

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

SM 09213C0005

Date In: 12/13/21 17:49	Job description	Date & Time Completed	Done by
Ref No: MA/ LIP21003265/44	SAS e-filing		
Veh No: SLZ 34266	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/3/21 18:50	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: XE 1482A

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:

(INC hotline: 6788 6616)

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/Time

Actions

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

- | | Amt (\$) | Amt (\$) |
|---|----------|----------|
| | fr Bill | Add Bill |
| 1) AR: Accident Reporting (\$30); | 30 | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 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 2005) | | |
| 6) TR: Re-inspection \$75 | | |
| 7) N1: Idao 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 (N11 INC) against INC \$20 | | |
| 9) N12: Idao Mobile 30 | | |

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	12/03/2021 13:49 (SGT)
Date of Accident	11/03/2021 18:50 (SGT)
Exact Location of Accident	Simei Street 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3426G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG TSU WEI ALARIC (HUANG ZHIWEI)
NRIC No	SXXXX498H
Email Address	JASONKCAPL@GMAIL.COM
Mobile Phone No	(Phone) +65-91828312
Alternative Phone No	+65-91828312

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	SD20V04540/VPC2/R01
Cover Note Number	-

DRIVER

Name of Driver	NG TSU WEI ALARIC (HUANG ZHIWEI)
NRIC No	SXXXX498H
Date Of Birth	20/10/1987
Occupation	Indoor

Date Of Driving Pass	25/10/2010
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91828312
Alt. Phone Number	+65-91828312
Email Address	JASONKCAPL@GMAIL.COM
Address	61 SIMEI RISE #01-61
Address complement	-
Postcode	528794
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	Collision - Change/cross lane
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	KHOR CAI YUN REGINA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210312/7000

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	XE1482A
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	NG TSU WEI ALARIC (HUANG ZHIWEI)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLZ3426G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KHOR CAI YUN REGINA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLZ3426G
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.

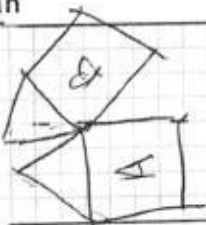
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Scale



A - SLZ 3426 G

B - XE 1482 A

Simei St 1

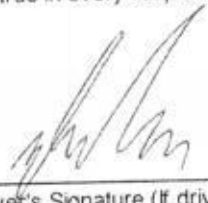
Describe Circumstances of the Accident


As police Report (T/20210312/7000)

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


Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210312/7000

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210312/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2021 01:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG TSU WEI, ALARIC			Address: 61 SIMEI RISE #01-61 SINGAPORE 528794		
ID Type / ID No.: NRIC NO / S8733498H			Contact No.: Home/Office: Mobile: 91828312		
Nationality: SINGAPORE CITIZEN			Email: ALARIC1987@HOTMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 20/10/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2021 18:50	Type of Location: X-Junction
Location: SIMEI STREET 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: hit while stationary				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLZ3426G	Car					0
XE1482A	Trailer	IVECO	TRAKKER 410E5	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210312/7000

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210312/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	REGINA KHOR CAI YUN	ID No.	S8803322A
Related Vehicle	SLZ3426G (Car)	Contact No.	96687890
Hospital/Clinic	ONEHEALTH MEDICAL GROUP	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/03/2021	Date	11/03/2021
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	NG TSU WEI, ALARIC	ID No.	S8733498H
Related Vehicle	SLZ3426G (Car)	Contact No.	91828312
Hospital/Clinic	ONEHEALTH MEDICAL GROUP	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/03/2021	Date	11/03/2021
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

I, Alaric Ng Tsu Wei, S8733498H, driver of my vehicle SLZ3426G, Honda Civic FK4, was driving out from Simei Rise Road (infront of Melville Park Condo) and stopped at the traffic light (left lane, left turn only). I was the first vehicle at the left lane.

During the incident, my wife, Regina Khor Cai Yun, S8803322A, was seated at the front passenger.

After stopping for a few seconds (5 to 7secs), a trailer XE1482A, ramped onto the right side of my car (damaging my door, fender, side skirt, mirror, probably front wheels)

Trailer was the first vehicle at the right lane (straight and right turn only)

Driver of said trailer XE1482A is Ramasamy Ramasamy, FIN: G5226312W, S Pass No. 03549197, hired by Employer: CHYE JOO CONSTRUCTION PTE LTD.

I do have a video and pictures taken.



**SINGAPORE
POLICE FORCE**



T/20210312/7000

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210312/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
12/03/2021 01:26

Classification Of Case:

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	SD20V04540 /VPC2 /R01
Form	MX1
Date of Issue	21-APR-2020
1.Index Mark and Registration No. of Vehicle:	SLZ3426G
2.Chassis number of Vehicle:	MRHFK4840HT000007
3.Name of Policyholder:	NG TSU WEI,ALARIC (HUANG ZHIWEI)
4.Effective date of Commencement of Insurance for the purposes of the Act:	27-APR-2020 00:00 AM
5.Date of Expiry of Insurance:	26-APR-2022 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.	
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,NCD Protection
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$800,Additional Excess For Young & Inexperienced Drivers S\$3000,Windscreen Excess S\$100
FINANCE COMPANY:	OVERSEA-CHINESE BANKING CORPORATION LTD
PRODUCER NAME:	KAH MOTOR COMPANY SDN BERHAD

CSMT/CSMT/21-APR-20

S1_CI_T1_T3_OE_Template2-Ver1.

21-APR-20

Date of Accident : 11.03.2021 Accident Time: 18:50pm (24-HR-Format)
Accident Place : Simei Street 1
Vehicle No. (Car Plate No.) : SLZ 3426G Make/Model: Honda Civic 1.5 Turbo
Insurance Company : liberty Policy No: SD20V04540 / YPC2 / RO1
Owner or Company Name / IC No. : Ng Tsu Wei, Alaric (S8733498H)
Owner or Company Contact No. : 9182 8312 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : As above
DRIVER'S Date Of Birth : 20 Oct 1987 DRIVER'S License Pass Date 25 Oct 2010
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : 61 Simei Rise #01-61 Singapore 528794
DRIVER'S Contact No./ Alt No. : 1) 9182 8312 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Jasonkcapl@gmail.com
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): 1 Driver, 1 Passenger.
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
Any Injury (If YES, Pls state): Yes.

Other Party Driver's Particular (if any)

Vehicle No: <u>XE 1482A (vehicle B)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Female : Khor Cai Yun, Regina.