

NATIONAL Assessment Centre Services.

1st Jan 2021

SYNOPSIS 10000

Date In: 18/01/2021 14:01	Job description	Date & Time Completed	Done by
Ref No: N/A 21000810/4	SAS e-illing		
Veh No: 96J 3971B	E-mail (5 mins, A/C 2 hrs)		
D.O.A: 15/01/2021 11:50	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YN 2328Y	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 raparor.

() 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 > \$9000] ()

Injury:

NA2100.635	
Driver/Owner:	1) All Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idea DA + SMRT Survey \$160
	8) NIUC Additional Services
	9) NIUC Additional Services
	10) NIUC Additional Services
	11) NIUC Additional Services
	12) NIUC Additional Services
	13) NIUC Additional Services
	14) NIUC Additional Services
	15) NIUC Additional Services
	16) NIUC Additional Services
	17) NIUC Additional Services
	18) NIUC Additional Services
	19) NIUC Additional Services
	20) NIUC Additional Services
	21) NIUC Additional Services
	22) NIUC Additional Services
	23) NIUC Additional Services
	24) NIUC Additional Services
	25) NIUC Additional Services
	26) NIUC Additional Services
	27) NIUC Additional Services
	28) NIUC Additional Services
	29) NIUC Additional Services
	30) NIUC Additional Services
	31) NIUC Additional Services
	32) NIUC Additional Services
	33) NIUC Additional Services
	34) NIUC Additional Services
	35) NIUC Additional Services
	36) NIUC Additional Services
	37) NIUC Additional Services
	38) NIUC Additional Services
	39) NIUC Additional Services
	40) NIUC Additional Services
	41) NIUC Additional Services
	42) NIUC Additional Services
	43) NIUC Additional Services
	44) NIUC Additional Services
	45) NIUC Additional Services
	46) NIUC Additional Services
	47) NIUC Additional Services
	48) NIUC Additional Services
	49) NIUC Additional Services
	50) NIUC Additional Services
	51) NIUC Additional Services
	52) NIUC Additional Services
	53) NIUC Additional Services
	54) NIUC Additional Services
	55) NIUC Additional Services
	56) NIUC Additional Services
	57) NIUC Additional Services
	58) NIUC Additional Services
	59) NIUC Additional Services
	60) NIUC Additional Services
	61) NIUC Additional Services
	62) NIUC Additional Services
	63) NIUC Additional Services
	64) NIUC Additional Services
	65) NIUC Additional Services
	66) NIUC Additional Services
	67) NIUC Additional Services
	68) NIUC Additional Services
	69) NIUC Additional Services
	70) NIUC Additional Services
	71) NIUC Additional Services
	72) NIUC Additional Services
	73) NIUC Additional Services
	74) NIUC Additional Services
	75) NIUC Additional Services
	76) NIUC Additional Services
	77) NIUC Additional Services
	78) NIUC Additional Services
	79) NIUC Additional Services
	80) NIUC Additional Services
	81) NIUC Additional Services
	82) NIUC Additional Services
	83) NIUC Additional Services
	84) NIUC Additional Services
	85) NIUC Additional Services
	86) NIUC Additional Services
	87) NIUC Additional Services
	88) NIUC Additional Services
	89) NIUC Additional Services
	90) NIUC Additional Services
	91) NIUC Additional Services
	92) NIUC Additional Services
	93) NIUC Additional Services
	94) NIUC Additional Services
	95) NIUC Additional Services
	96) NIUC Additional Services
	97) NIUC Additional Services
	98) NIUC Additional Services
	99) NIUC Additional Services
	100) NIUC Additional Services

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 Submission	18/01/2021 14:01 (SGT)
Date of Accident	15/01/2021 11:40 (SGT)
Exact Location of Accident	676 Woodlands Drive 71, Level 2, Singapore 730676
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3971B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SUN KEE (PTE) LTD
Company Reg No	1XXXXX749M
Email Address	enquiry@sunkee.com
Mobile Phone No	(Phone) +65-91215339
Alternative Phone No	+65-91215339

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	Comprehensive
Fleet Policy	No
Policy Number	SD20V10273/VCV/R03
Cover Note Number	-

DRIVER

Name of Driver	NG YEW POO
NRIC No	SXXXX401J

Date Of Driving Pass	08/01/1980
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-91215339
Alt. Phone Number	-
Email Address	enquiry@sunkee.com
Address	BLK 666 WOODLANDS RING ROAD #09-307
Address complement	-
Postcode	730666
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN2328Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SUN KEE (PTE) LTD

19 WOODLANDS SECTOR 1

SINGAPORE 738080

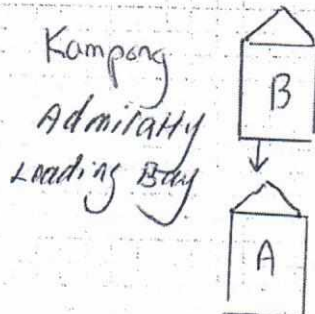
TEL: 6417 0891 FAX: 6417 0890

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



DOA: 15/1/21

A: GBJ 3971 B

B: YN 2328Y

Describe Circumstances of the Accident

I was stationary behind lorry B, suddenly he
get into his car & started reversed & hit
into my veh front portion.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

SUN KEE (PTE) LTD
✓ 19 WOODLANDS SECTOR 1
SINGAPORE 738080
TEL: 6417 0891 FAX: 6417 0890

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

18/01/2021

Personal Particulars

Date of Accident: 15/1/21 Time of Accident: 11:40am
Exact Location of Accident: Kampong Admiralty Loading Bay (outside)
Owner's Name: Sun Kee (Pte) Ltd NRIC No: 197901749MX HP No:
Driver's Name: Ng Yew Poo NRIC No: 513274012 HP No: 91215339
Date of Birth: 13/11/1958 Driving Licence Passing Date: 8/1/1986 Occupation: Indoor / Outdoor
Address: 666 Woodlands Ring Rd #09-307 (730666)
Relationship of Driver with Insured: Employee Email Address: X enquiry@sunkee.com
Vehicle No: GBO 39713 Make & Model: Toyota
Insurance Co: Liberty Coverage: Policy No:

*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ No 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+0 B: 1+0 C: D:

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle:

*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:

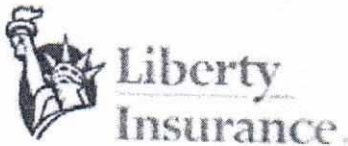
*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: YN 23284 Make & Model:
Driver's Name: NRIC No: HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:

Witness Particulars

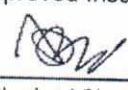
Name: NRIC No: HP No:



Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

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	SD20V10273 /VCV /R03
Form	MZ300A
Date Of Issue	03-SEP-2020
1.Index Mark and Registration No. of Vehicle:	GBJ3971B
2.Chassis number of Vehicle:	JTFAT35Y40K212486
3.Name of Policyholder:	SUN KEE (PTE) LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	12-SEP-2020 00:00 AM
5.Date of Expiry of Insurance:	11-SEP-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 of any one disabled mechanically propelled vehicle.	
*Limitations rendered inoperative by Section 3 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, Third Party Working Risk, Additional Accessories - Power Tailgate
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section - S\$500 Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$1000 Windscreen Excess S\$100
FINANCE COMPANY:	DAWLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
PRODUCER NAME:	ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY

PLVC/-16-SEP-20

S1_CL_T1_T3_OE_Template2-Ver1.

16-SEP-20