

NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MNA 119165532

Date In: 16/12/19 17:20	Job description	Date & Time Completed	Done by
Ref No: NA 11919022126/h4	SAS e-filing		
Veh No: SLV 769H	E-mail (within 3hrs, A/C 2hrs)		
ILLDA: 15/12/19 12:00	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

GW 7429.Y

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:

(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:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

Ref. 2/3:

NA 1909270

Invoice Preparation Checklist	Am (\$)	Ass (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee	540/545	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) N1: Idan DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
QJ:		
*N5: Courtesy Car / Tpt 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: Idan 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	16/12/2019 17:20
Date Of Accident	15/12/2019 12:00
Exact Location Of Accident	BLK 3011 BEDOK IND PARK E OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV769H
Insured/Policyholder	
Name Of Registered Owner	LFMK TRANSPORT SERVICES
Co Reg No	53373509B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98526999
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED 1.5G HYBRID A
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V12595/VPL/R00
Cover Note Number	

Driver

Name of Driver	LOW FANG MENG KEVIN
NRIC No	S7533975E
Date Of Birth	09/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1997
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98526999
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	25 FERNVALE LANE #13-35
Postcode	797502
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

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?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191216/2111

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW7429Y
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)

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.

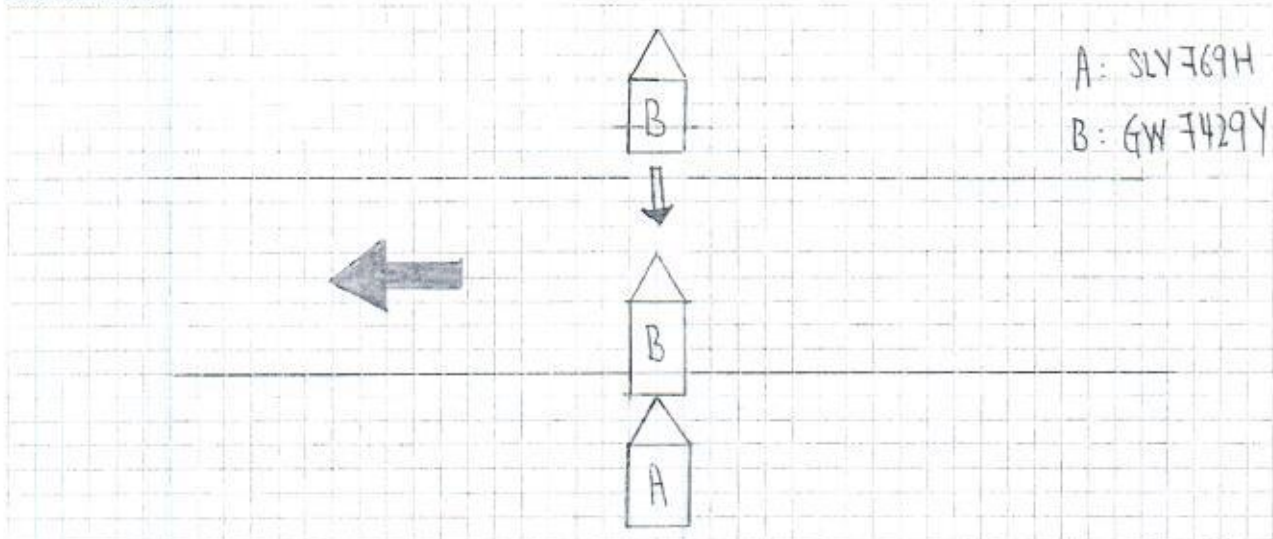


Policyholder's Signature
Date & Time:

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

* Refer the attached Police Report : T/2019/216/2111 .

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.:

Date of Accident : 15.12.2019 Accident Time: 12.00 (24-HR-Format)
Accident Place : Bedok Industrial Park E Near B1K 3011 at the open space carpark
Vehicle No. (Car Plate No.) : SLV 769H Make/Model: Honda Freed Hybrid 1.5
Insurance Company : Liberty Policy No: SD18Y12595/YPL/R00
Owner or Company Name /IC No. : LFMK Transport Services (53373509B)
Owner or Company Contact No. : - Owner's Hp - Company Tel
DRIVER'S Name / IC No. : Low Fang Meng Kevin (37533975E)
DRIVER'S Date Of Birth : 09.11.1975 DRIVER'S License Pass Date 17.09.1997
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 25 Fernvale Lane # 13-35 Singapore 717502
DRIVER'S Contact No./ Alt No. : 1) 98526999 2)
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): No Driver / No Passenger
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>GW 74294</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:





**SINGAPORE
POLICE FORCE**



T/20191216/2111

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20191216/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2019 14:52	Video Report No.:	Station Diary No.: 106
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Informant's Particulars

Name of Informant: LOW FANG MENG KEVIN			Address: 25 FERNVALE LANE #13-35 SINGAPORE 797502	
ID Type / ID No.: NRIC NO / S7533975E			Contact No.: Home/Office: Mobile: 98526999	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 44	Date of Birth: 09/11/1975	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/12/2019 12:00	Type of Location: Straight Road
Location: Along Road 1 BEDOK INDUSTRIAL PARK E Near Blk 3011 at the open space carpark				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW7429Y	Lorry				Slightly Damaged	0
SLV769H	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191216/2111

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20191216/2111

CONTINUATION OF REPORT

Driver			
Name	LOW FANG MENG KEVIN	ID No.	S7533975E
Related Vehicle	SLV769H (Car)	Contact No.	98526999
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 15/12/2019 at about 1000hrs - 1030hrs, I had parked and secured my vehicle in a parking lot along Bedok Industrial Park E (nearby Blk 3011) and left. I had subsequently went back to my car at about 1200hrs and discovered that there were damages on my vehicle's front bumper which included dents and scratches. My vehicle had a front dash camera and as such I had viewed its footage and discovered that a Lorry (GW7429Y) which was parked opposite of my vehicle had reversed out and collided onto the front of my vehicle at about 1040hrs. The said vehicle subsequently made a stop outside a nearby shop and the driver had a lighted and glanced over at my vehicle however he did not approach it. The said Lorry drove off subsequently. I am lodging this report for recording and insurance purposes.



SINGAPORE
POLICE FORCE



T/20191216/2111

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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20191216/2111

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 JOVI BENEDICK TAN WEI MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/12/2019 14:52

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

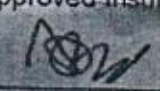
Authentication Stamp

NP168



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	SD18V12595 /VPL /R00
From	MZ400B
Date Of Issue	02-NOV-2018
1.Index Mark and Registration No. of Vehicle:	SLV769H
2.Chassis number of Vehicle:	GB71040655
3.Name of Policyholder:	LFMK TRANSPORT SERVICES
4.Effective date of Commencement of Insurance for the purpose of the Act:	21-DEC-2018 00:00 AM
5.Date of Expiry of Insurance:	20-DEC-2019 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
For Uber/Grabcar Usage :	LOW FANG MENG KELVIN
For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.	
<p>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.</p> <p>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.</p>	
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 and pleasure purposes.	
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.	
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, Uber/Grabcar Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	MDIVINE INSURANCE AGENCY