

# NATIONAL Assessment Centre Services. (wef 1 Jan 05) **NA 2009872**

Date In: <b>9/11/12-12:28</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA 2009872</b>	SAS e-filing		
Veh No: <b>68F38Y</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>9/11/12-11:45</b>	i-Motor Claim Form		
OD: <b>TP</b> / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>52046816</b>	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 ( )			

**General Remarks:**

( ) 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 ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

<b>NA 200652</b>	<b>Invoice Preparation Checklist</b>		Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
<b>Auditors' Comments:</b>				
Sat. 1:				
Sat. 2 / 3:				



## 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	09/11/2020 12:28
Date Of Accident	08/11/2020 11:45
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF398Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAGO FURNITURE & TRADING
Co Reg No	4XXXX200X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	SD20V04810/VCV/R00
Cover Note Number	

### Driver

Name of Driver	ONG KWEE HONG
NRIC No	SXXXX637A
Date Of Birth	27/10/1956
Occupation	INDOOR
Date Of Driving Pass	21/12/1976
Driving Experience	43 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96660476
Fax Number	
Contact Number	OFFICE-96660476
Email Address	NOEMAIL

Address	BLK 766 BEDOK RESERVOIR VIEW #06-245
Postcode	470766
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	CHAIN 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	5
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)	3
Passenger 1	NAME: : ONG QING YONG GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### 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

REFER TO STATEMENT.

#### 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	SJJ4681L
Vehicle Make/Model/Colour	
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 SMJ2295A  
Vehicle Make/Model/Colour  
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 3

Vehicle Registration Number SHC5430Z  
Vehicle Make/Model/Colour  
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SHD2459G  
Vehicle Make/Model/Colour  
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 ONG KWEE HONG  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? GBF398Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name ONG QING YONG

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBF398Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

 **YAGO Furniture & Trading**  
雅格傢俱貿易

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.:



# SKETCH PLAN

DOA: 8/11/20

A: GBF 3984

B: SJS 4681 L

C: SMJ 2295A

D: SHC 5430Z

E: SHD 24596

~~F~~



CTE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car stopped so I followed suit but veh B failed to brake in time hit onto my veh rear portion. Later I realised there were total 5 cars involved.

## DECLARATION

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

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.:

### Personal Particulars

Date of Accident: 8/11/20

Time of Accident: 11.45am

Exact Location of Accident: C7E

Owner's Name: Yago Furniture & Trading NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Driver's Name: Ong Kwee Hong NRIC No: S1192637A HP No: 96660476

Date of Birth: 27/10/1956 Driving Licence Passing Date: \_\_\_\_\_ Occupation: Indoor / Outdoor

Address: 766 Bedok Reservoir View #06-247 (470766)

Relationship of Driver with Insured: Owner Email Address: \_\_\_\_\_

Vehicle No: GBF 3984 Make & Model: Nissan

Insurance Co: Liberty Coverage: \_\_\_\_\_ Policy No: SD20V04810/VCV/Rcu

\*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ Wet / ☒ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 2 B: 1 + 0 C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / No) If yes, girl & boy

Name / NRIC / In Vehicle: Ong Kwee Hong neck & back, Ong Qing Yong neck & back

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes / ☒ No)

### Third Party Driver's Particulars

Vehicle B No: SJJ 4681 L Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_


### Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_



## 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)

<b>Certificate No</b>	SD20V04810 /VCV /R00										
<b>Form</b>	MZ300A										
<b>Date Of Issue</b>	28-APR-2020										
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBF398Y										
<b>2.Chassis number of Vehicle:</b>	JN1SC2F24Z0858668										
<b>3.Name of Policyholder:</b>	YAGO FURNITURE & TRADING										
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	01-JUN-2020 00:00 AM										
<b>5.Date of Expiry of Insurance:</b>	31-MAY-2021 23:59 PM										
<b>6.Persons or Classes of Persons entitled to drive*:</b> 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.											
<b>7.Limitations as to use*:</b> 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.											
<b>8.The Policy does not cover:</b> 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 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 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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature											
<b>For Information only:</b> <table style="width: 100%;"> <tr> <td style="width: 30%;"><b>COVERAGE :</b></td> <td>Comprehensive, Unlimited Windscreen</td> </tr> <tr> <td><b>SUM INSURED:</b></td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td><b>EXCESS:</b></td> <td>Section I S\$600, Additional Excess - All Claims - Young, Elderly &amp; Inexperienced Drivers S\$3000, Windscreen Excess S\$100</td> </tr> <tr> <td><b>FINANCE COMPANY:</b></td> <td>ETHOZ CAPITAL LTD</td> </tr> <tr> <td><b>PRODUCER NAME:</b></td> <td>ONG HUI SENG LIFE &amp; GENERAL INSURANCE AGENCY</td> </tr> </table>		<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen	<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS	<b>EXCESS:</b>	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100	<b>FINANCE COMPANY:</b>	ETHOZ CAPITAL LTD	<b>PRODUCER NAME:</b>	ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY
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