

# NATIONAL Assessment Centre Services.

[Part 1 Jan'03]

Date In: <b>08/02/21</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/LIP21001829/13</b>	SAS e-filing		
Veh No: <b>SLW4527H</b>	E-mail (within 3hrs, AIG 2hrs)		
DDA: <b>06/02/21 1010</b>	I-Motor Claim Form		
OT: <b>TP</b> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Profitted Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: <b>GBK2731D</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 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolter.

( ) 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 > \$3000] ( )		

Injury: ( )

Date/Time	Action	Done by

NA2101815	Invoice Particulars	Amount	Added Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	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		
	*NI: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	*NI: DV / Collect Excess Coordination \$20		
	TP (NI1): TP (Non INC) against INC \$0		
	9) NI2: Idao Mobile		
	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 Submission	08/02/2021 15:03 (SGT)
Date of Accident	06/02/2021 10:10 (SGT)
Exact Location of Accident	Simei Street 1, Singapore
Additional Location Information	SERVICE RD TWDS THE EXIT BARRIER NEXT TO THE GUARDHOUSE OF MELVILLE PARK CONDOMINIUM
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4527H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YOE HON
NRIC No	SXXXX303H
Email Address	jywongcm@gmail.com
Mobile Phone No	(Phone) +65-94304248
Alternative Phone No	+65-97485221

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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 car

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V01580/VPC2/R01
Cover Note Number	-

#### DRIVER

Name of Driver	WONG CHI MENG
NRIC No	SXXXX208C
Date Of Birth	01/11/1948

Occupation .....	Indoor
Date Of Driving Pass .....	27/02/1971
Driving experience .....	50 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97485221
Alt. Phone Number .....	-
Email Address .....	jywongcm@gmail.com
Address .....	203 TANAH MERAH KECHIL AVE
Address complement .....	-
Postcode .....	465729
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Side Swipe
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

PLS REFER TO THE ATTACHED 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 .....	GBK2731D
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) ..... -



## SKETCH PLAN

### IMPORTANT NOTICE

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

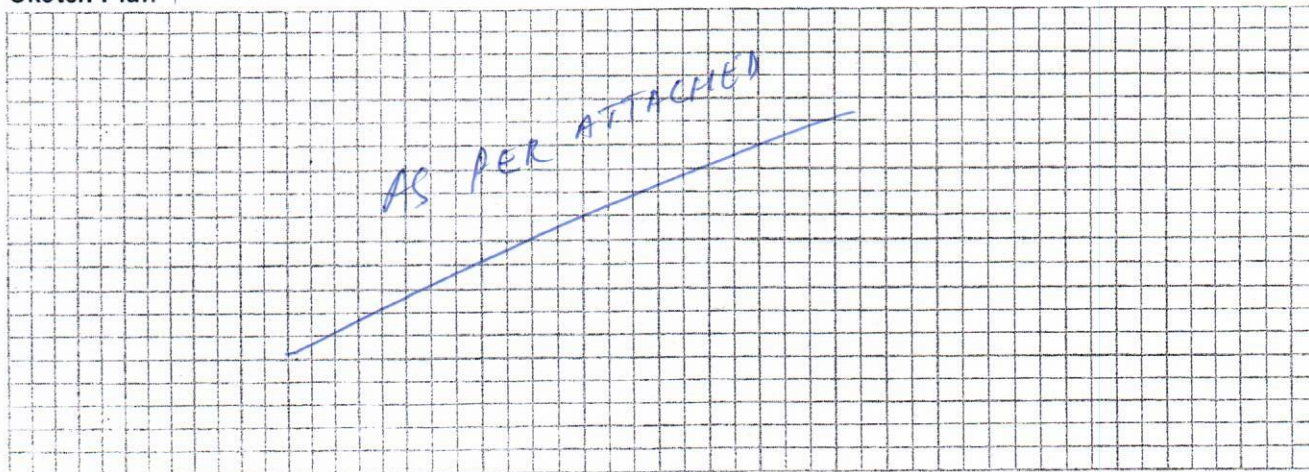
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

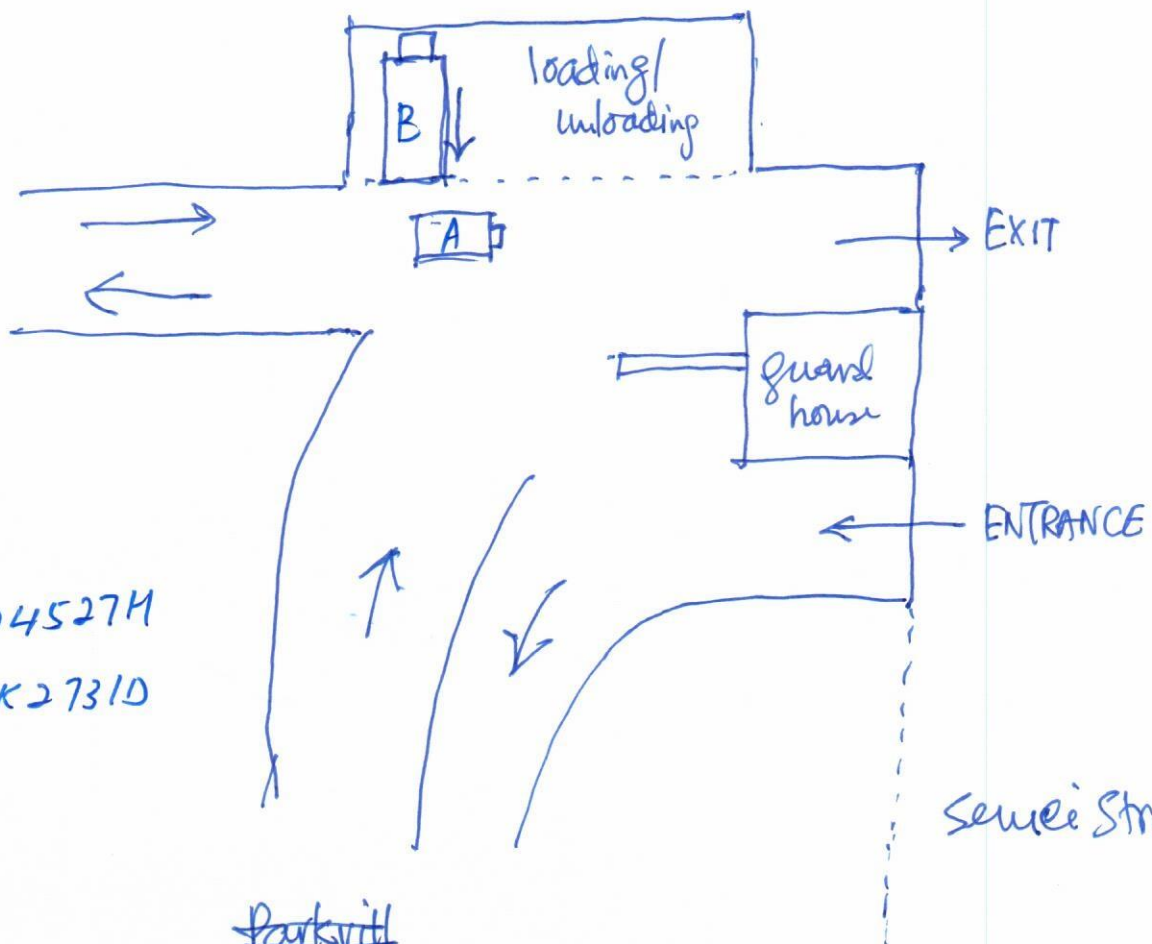
Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan





A - SLW4527M  
B - GBK2731D

~~Parkville~~  
Melville Park Condominium




**Describe Circumstances of the Accident**


P/s refer to the attached statement.

**Declaration**

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

 8/2/2021  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

 08/02/21  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

## **Report on Accident happened on Saturday 6 February 2021**

A Sunny morning on Saturday 6 February 2021, about 10.10 am, I was driving along the internal service road towards the exit barrier, next to the guardhouse of Melville Park Condominium at Semei Street 1.

When I reached the guardhouse, a Toyota lorry GBK 2731D which belongs to KSB Integrated Services Pte Ltd, parked at the Loading & Unloading Bay, reversed at a fast speed and hit the left rear door of my Honda Jazz car SLW4527H and damaged it badly.

There was no visible damage at the back of the lorry.

The driver together with 2 workers were in the lorry and none of the workers was at the rear directing the reverse of the lorry. This is a common practice when a parked lorry reverses it onto the driveway.

The condominium Security Manager of Interlock Security and Investigation Services Pte Ltd, Mr. De Krester Lesir told them that the driver could have a clear view and avoided the accident if they had reverse-parked their lorry like the other parked lorries & vans, and not drove & parked their lorry head-in.



# ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 02 / 21) (DD/MM/YYYY), TIME: (10 : 10) (HH:MM)

LOCATION: MELVILLE PARK CONDOMINIUM

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW 4527H  
b) INSURANCE COMPANY: CIB  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: HONDA JAZZ (A) 1.3  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: TAN YUKE HION (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S2531303H CONTACT: 9430 4248  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: WONG CHI MENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S010220RC CONTACT: 97485221  
c) ADDRESS: 263 TANAH MERAH RECHIL AVE  
465729

\*d) DATE OF BIRTH: (01 / 11 / 1948) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 27/02/1971

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBK2731D 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 = sywongcm@gmail.com

fax = \_\_\_\_\_

VIDEO = yes, with workshop

08/02/21

waiting for  
certificate  
of  
insurance ✓



## Certificate of Insurance

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987  
ROAD TRANSPORT (AMENDMENT) ACT 2019  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No SD20V01580 /NPC2 /R01  
Form MX1

Date of Issue 05-FEB-2020  
1.Index Mark and Registration No. of Vehicle: SLW4527H  
2.Chassis number of Vehicle: JHMGK3850JX210163  
3.Name of Policyholder: TAN YOKE HON  
4.Effective date of Commencement of Insurance  
for the purposes of the Act: 12-FEB-2020 00:00 AM  
5.Date of Expiry of Insurance: 11-FEB-2021 23:59 PM  
6.Persons or Classes of Persons entitled to  
drive\*:

A) The Policyholder.

B) Any other person who is driving on the Policyholder's order or with his 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\*:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.


8.The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

\*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.

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:

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen, NCD Protection

MARKET VALUE AT THE TIME OF LOSS

Section I S\$1100, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

KAH MOTOR COMPANY SDN BERHAD

20210208

Ver.1.260705