

NATIONAL Assessment Centre Services.

(Ref: 1-800-851-160)

NA/20085160

Date In: 20/09/2022 12:24	Job description	Date & Time Completed	Done by
Ref No: NA/14200104874	SAS e-filing		
Veh No: XE 1059P	E-mail (Update sheet, AIC sheet)		
D.O.A: 20/09/2022 11:30	I-Motor Claims 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/Victim		

Preferred Wksp / INC Assign Wksp / OW: (Tot:	Fest:
TP Particulars: Vch No: -	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: YRS () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

() 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 () ; Invoiced VRS () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

NA/20005168	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contract No:	3) TP: Towing Fee	\$40/45
Damaged Portion:	4) PF: Follow-Through Survey	\$110
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey)	\$30
	For claim against INC Only (over 10 Jan 200)	
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$100
	8) NTUC Additional Services	
	OR:	
	*NS: Courtesy Car / Tol Allowance	\$3
	*NG: Repair Coordination	\$10
	*NT: Post Repair Inspection	\$25
	*ND: DV / Collect Through Coordination	\$5
	TE (NI) / TP (NG) / INC () against TRG	\$10
	2) NI: Idea 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	30/09/2020 12:34
Date Of Accident	29/09/2020 11:30
Exact Location Of Accident	ALONG WOODLANDS AVENUE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1059P
Insured/Policyholder	
Name Of Registered Owner	TIONG WOON CRANE & TRANSPORT (PTE) LTD
Co Reg No	-
Email Address	NICHOLAS_CHONG@TIONGWOON.COM
Mobile Phone No	(LOCAL) +65-98855281
Alternative Phone No	OFFICE-98855281

Vehicle Particulars

Manufacturer	MAN
Model	TRUCK
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY BACK TO OFFICE
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	SD20V06748/VCH/R05
Cover Note Number	

Driver

Name of Driver	SHI WENBIN
NRIC No	GXXXX433Q
Date Of Birth	19/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2012
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98855281
Fax Number	
Contact Number	OTHERS-98855281
Email Address	NICHOLAS_CHONG@TIONGWOON.COM

Address	BLK 55 TEBAN GARDENS ROAD #16-457
Postcode	600055
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	NO COLLISION
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

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.



Policyholder's Signature

Date & Time:

30/07/20
0900hrs.

Driver's Signature

(If driver is not the policyholder)

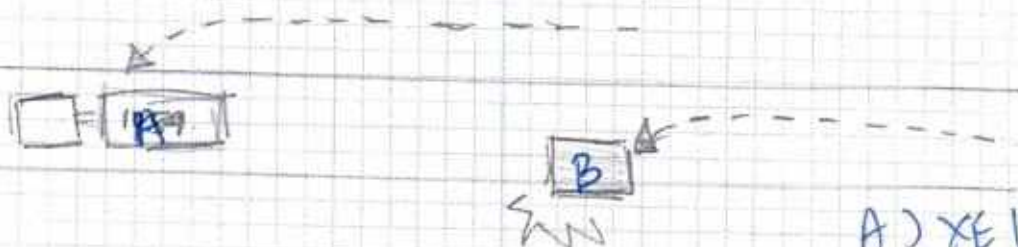
Date & Time: 30/09/2020.
0900hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

30/09/2020
Rashid
NA AAG



В) unknown.

On 29 September 2020, at Woodland Ave 12. Driver was on the way back to company after finishing up with his job. While at Woodland Ave 12, my driver was on the middle lane, and wanted to change to left-lane, before he change lane, he check the mirror to make sure it is safe to do so. At that point of time, the vehicle behind him was still very far behind.

Therefore, my driver switch to the left-lane as it is safe to do so. After doing so, he look at the rear mirror and realized that the car behind him swerve to the left & mounted the curb. Out of good will, my driver stopped the vehicle & went down to check if everything is alright. Ended up, the driver of the vehicle take picture and personal details from my driver when there's no accident happened between them. That's why we ~~today~~ file an accident statement in case the opposite party file against us.

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

Date & Time: 30/04/20

Wen bin

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/09/2020

Reporting Centre Personnel's Signature _____

Name: _____

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 09 / 2020) (DD/MM/YYYY), TIME: (1130) (HH:MM)

LOCATION: Woodlands Avenue 12

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XE 1059 P
b) INSURANCE COMPANY: LIBERTY INSURANCE
c) POLICY NUMBER: 8020V06748 / UCH / ROS
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: COLLECTION
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: LONG Woon (NAME V. 18) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SHI WENYIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G2046433Q CONTACT: 9855 5281
c) ADDRESS: Bik 55 Teluk Garden Road #16-457

* d) DATE OF BIRTH: (19 / 07 / 1986) (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: _____

B. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
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: _____

email =

VIDEO

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	SD20V06748 /VCH /R05
Form	MZ802
Date Of Issue:	25-JUN-2020
1.Index Mark and Registration No. of Vehicle:	XE1059P
2.Chassis number of Vehicle:	WMA06SZZ8FM669391
3.Name of Policyholder:	TIONG WOON CRANE & TRANSPORT (PTE) LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	01-JUL-2020 00:00 AM
5.Date of Expiry of Insurance:	30-JUN-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive: A) Whilst the vehicle is being used in connection with the Policyholder's business:- Any person provided he is in the Policyholder's employ and is driving on their order or with their permission. B) Whilst the vehicle is being used for social, domestic and pleasure purposes:- 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 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 racing, pace-making, reliability trials or speed-testing. B) Use for the carriage of passengers for hire or reward. C) Use whilst drawing a greater number of trailers in all than is permitted by law.	
*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  _____ Authorised Signature	
For Information only: COVERAGE : Comprehensive, Unlimited Windscreen SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Section I S\$2500, Section II S\$800, Additional Excess for Young, Elderly & Inexperienced Drivers, S\$3000, Windscreen Excess S\$100 FINANCE COMPANY: MAYBANK SINGAPORE LTD PRODUCER NAME: HOWDEN INSURANCE BROKERS (S) PTE LTD	

PLSL/25-JUN-20

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