

# NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

MA20027314

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 07/03/2020 15:44 | Job description                        | Date & Time Completed | Done by |
| Ref No: N/A/LP20003424/Y  | SAS e-filing                           |                       |         |
| Veh No: GBE 5984Y         | E-mail (update this, AIC this)         |                       |         |
| D.O.A: 28/03/2020 19:30   | I-Motor Claim Form                     |                       |         |
| OD (TP) 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/Whse |                       |         |

|   |  |                       |
|---|--|-----------------------|
| Preferred Wkep / INC Assgn Wkep / QW: ( | Tel:   | Fax:                  |
| TP Particulars:                         | Veh No: GBE 427S   | 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 ( )                       |                       |

|   |
|---|
| ( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair. |
| ( ) 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: _____      |
| Location: _____  |
| Weather: _____   |
| Witness: _____   |
| Signature: _____ |

MA2001771

|                 |   |             |
|-----------------|---|-------------|
| Driver/Owner:   | 1) AIC: Accident Reporting (\$30)               |             |
| Contact No:     | 2) DA: Damage Assessment (\$100) INC (\$10)     |             |
| Damage Portion: | 3) TP: Towing Fee \$40/45                       |             |
|                 | 4) PT: Follow-Through Survey \$120              |             |
|                 | 5) PT: Follow-Through Survey (Resurvey) \$10    |             |
|                 | For claiming against INC Only (ver 10 Jan 2009) |             |
|                 | 6) TR: Re-inspection \$75                       |             |
|                 | 7) NI: Idea DA + SMRT Survey \$160              |             |
|                 | 8) NTUC Additional Services:                    |             |
|                 | ON:   |             |
|                 | *NS: Courtesy Car / Tpl Allowance \$5           |             |
|                 | *NS: Repair Coordination \$10                   |             |
|                 | *NS: Post Repair Inspection \$25                |             |
|                 | *NS: DV / Collect Excess Coordination \$5       |             |
|                 | *NS: DV / Collect Excess Coordination \$20      |             |
|                 | TP (NI): TP (Non INC) against INC \$0           |             |
|                 | 9) NI: Idea Mobile                              |             |
|                 | 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             | 02/03/2020 15:44           |
| Date Of Accident           | 28/02/2020 19:30           |
| Exact Location Of Accident | JALAN EUNOS PIE EXPRESSWAY |
| Country/State of Loss      | SINGAPORE                  |

### DETAILS OF OWN VEHICLE

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | GBF5984Y                  |
| <b>Insured/Policyholder</b> |                           |
| Name Of Registered Owner    | TOMO-CSE AUTOTRIM PTE LTD |
| Co Reg No                   | 1XXXXX632D                |
| Email Address               | PING5343@HOTMAIL.COM      |
| Mobile Phone No             | (LOCAL) +65-97485777      |
| Alternative Phone No        | OFFICE-64455777           |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | CITROEN            |
| Model  | BERLINGO           |
| 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             | SI20V00150/VCV/R01        |
| Cover Note Number         |                           |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | SHIA CHEE PING       |
| Passport No/FIN      | GXXXX437U            |
| Date Of Birth        | 30/12/1988           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 14/02/2014           |
| Driving Experience   | 6 YEARS AND 0 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-97485777 |
| Fax Number           |                      |
| Contact Number       | OFFICE-64455777      |
| Email Address        | PING5343@HOTMAIL.COM |

|   |  |
|---|--|
| Address   | BLOCK 343 TAMPINES STREET 33<br>#05-08 |
| Postcode  | 500343                                 |
| 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   | COLLISION - HEAD TO REAR |
| 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         | FBG427S        |
| Vehicle Make/Model/Colour           |                |
| Details Of Properties               |                |
| Vehicle Category                    | MOTORCYCLE     |
| Name of Driver                      | CHIA YOON NYEN |
| NRIC/Passport Number                | SXXXX221F      |
| Contact Number                      | 91463503       |
| Address                             |                |
| Postcode                            |                |
| Insurance Company Name              |                |
| Nature Of Damage                    |                |
| No. Of Passenger (Including Driver) | 1              |

## 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.

**TOMO-CSE  
PING**

Policyholder's Signature  
Date & Time:

*A.*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 2/3/2020

15:10

*02/03/2020*  
*Resi Lim*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

JALAN EUNOS PIE EXPRESS WAY

B → A

A- GBF 5984T

B- FBG 427S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

28/2/2020 Time 19:30 Driving Along Jalan eunos PIE Expressway  
In Front my car stop Then i also stop suddenly the motorist  
Hit my van behind

DECLARATION

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

TOMO-CSE  
PING

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 2/3/2020  
15:10

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 2 / 2020 (DD/MM/YYYY), TIME: 19 : 30 (HH:MM)

LOCATION: Jalan Pongos PIE Expressway

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6BF5984Y  
 b) INSURANCE COMPANY: LIBERTY  
 c) POLICY NUMBER: SIXVEO150/NCV/101  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Citroen Berlingo  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: 19:30  
 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: Tomo - CSE Autotrim Pte Ltd (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: 191507632D CONTACT: 64455777  
 C) ADDRESS: Block 3018 Bedok North street 5 H02-08  
Eastlink Singapore 486132

## \* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- C) NAME: SHIA CHEE PING (MALE / FEMALE)  
 D) NRIC/FIN/PASSPORT: G2344437U CONTACT: 97785777  
 E) ADDRESS: Block 343 Tampines street 33 A 05-08 Singapore  
500343

\* d) DATE OF BIRTH: 30 / 12 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/2/2024

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (SUN / 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: FB6427S MODEL:  
 b) DRIVER'S NAME: CHIA YOON NYEN  
 c) NRIC/FIN/PASSPORT: S1714231 F CONTACT: 91463503

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

Email: PING5343@Hotmail.com

VIBRO

### 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.  | SI20V00150 /VCV/R01   |
| Form   | MZ300A  |
| Date of Issue:   | 30-Dec-2019   |
| 1. Index Mark and Registration No. of Vehicle:   | GBF5984Y  |
| 2. Chassis number of Vehicle:  | VF77FBHYMGJ711094   |
| 3. Name of Policyholder:   | TOMO-CSE AUTOTRIM PTE LTD   |
| 4. Effective date of Commencement of Insurance:<br>for the purposes of the Act   | 05-JAN-2020 00:00   |
| 5. Date of Expiry of Insurance:  | 04-JAN-2021 23:59   |
| 6. Persons or Classes of Persons<br>entitled to drive*:  | Any person who is driving on the Policyholder's order or with their permission.<br>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.<br>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.<br>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.<br>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.<br>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 93 of the Road Transport Act, 1987 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.  |   |
| For and on behalf of<br><b>LIBERTY INSURANCE PTE LTD</b><br>Approved Insurers<br><br>Authorised Signature   |   |
| <b>For Information only:</b><br>COVERAGE: Comprehensive, Unlimited Windscreen<br>SUM INSURED (\$S): MARKET VALUE AT THE TIME OF LOSS<br>EXCESS (\$S): Section 1 \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: \$3,000.00, Windscreen Excess: \$100.00<br>FINANCE COMPANY:<br>PRODUCER NAME: HL SUNTEK INSURANCE BROKERS PTE LTD |   |