

NATIONAL Assessment Centre Services.

part 1 Jan 2003

Date In: 15/02/21	Job description	Date & Time Completed	Done by
Ref No NA/LIP21002083/13	SAS e-filing		
Veh No SMV4878M	E-mail (within 3hrs, AIC 2hrs)		
ICCA 09/02/21 2000	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: *	Fax: *
TP Particulars:	Veh No: SLZ6624G	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 of Injury:	Location:

Na2101663	Mobile Phone Information (if applicable)	Am (3)	Adm (3)
Customer's Particulars:	1) AL: Accident Reporting (\$30)	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
For claim against INC Only (w/c 10 Jan 2003)	6) TR: Re-inspection \$75		
7) NI: Idao DA + EMRT Survey \$160	8) NTUC Additional Services:-		
8) NTUC Additional Services:-	OD:		
9) NI2: Idao Mobile	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Co-ordination \$10		
	*NF: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$3		
	TP (Nil): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	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	15/02/2021 11:21 (SGT)
Date of Accident	09/02/2021 20:00 (SGT)
Exact Location of Accident	Sengkang W Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV4878M
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PATWANT SINGH S/O GURBACHAN SINGH
NRIC No	SXXXX894E
Email Address	patwant@singnet.com.sg
Mobile Phone No	(Phone) +65-90013380
Alternative Phone No	+65-90013380

VEHICLE PARTICULARS

Manufacturer	MG
Model	HS 1.5T AT
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	SD20V12898/VPC/R00
Cover Note Number	-

DRIVER

Name of Driver	PATWANT SINGH S/O GURBACHAN SINGH
NRIC No	SXXXX894E
Date Of Birth	11/04/1966
Occupation	Indoor

Date Of Driving Pass	17/08/1985
Driving experience	35 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90013380
Alt. Phone Number	+65-90013380
Email Address	patwant@singnet.com.sg
Address	29 ANCHORVALE CRESCENT
Address complement	#17-40
Postcode	544658
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ANIKA KAUR
Gender	Female

PASSENGER 2

Name	ARON DAVE SINGH
Gender	Male

PASSENGER 3

Name	NISHA BINTE OMAR KHAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POKICE REPORT:T/20210210/2016

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	SLZ6624G
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJN1239E
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	PATWANT SINGH S/O GURBACHAN SINGH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Upper shoulder & neck
Injured person in which vehicle?	SMV4878M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ANIKA KAUR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	TEETH & HEAD
Injured person in which vehicle?	SMV4878M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ARON DAVE SINGH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SMV4878M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	NISHA BINTE OMAR KHAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT EYE & RIGHT CHEEK
Injured person in which vehicle?	SMV4878M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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

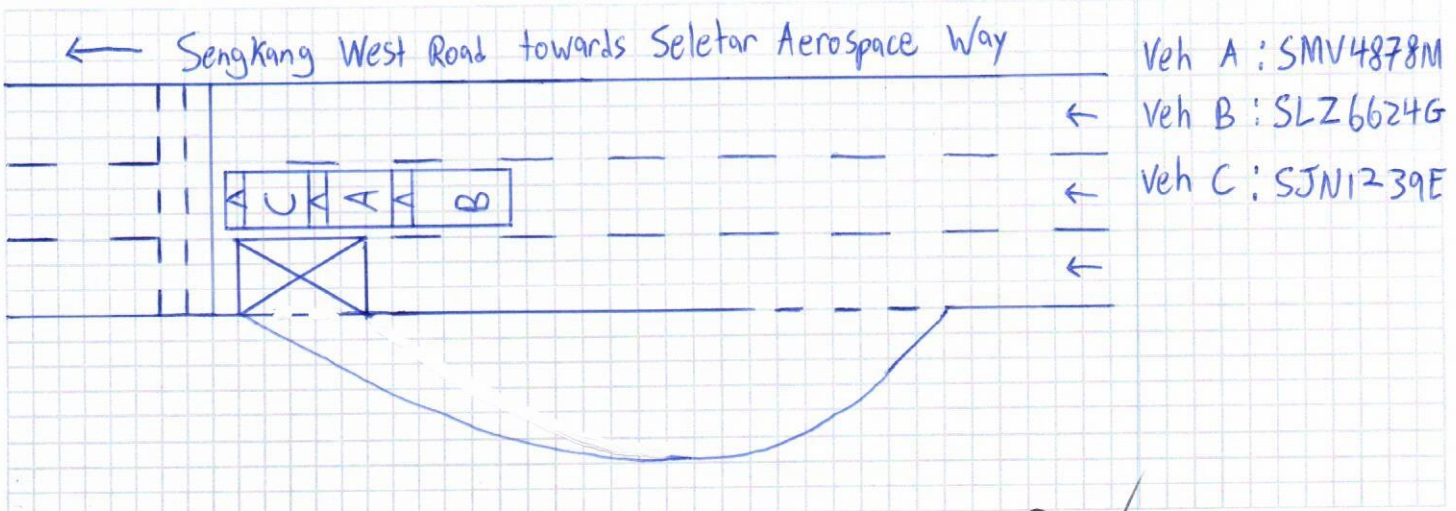
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Please Send GIA report to Jordan.kanJH@gmail.com

Describe Circumstances of the Accident

Refer to police report T/20210210/2016.

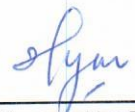
Declaration

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



15/02/21

Witnessed by Reporting Centre Personnel

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 : SN09212F0001 Vehicle Registration No: SMV4878M
Name(as shown in NRIC) : DATWANT SINGH S/O GURBACHAN SINGH NRIC/FIN/Passport No : SXXXXX894E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 29 ANCHORAGE CRESCENT #17-40 Singapore(544658)
Contact (Tel) : _____ Mobile No. : 90013350
Email Address : _____
Date of Accident : 09/02/21 Time of Accident : 20:00
Place of Accident : SENGKANG WEST RD
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 INJURY

Policyholder / Driver's Signature
Date:

shym 15/02/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



SINGAPORE POLICE FORCE



T/20210210/2016

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20210210/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2021 09:11		Vide Report No.: F/20210209/0157		Station Diary No.: 45	
Informant's Particulars					
Name of Informant: PATWANT SINGH S/O GURBACHAN SINGH			Address: 29 ANCHORVALE CRESCENT #17-40 SINGAPORE 544658		
ID Type / ID No.: NRIC NO / S1737894E			Contact No.: Home/Office: Mobile: 90018830		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 11/04/1966	Type of Informant: Driver		
Race: Sikh			Language:		Institution / School Name:
Occupation: ADJUNCT LECTURER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 09/02/2021 20:00	Type of Location: Straight Road
Location: SENGKANG WEST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN1239E	Car					1
SLZ6624G	Car					0
SMV4878M	Car				Slightly Damaged	3



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20210210/2016

2 of 3

Report No. T/20210210/2016

CONTINUATION OF REPORT

Brief Details.

On 09/02/2021 at about 2000hrs, I had just finished dinner with my family at Serangoon and headed back to my home at Anchorvale Crescent. My vehicle was along Sengkang West road in the direction of Fernvale, just outside bus stop 67081 B01 Sengkang West Road, at the pedestrian traffic light. My vehicle was stationary in the middle lane of the 3 lane road. Traffic light just next to the bus stop was red and I had another vehicle in-front of me (SJN1239E). Before I know it, I heard a loud thud and my car was hit from the back and jerked forwards hitting the car in-front.

The passengers in my car, especially my wife and daughter were badly shaken. The impact had caused my wife's right side of her face to hit the dashboard as she was flung forward despite being buckled up with her seat belt. This caused bruising around her right eye. The impact had also caused my daughter's handphone to flung out of her hand which in turn hit her on her lips causing her upper gums to bleed. I then got out of the vehicle and saw that a white Honda Civic (SLZ6624G) had hit me from the rear causing my vehicle to jerk forward. My vehicle sustained damage to the rear bumper which was badly dented in, and the diffuser was almost ripped off the bumper, the tail gate was also damaged. The Honda's front end had been buckled in quite badly and his 2 airbags were deployed. When I checked on the front of my vehicle, I did not see any damage to my vehicle, the front vehicle sent me a photo showing the rear of his vehicle had dented in.

When I spoke to the Honda driver, he admitted that he was not looking ahead but rather at his phone as he is a trader and was looking at stocks, he was not paying attention accelerated, thus hitting my car with great force from close distance. He even informed the driver of the other vehicle, Mr Seah Kok Ann, NRIC: S7337427H, who spoke in mandarin, to leave the scene which I felt was not quite right, the driver then heeded his advise and left the scene. We then called for the police as my wife was injured. Upon hearing the police being called, the other driver Mr Chew Bing Jie, NRIC: S8427298A, then left the scene. The ambulance arrived at scene and advised that they should go to the nearest A&E if they were still concerned about their injuries. Traffic police came later and I then informed them of what had happened. The then asked for my in-car camera's SD Card which I then handed over to them and informed me that report was F/20210209/0157 under TP IO Yus Mastari.

**SINGAPORE
POLICE FORCE**



T/20210210/2016

3 of 3

Report No. T/20210210/2016

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Staff Sgt WEE JUN WEI, MOSES

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/02/2021 09:11

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt CHONG GUAN FATT
Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP168

SN 159

SIGNATURE

Date of Accident : 9/2/2021 Accident Time: 2000 (24-HR-Format)
 Accident Place : Sengkang West Road
 Vehicle No. (Car Plate No.) : SMV 4818m Make/Model: M.G./HS 15T AT
 Insurance Company : Liberty Policy No: SD20V12898/VPC/R00
 Owner or Company Name /IC No. : Patwant Singh S/O Garbachan Singh /S1737894E
 Owner or Company Contact No. : 9001 3380 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : _____
 DRIVER'S Date Of Birth : 11/04/1966 DRIVER'S License Pass Date 17/08/1985
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 29 Anchorvale crescent #17-H0 S(544658)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : Patwant@Singnet.com.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): 04

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): wife suffered injuries on right eye and right cheek, Daughter suffered injuries to the teeth and head, Son suffered injuries to the neck, Driver suffered injuries to the upper shoulder and neck.

Other Party Driver's Particular (if any)

Vehicle. No: SLZ 6624 G

Vehicle Make \ Model: Honda Civic 1.6 L 5AT

Name Driver: _____

IC No. Driver/Contact: _____

Vehicle. No: SJN1239E

Vehicle Make \ Model: Toyota Sienta

Name Driver: _____

IC No. Driver/Contact: _____

11/02/21

12/12

12:12pm

* NEW - Passenger's name & gender:

Anika kaur (Female) daughter

Aron Dave Singh (Male)

Nisha binte Omar Khan (Female) wife

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; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder:

PATWANT SINGH S/O GURBACHAN SINGH

Date of Issue:

15 Oct 2020

Registration No.:

SMV4878M

Effective Date of Commencement:

30 Sep 2020 00:00

Chassis No.:

LSJA24U98LN029153

Certificate No.:

SD20V12898/ VPC / R00

Date of Expiry:

29 Sep 2021 23:59

Type of Certificate:

MX1

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.

Limitations as to use:

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

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.

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

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

HONG LEONG FINANCE LTD

Name of Producer:

EUROKARS SERVICES PTE LTD (A1898-3)