

NATIONAL Assessment Centre Services.

(last 1 Jan 05)

NA20057140

Date In: 06/07/2020 12:55	Job description	Date & Time Completed	Done by
Ref No: NA20057140	SAS e-filing		
Veh No: GBE 1861A	E-mail (Regula 2hrs, AIC 2hrs)		
O.O.A: 03/07/2020 13:15	1-Motor Claims Form		
OT TP Reporting Only	1-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VL132		

Preferred Whelp / INC Assign Wkep / OW: (	Tel:	Fax:
TP Particulars:	Veh No: SGZ 65717	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 of Incident: _____	
Time of Incident: _____	
Location of Incident: _____	
Weather Conditions: _____	
Witnesses: _____	
Police Report: _____	
Insurance Claim: _____	
Other Notes: _____	

NA2003559

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TL: Re-inspection \$75	
	7) NI: 1 Day DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	• NI: Courtesy Car / Tpl Allowance \$5	
	• NI: Regals Coordination \$10	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Excess Coordination \$5	
	• NI: TP (NLI) / TP (NLI INC) Regals DTC \$20	
	9) NI: 1 Day Mobile	
	Invoice dated	
	Invoice dated	

Fee Charged

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	06/07/2020 12:55
Date Of Accident	03/07/2020 13:15
Exact Location Of Accident	SLE (CTE) BEFORE WOODLANDS AVENUE 2 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1861A
Insured/Policyholder	
Name Of Registered Owner	B&J TRADING & MANUFACTURING PTE. LTD.
Co Reg No	2XXXXX777G
Email Address	BNJTRADING@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93851273
Alternative Phone No	OFFICE-93851273

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	SI19V11418/VCV/R04
Cover Note Number	

Driver

Name of Driver	TAY KWANG SENG
NRIC No	SXXXX111B
Date Of Birth	29/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	05/12/1987
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93851273
Fax Number	
Contact Number	OTHERS-93851273
Email Address	BNJTRADING@YAHOO.COM.SG

Address	3 VAUGHAN ROAD
Postcode	356077
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)	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ6577T
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY JAM CHIN
NRIC/Passport Number	
Contact Number	97891941
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

B&J Trading & Manufacturing Pte Ltd

Reg. No.: 200514777G

Tel : 6475 7150 Fax : 6475 7152

E-mail: bnjtrading@yahoo.com.sg

Blk 3016 #04-01 Bedok North Ave 4 Singapore 489917

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

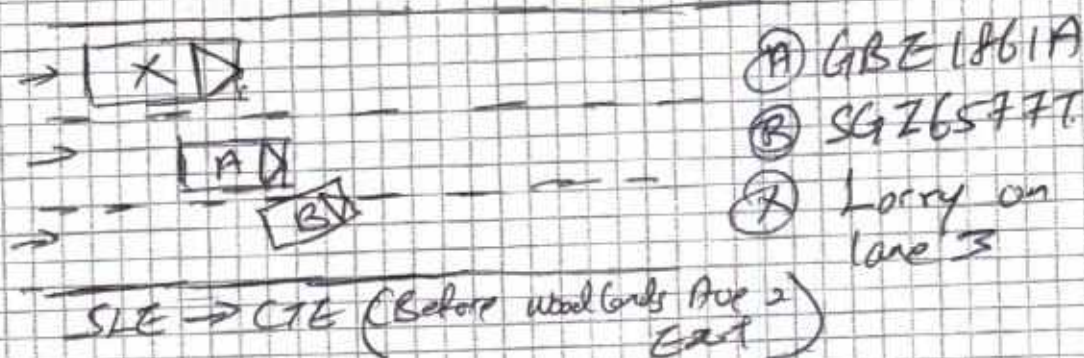
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

06/07/2020
Rashid Hossain

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was travelling along SLE towards CTE on lane 2. Before approaching Woodlands Ave 2 Exit, Veh B on lane 1 suddenly swerve into lane 2 (my lane) and collided onto my vehicle right front portion.

DECLARATION

We declare the foregoing particulars are true in every respect.

Tel: 6475 7150 Fax: 6475 7152

E-mail: bnjtrading@bnjtrading.com.sg

Blk 3016 #04-01 110 North Ave 4 S'port

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 03/07/2020 (DD/MM/YYYY) TIME: 13:15 (HH:MM)

LOCATION: SLECCRE Before Woodlands Ave 2 Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GRB1861A
b) INSURANCE COMPANY: Liberty
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Totolo / tree
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Work
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: BJS Trading & Manufacturing Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2005147779 CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tay Kwang Sen (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7006111B CONTACT: _____
c) ADDRESS: 3, Vaughan Rd
SC3580772

* d) DATE OF BIRTH: 129/01/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 5 Dec 1987

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: SGZ 6577T MODEL: Merc Benz
b) DRIVER'S NAME: Tay Jam Chin
c) NRIC/FIN/PASSPORT: S1722093D CONTACT: 97891941

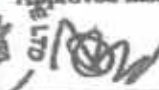
9. THIRD PARTY VEHICLE

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

email = bjs trading@yahoo.com.sg
VIDEO yes

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No.	SH19V11418 / VCV / RD1
Form	MAZ300A
Date of Issue:	16-Sep-2019
1. Enter Make and Registration No. of Vehicle:	GBE1861A
2. Chassis number of Vehicle:	KDH2010174527
3. Name of Policyholder:	B&J TRADING & MANUFACTURING PTE. LTD
4. Effective date of Commencement of Insurance for the purpose of the Act:	25-SEP-2019 00:00
5. Date of Expiry of Insurance:	24-SEP-2020 23:59
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 an 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. damages.
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 25 of the Road Transport Act, 1987 (Malaysia) as 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) Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  Authorized Signature	
For information only:	
COVERAGE:	Comprehensive, Unfitted Windscreen
SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$):	Section 1 \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$1,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	ABWIN PTE LTD
PRODUCER NAME:	CUSTOMER SERVICES CENTRE