

NATIONAL Assessment Centre Services.

part 1 Jan 03

SN09211 K0008-01

Date In: 20/01/2021 14:44	Job description	Date & Time Completed	Done by
Ref No NA/LIP21000958/44	SAS e-filing		
Veh No SLG 5818X	E-mail (within 3hrs, AIC 2hrs)		
ICIA 19/01/2021 9:30	I-Motor Claim Form		
(1) (1P) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksn		

Professed Wksp / INC Assign Wksp / QW: (Tel: #	Fax: (
TP Particulars:	Veh No: SKL 1833K	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 rep/ler.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Non-INC 6700/6610)	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	Action

NA2101013	Invoice/Information Checklist	Amount (\$)	Added (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);		30
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)		
Ref. 1:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NT: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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 Submission	20/01/2021 14:44 (SGT)
Date of Accident	19/01/2021 09:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5818X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TS AMULET
Company Reg No	-
Email Address	ADMIN@MYCAR.SG
Mobile Phone No	(Phone) +65-81517888
Alternative Phone No	+65-81517888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Private hire

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V11209/VPL/R00
Cover Note Number	-

DRIVER

Name of Driver	KEE TIEN SENG
NRIC No	SXXXX042J
Date Of Birth	18/10/1985
Occupation	Outdoor

Date Of Driving Pass	07/03/2008
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81517888
Alt. Phone Number	-
Email Address	ADMIN@MYCAR.SG
Address	BLK 310C PUNGGOL WALK #16-598
Address complement	-
Postcode	823310
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KEE JUN KAI KALEB
Gender	Male

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC1833K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	KEE TIEN SENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLG5818X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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 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' 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.



[Handwritten Signature]

[Handwritten Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 100px;"> A A A B </div>	<div style="text-align: right; margin-top: 10px;"> A: SJH 5818X B: SEC1833K </div> <div style="text-align: right; margin-top: 50px;"> KPI TPE twice KPE before tunnel. </div>
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Describe Circumstances of the Accident

I was travelling along TPE twds KPE before tunnel. Front vehicle has stopped, I applied my vehicle brake to stopped. out of sudden, I felt an impact of my vehicle and realised that vehicle B (SKC/8331C) collided onto my vehicle rear portion.

Declaration

We declare the foregoing particulars are true in every respect.



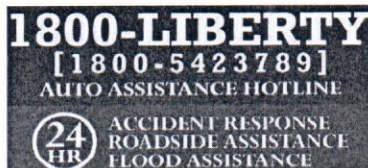
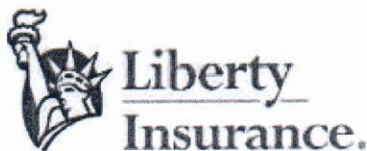
Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



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	SD20V11209 /VPL /R00
From	MZ400B
Date Of Issue	21-SEP-2020
1.Index Mark and Registration No. of Vehicle:	SLG5818X
2.Chassis number of Vehicle:	JTDKB3FU403535426
3.Name of Policyholder:	TS AMULET
4.Effective date of Commencement of Insurance for the purpose of the Act:	17-SEP-2020 00:00 AM
5.Date of Expiry of Insurance:	16-SEP-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
For Private Hire Vehicle (PHV) Usage :	KEE TIEN SENG
For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.	
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 for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes.	
8.Policy does not cover: A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of 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 LIBERTY INSURANCE PTE LTD Approved Insurers 	
Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	MOTOR-WAY CREDIT PTE LTD
PRODUCER NAME:	MOTOR-WAY CREDIT PTE LTD

Date of Accident : 19 Jan 2021 Accident Time: 09:30 (24-HR-Format)
Accident Place : TPE twds KPE & before tunnel.
Vehicle Reg. No. (Car Plate No.) : SLH 5818X
Vehicle Make/Model : Toyota Prius
Insurance Company : Wahaty Policy No. SD20V11209/VPL/RW
Owner or Company Name / IC No. : TS Amulet.
Owner or Company Contact No. : 81517888 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Kee Tren Seng 585350427
DRIVER'S Date Of Birth : 18/10/1985 DRIVER'S License Pass Date 7/3/2008
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: company owner
DRIVER'S Address : BK 310C Ponggol walk 216-598 (823310)
DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : admin@mycar.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): 2 1 male passenger. 1 injury
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: SKC1833K
Vehicle Make/Model: mercedes
Name Driver: -
IC No. Driver: -
Driver's Contact & Add: -

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

Kee Jun Kai Kaleb / (male)

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 : SN 09211 K0008 Vehicle Registration No: SLG 5818 X

Name (as shown in NRIC) : KEE TIEN SENG NRIC/FIN/Passport No : S8535042J

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 8151 7888

Email Address : _____

Date of Accident : 19/01/2021 Time of Accident : 9:30

Place of Accident : TPE

Insurance Company: LIBERTY

(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:

- AMEND DRIVER'S PARTICULAR

- AMEND INJURY PARTICULAR

Policyholder / Driver's Signature
Date:

AK7
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: