CHENG GUAN Vehicle No: SLT 737K

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



**SINGAPORE
POLICE FORCE**



T/20191207/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191207/7034

REPORT OF A TRAFFIC ACCIDENT

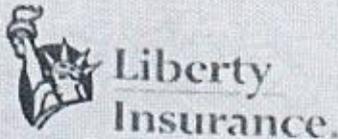
Date/Time Report Made: 07/12/2019 22:29	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: ONG ENG KIONG		Address: APT BLK 309 HOUGANG AVENUE 5 #07-297 SINGAPORE 530309	
ID Type / ID No.: NRIC NO / S1571949D		Contact No.: Home/Office:	Mobile: 84882123
Nationality: SINGAPORE CITIZEN		Email: KIONG2123@GMAIL.COM	
Sex: Male	Age: 56	Date of Birth: 26/05/1963	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Chauffeur		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2019 17:00	Type of Location: Straight Road
Location: GRANGE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT737K	Car	MAZDA		Silver		0
SLU7543B	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



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	SD19V09968 /VPZ /R00
Form	MZ406C
Date Of Issue	05-AUG-2019
1.Index Mark and Registration No. of Vehicle:	SLU7543B
2.Chassis number of Vehicle:	ZVW400027486
3.Name of Policyholder:	MKM CAR LEASING PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	17-AUG-2019 00:00 AM
5.Date of Expiry of Insurance:	16-AUG-2020 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 or to whom the vehicle is hired. 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 for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired. C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.	
B.Policy does not cover:	
A) Use for racing, pace-making, reliability trial 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.	
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, Airside, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS

PLVC/20-AUG-19

S1_C1_T1_T3_OE_Template2_Ver1

20-AUG-19

Aug 20, 2019, 8:47 PM

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M18019163265 Vehicle Registration No: SLU 7543B
 Name (as shown in NRIC) : ONG EUS KIONG NRIC/FIN/Passport No : S1571949D
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 84882113
 Email Address : _____
 Date of Accident : 07/12/2009 Time of Accident : 17:00
 Place of Accident : GRANDM ROAD BEFORE ORCHARD BUILDING
 Insurance Company : INDIA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURANCE IS LIBERTY & NOT INDIA INT'L

Policyholder / Driver's Signature
Date:

[Signature] 13/12/2009
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.:
Date: