

NATIONAL Assessment Centre Services. [ref 1 Jan 2001]

N/A/20054193

Date In: 21/06/2020 17:06	Job description	Date & Time Completed	Done by
Ref No: N/A/LIP20006645/Y	SAS e-illing		
Veh No: 9H5 2227 R	E-mail (to John Sims, AIC then)		
D.O.A: 22/06/2020 10:20	I-Motor Claims Form		
OID: 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/WHIZ		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SKW 99L	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 ()	

- () 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 () ; Invoiced: 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: _____

N/A2003334	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: 1 day DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	• NI: Courtesy Car / Tpl Allowance	\$3
	• NI: Repair Co-ordination	\$10
	• NI: Post Repair Inspection	\$23
	• NI: DV / Collect House Coordination	\$3
	• TP (NI) / TP (Non-INC) against LRIC	\$10
	• NI: 1 day 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 willful 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	24/06/2020 17:06
Date Of Accident	22/06/2020 10:20
Exact Location Of Accident	BLK 145 JALAN BUKIT MERAH CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2227R
Insured/Policyholder	
Name Of Registered Owner	TECK HENG STATIONARY CO
Co Reg No	2XXXX800A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97772205
Alternative Phone No	OFFICE-65358340

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V12244/VCV/R00
Cover Note Number	

Driver

Name of Driver	TAN KIM HENG
NRIC No	SXXXX109A
Date Of Birth	17/05/1950
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1969
Driving Experience	50 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97772205
Fax Number	
Contact Number	OFFICE-65358340
EMail Address	NOEMAIL

Address	3 SPRINGWOOD CRESCENT
Postcode	0511
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	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?	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	SKN99L
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

TECK HENG STATIONERY CO.,

Blk 531 Upper Cross Street,
#02-56 Hong Lim Complex,
Singapore 050531
Tel : 6535 8340
Fax : 6534 0418

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

24-6-20
11.55

Reporting Centre Personnel's Signature

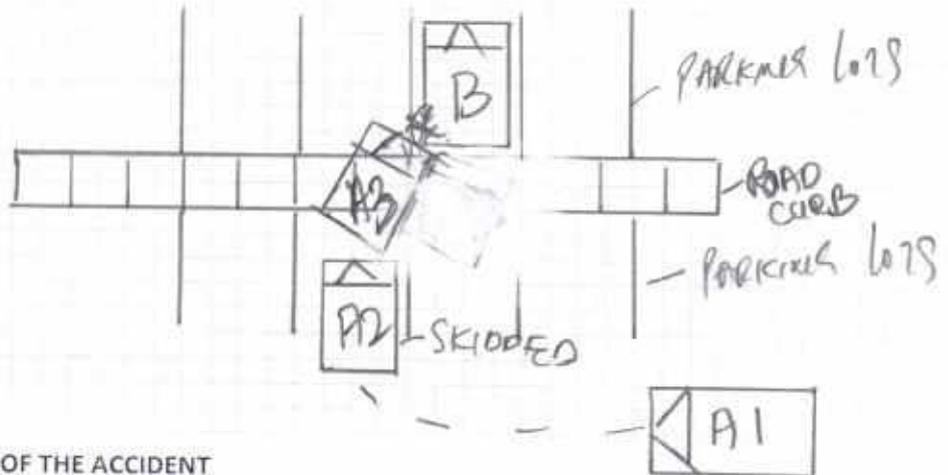
Name:

NRIC/FIN No.:

24/06/2020
Kos L
Kurdong

SKETCH PLAN

Blk 145 JALAN BUKIT MERAH



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 22/06/2020 I WAS AT BLK 145 JALAN BUKIT MERAH
 I WANTED TO PARK MY VAN GBB2227R AT ONE OF THE
 PARKING LOT BUT THAT DAY WAS RAINING MY VAN SKIDDED
 I WENT UP THE CURB & HIT THE CAR SKM 99L WHICH
 WAS PARKING ON THE OPPOSITE SIDE. MY VAN FRONT RIGHT
 BUMPER HIT THE LEFT REAR OF THE CAR.

DECLARATION

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

TECK HENG STATIONERY CO.,
 Blk 531 Upper Cross Street,
 #02-56 Hong Lim Complex,
 Singapore 050531

Policyholder: **Teck** 6535 8340
 Date & Time: **Fax** : 6534 0418

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 24-6-20
 11.55

[Signature] 24/06/2020
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 22/06/20 (DD/MM/YYYY), TIME: 10:20 (HH:MM)

LOCATION: Jalan Bukit Meru BK 145 CARPAK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB2227 R
- b) INSURANCE COMPANY: Liberty Insurance
- c) POLICY NUMBER: SP19V1224/NCV/ROD
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA LITACK
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
- 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: TECK HUI STANISLEY (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 0116109A CONTACT: 97772205
- c) ADDRESS: 2729A ROAD

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN KIM HENG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 0116109A CONTACT: 97772205
- c) ADDRESS: 3. Springwood Crest

* d) DATE OF BIRTH: 17/05/1950 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / 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: SKN 99L MODEL: MARCAZ
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
- e) DRIVER'S NAME:
- f) NRIC/FIN/PASSPORT: CONTACT:

* No. of passenger
(Including driver)
()

* No. of passenger
(Including driver)
()

* No. of passenger
(Including driver)
()

email =

VIDEO



**Liberty
Insurance.**



Liberty Insurance Pte Ltd

Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6800
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	SD19V12244 /VCV /R00
Form	MZ300A
Date Of Issue	01-OCT-2019
1.Index Mark and Registration No. of Vehicle:	GBB2227R
2.Chassis number of Vehicle:	S402M0004683
3.Name of Policyholder:	TECK HENG STATIONERY CO
4.Effective date of Commencement of Insurance for the purposes of the Act:	19-SEP-2019 00:00 AM
5.Date of Expiry of Insurance:	18-SEP-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. 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).	
<p>VIRTUAL INSURANCE AGENCIES PTE LTD Tel: 65 6221 8611 Skyline Building, Singapore 049798 Tel: (65) 6221 8611 Fax: (65) 6225 6800</p> <p style="text-align: right;">For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p style="text-align: right;"> _____ Authorised Signature</p>	
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:	
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD

PLVG/PLVC/01-OCT-19

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01-OCT-19