

NATIONAL Assessment Centre Services. (wef 1 Jan 09) **NW 09 200 7000**

Date In: 7/12/2009: 41	Job description	Date & Time Completed	Done by
Ref No: 111 4120131 13/24	SAS e-filing		
Veh No: CAF46844	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 4/12/20-14:30	i-Motor Claim Form		
OD: TP 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: W1257E	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
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors Comments:

Cat. 1:

Cat. 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 Submission	07/12/2020 09:41 (SGT)
Date of Accident	04/12/2020 18:30 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TWDS BKE AFTER MANDAI RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4684U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THREE LEAVES (SINGAPORE) TRADING ENTERPRISE
Company Reg No	5XXXX969B
Email Address	tl.sg@hotmail.com
Mobile Phone No	(Phone) +65-97578869
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	SD20V13526/VCV/R00
Cover Note Number	-

DRIVER

Name of Driver	YE KANGWANG
NRIC No	SXXXX469B
Date Of Birth	02/09/1963
Occupation	Indoor

Date Of Driving Pass	08/03/2003
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97578869
Alt. Phone Number	-
Email Address	tl.sg@hotmail.com
Address	BLK 671B JURONG WEST STREET 65
Address complement	#08-106
Postcode	642671
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	GY1257E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YE KANGWANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBF4684U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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

(f) for complying with requirements under any regulations, laws or court orders.



THREE LEAVES (SINGAPORE) TRADING ENTERPRISE

三叶 (新加坡) 贸易公司

CO. REG. NO. S3033989B GST. REG. NO. M90355440L

280 Woodlands Industrial Park E5 #06-35/36

Harvest @ Singapore 757322

HP 97578869 TEL: 67942592 FAX: 67947884

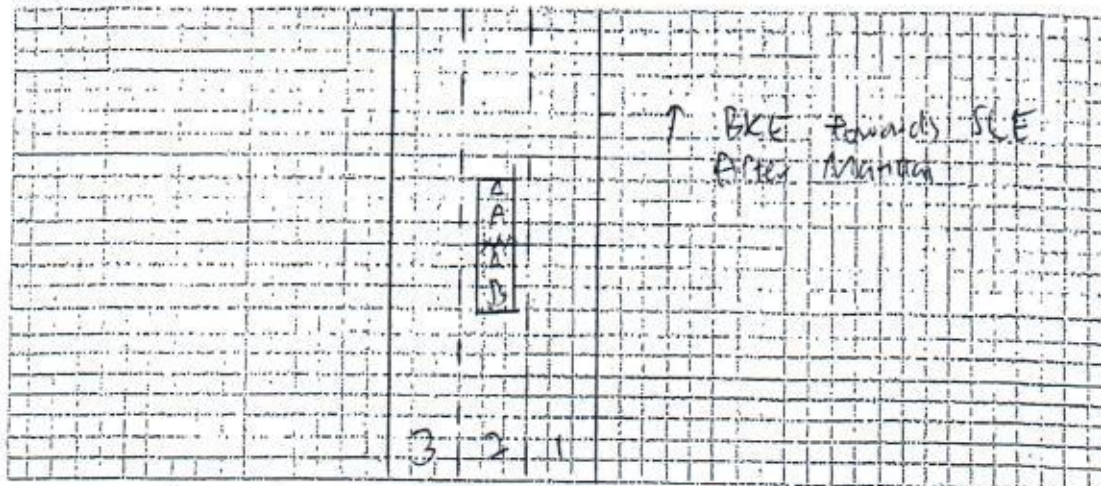
Email: info@threeleaves.com

Date & Time:

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

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

SKETCH PLAN



veh A:
GBF4654U
veh B:
GY1257E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,
I was driving my lorry (Veh A: GBF4654U) along SLE towards
BKE after Mandai Ave exit. A car in front of me ~~was~~ braked
thus I followed suit. Suddenly, I felt an impact on my rear
and realised a van (Veh B: GY1257E) had collided onto my rear,
causing my lorry to swerve towards the right

DECLARATION



THREE LEAVES SINGAPORE TRADING ENTERPRISE is true in every respect.

三叶 (新加坡) 贸易公司

CO. REG. NO. 530336603 GST. REG. NO. M90355440L

280 Woodlands Industrial Park E5 #06-35/36

Harvest @ Singapore 757322

HP 97578869 TEL: 67942592 FAX: 67947884

Email: tl.sg@hotmail.com

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

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

Date of Accident : 04/12/20 Accident Time: 1430 (24-HR-Format)
Accident Place : SLE Towards BKE After Mandai Rd Exit
Vehicle Reg. No. (Car Plate No.) : GBF 4684 U
Vehicle Make/Model : Toyota Dyna
Insurance Company : Liberty Insurance Policy No. SD20V13526/VCV/R00
Owner or Company Name / IC No. : THREE LEAVES (SINGAPORE) TRADING ENTERPRISE
Owner or Company Contact No. : 9757 8869 Owner's Hp Company Tel
DRIVER'S Name / IC No. : YE KANGWANG S2646469 B
DRIVER'S Date Of Birth : 02/09/1963 DRIVER'S License Pass Date 08/03/2003
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employed \ Others:
DRIVER'S Address : BLK 671 B Jang West Street 65 #08-166 (S642671)
DRIVER'S Contact No. / Alt No. : (1) " 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin @picar.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: G91257E
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: GZF 4684 U
Name (as shown in NRIC): YE KAN HUAN NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 671B Junc West St 65 # 08-106 Singapore (642671)
Contact (Tel) : 97578869 Mobile No.: _____
Email Address : +1.sg@hotmail.com
Date of Accident : 04/12/2020 Time of Accident : _____
Place of Accident : Towards BKE After Mandai Exit
Insurance Company: Liberty Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:


Kindly amend 1) accident time from 14:30 to 18:30
2) exact purpose from work use to private use
3) occupation: outdoor to indoor

THREE LEAVES (SINGAPORE) TRADING ENTERPRISE
三叶 (新加坡) 贸易公司
CO. REG. NO. 530319688 GST. REG. NO. N80335448L
280 Woodlands Industrial Park E5 #06-35/36
Harvest @ Singapore 757322
HOLDERS / DRIVER'S SIGNATURE
Date: _____
Email: tl.sg@hotmail.com

[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____

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	SD20V13526 /VCV /R00
Form	MZ300A
Date Of Issue	27-OCT-2020
1.Index Mark and Registration No. of Vehicle:	GBF4684U
2.Chassis number of Vehicle:	JTFAT35YX0K207065
3.Name of Policyholder:	THREE LEAVES (SINGAPORE) TRADING ENTERPRISE
4.Effective date of Commencement of Insurance for the purposes of the Act:	03-NOV-2020 00:00 AM
5.Date of Expiry of Insurance:	02-NOV-2021 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 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, 1967.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Third Party Only
SUM INSURED:	
EXCESS:	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000
FINANCE COMPANY:	
PRODUCER NAME:	GARNET ZONE

PLFM/PLFM/27-OCT-20

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27-OCT-20