

NATIONAL Assessment Centre Services.

Unit 1, Jan 2001

MA12080004

Date In: 15/09/2020 12:40	Job description	Date & Time Completed	Done by
Ref No: NPA/HP200098787	SAS e-illing		
Veh No: 8/10 4173E	E-mail (by date sheet, AIG sheet)		
D.O.A: 11/09/2020 09:30	1-Motor Claims Form		
OD: TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whizz		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJT 4657E	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 Refor 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: _____

X/A2004951

Driver/Owner:	1) All: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (110)	
Damage Portion:	3) TP: Towing Fee	\$40	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$20	
	6) TR: Re-inspection	\$75	
	7) NI: Idea DA + EMRT Survey	\$160	
	8) NTUC Additional Services		
	ON:		
	*Nt: Courtesy Car / Tpl Allowance	\$5	
	*Nt: Repairs Coordination	\$10	
	*Nt: Post Repair Inspection	\$25	
	*Nt: DV / Collod Excess Coordination	\$5	
	TP (Nil) / TP (Non-INC) against D/G	\$30	
	9) Nt: 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	15/09/2020 12:40
Date Of Accident	11/09/2020 09:30
Exact Location Of Accident	JUNCTION OF CLEMENTI ROAD AND ULU PANDA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ4173K
Insured/Policyholder	
Name Of Registered Owner	LOH KOK HUA
NRIC No	SXXXX300C
Email Address	LOHKOKHUA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91162630
Alternative Phone No	OTHERS-91162630

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI20V07848/VPE/R07
Cover Note Number	

Driver

Name of Driver	LOH KOK HUA
NRIC No	SXXXX300C
Date Of Birth	14/11/1955
Occupation	INDOOR
Date Of Driving Pass	10/08/1979
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91162630
Fax Number	
Contact Number	OTHERS-91162630
EMail Address	LOHKOKHUA@GMAIL.COM

Address	993 BUKIT TIMAH ROAD #05-21
Postcode	589631
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	4
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: : LOH SONG YANG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200911/7013

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	SJT4657E
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GT7159S
Vehicle Make/Model/Colour NISSAN
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHD5539P
Vehicle Make/Model/Colour TOYOTA
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LOH KOK HUA
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? SGQ4173K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LOH SONG YANG
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? SGQ4173K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address

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:

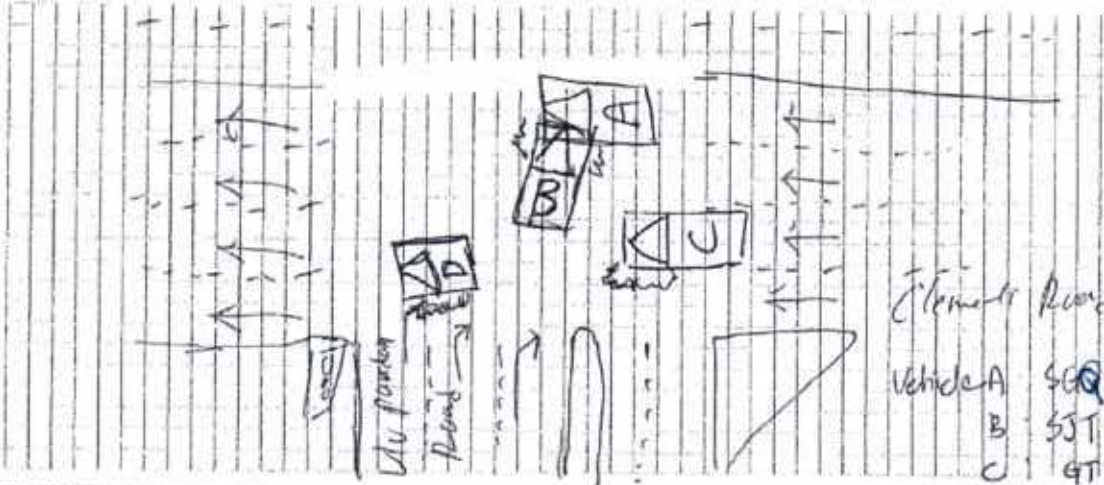
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Robt
NBIC/FIN No.:

SKETCH PLAN



Vehicle A: SQ 4173K
 B: SJT 4657E
 C: GT 7159S
 D: SHD 5539P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police Report: T/20200911/7013
 DRIVER & PASSENGER HAVE INJURY BUT DID NOT SEEK
 TREATMENT.

DECLARATION

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

dk tef the
 Policyholder's Signature
 Date & Time:

dk tef the
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

15/09/2020
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 11 SEP 2020	TIME: 0930 HRS	(hh:mm) 24 hrs Format
LOCATION: CLEMENTI ROAD		
VEHICLE NUMBER: SGA 4173K		
INSURED NAME: LOH KOK HUA		
NRIC/FIN: S2163300C	CONTACT: 91162630	
MAKE: TOYOTA	MODEL: CAMRY	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select: (/) Third Party () Reporting Only		
INSURANCE COMPANY: LIBERTY		
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: S120V07545 / VPE / R07		
NAME DRIVER: (/) SAME AS INSURED		
NR / FIN:	CONTACT:	
DATE OF BIRTH: 14.11.1955		
DRIVING PASS DATE: 10.06.1979		
OCCUPATION: (/) INDOOR () OUTDOOR		
GENDER: (/) MALE () FEMALE		
EMAIL ADDRESS: LOH KOK HUA @ GMAIL . COM		() NO EMAIL
ADDRESS OF DRIVER: 993 BUKIT TIMAH RD # 05-21 S (559631)		
Number Of Passenger Include Driver: DRIVER WITH ONE PASSENGER LOH SONG YANG (M)		
Was driver an employee of the Insured's Company? () YES (/) NO		
If No, Relationship Of The Driver With The Insured		
(/) Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () Yes (/) No		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurce Company Of Driver's Own Vehicle		
Weather Conditions: (/) Clear () Raining () Drizzling () Other		
Road Surface : (/) Dry () Wet () Other		
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO		
Was Anybody Injured In The Accident? (/) YES () NO		
If YES, Injured details: LOH KOK HUA (M) (BUDY) LOH SONG YANG (M) (BUDY)		
Convey By Ambulance: (/) YES () NO		
Was There Any Video Capture By Car Camera? () YES (/) NO		
Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report		
Police Report Number (if any) T120200911 / 7013		
Details Of 3rd Party	Name/NRIC	No.of Paxs (incl'driver) Contact
Veh B	STJ4657-E	() / Not Sure (/)
Veh C	GT 7159S	() / Not Sure (/)
Veh D	SHD5539P	() / Not Sure (/)
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()



SINGAPORE POLICE FORCE



T/20200911/7013

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

1 of 3

Report No. T/20200911/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2020 12:33		Vide Report No.: D/20200911/0030		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOH KOK HUA			Address: 993 BUKIT TIMAH ROAD #05-21 SINGAPORE 589631		
ID Type / ID No.: NRIC NO / S2163300C			Contact No.: Home/Office: Mobile: 91162630		
Nationality: SINGAPORE CITIZEN			Email: lohkokhua@gmail.com		
Sex: Male	Age: 64	Date of Birth: 14/11/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/09/2020 09:30	Type of Location: T-Junction
Location: CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GT7159S	Lorry	NISSAN		White	Slightly Damaged	2
SGQ4173K	Car	TOYOTA	CAMRY	Silver	Seriously Damaged	2
SHD5539P	Car	TOYOTA		Red	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20200911/7013

2 of 3

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

Report No. T/20200911/7013

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
SJT4657E	Car	TOYOTA	ALTIS	White	Seriously Damaged	1

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Passenger					
Name	LOH SONG YANG			ID No.	S8727423C
Related Vehicle	SGQ4173K (Car)			Contact No.	97707457
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of		Slight
Driver					
Name	LOH KOK HUA			ID No.	S2163300C
Related Vehicle	SGQ4173K (Car)			Contact No.	91162630
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of		Slight

Brief Details.

When i was moving slowly off on Clementi road right most lane at the Ulu pandan rd junction after seeing green light, suddenly vehicle B (SJT4657E) Toyota altis landed onto the front portion of my vehicle . i noticed the lady driver was unconscious and her airbag was activated .



**SINGAPORE
POLICE FORCE**



T/20200911/7013

3 of 3

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

Report No. T/20200911/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
VILTON HIA WEE SIANG
Contact No.: 65476178

Authentication Stamp
NP158

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/09/2020 12:33

Classification Of Case:

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; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder:

LOH KOK HUA

Certificate No.:

SI20V07848/ VPE / R07

Date of Issue:

16 Jun 2020

Effective Date of Commencement:

15 Jul 2020 00:00

Date of Expiry:

14 Jul 2021 23:59

Registration No.:

SGQ4173K

Chassis No.:

ACV403038454

Type of Certificate:

MX1

Persons or Classes of Persons entitled to drive*:

A) The Policyholder.

B) Any other person who is driving on the Policyholder's order or with his 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.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) Use for any purpose in connection with the Motor Trade.

*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 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
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverage(s):

Third Party Fire & Theft, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Name of Finance Company:

Name of Producer:

VICTORY INSURANCE AGENCY PTE LTD (A1214-2)

A1214-2/B2BAAMT/SI20V07848/16-Jun-2020/MotorCI/v1.0