

# NATIONAL Assessment Centre Services. [wef 1 Jan'09] SM 0921490004

Date In: 9/14/21 12:09	Job description	Date & Time Completed	Done by:
Ref No: NA1 LIP 21004528/64	SAS e-filing		
Veh No: SMX 7994E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/14/21 19:46	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKP 2729D	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%; IP: 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: 67886616)	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

NA2102568	Invoice Preparation Checklist:	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Pat. 1:			
Pat. 2 / 3:			



## 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	09/04/2021 12:09 (SGT)
Date of Accident	07/04/2021 19:46 (SGT)
Exact Location of Accident	Duxton Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX7994E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WONDERFUL KITCHEN PTE LTD
Company Reg No	2XXXXX957E
Email Address	ANGGORDON.X@GMAIL.COM
Mobile Phone No	(Phone) +65-87828998
Alternative Phone No	+65-87828998

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S320l
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
Transmission	Auto
CC	2996

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	C0116660

#### DRIVER

Name of Driver	VON NG EONG CHIEN
NRIC No	SXXXX338E

Date Of Birth	29/03/1990
Occupation	Indoor
Date Of Driving Pass	23/06/2010
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96469804
Alt. Phone Number	-
Email Address	ANGGORDON.X@GMAIL.COM
Address	BLK 171 ANG MO KIO AVE 4 #05-501
Address complement	-
Postcode	560171
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)	0
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

REFER TO STATEMENT.

#### 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	SKP2729D
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)	-

## SKETCH PLAN

veh A - SMX 7994E

veh B - SKP 2729D

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### 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.



*kr*

*[Signature]*

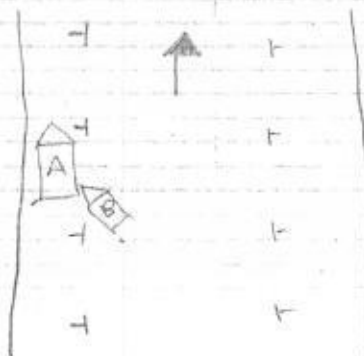
*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Daxton Road (Parking)

A = SMX 7994E

B = SKP 2729D

**Describe Circumstances of the Accident**

On the stated date and time.

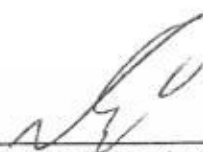
I park my veh at the parking lot for around 10 min, suddenly, veh B collided on to my veh.

**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





**Liberty  
Insurance.**

www.libertyinsurance.com.sg

# Motor Cover Note

**Name of Producer:**

MOTOR-WAY CREDIT PTE LTD (A1179)

**Date of Issue:**

26 Mar 2021

**Cover Note No.:**

C0116660

**Quotation/ Proposal/ Policy No.:**

AS QUOTED

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

**Details of Schedule**

<b>Name of Insured:</b>	WONDERFUL KITCHEN PTE LTD	
<b>Period of Insurance:</b>	From: 26 Mar 2021 12:46	To: 25 Mar 2022 23:59
<b>Registration No.:</b>	SMX7994E	
<b>Make and Model:</b>	MERCEDES BENZ S320L (R19 LED)	
<b>Type of Body:</b>	MOTORCAR	
<b>Capacity/Tonnage:</b>	2996	
<b>Year of Manufacture/Registration:</b>	2018/2019	
<b>Chassis No.:</b>	WDD2221622A464619	
<b>Engine No.:</b>	27682431002912	
<b>Sum Insured:</b>	MARKET VALUE AT TIME OF LOSS	
<b>Name of Finance Company:</b>	MOTOR-WAY CREDIT PTE LTD	
<b>Type of Plan:</b>	Comprehensive	
<b>Excess:</b>	AS AGREED	

The Motor Vehicle (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 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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.

Not valid unless counter-signed by authorized person.



Date: 26 Mar 2021 12:46

For and on behalf of  
**LIBERTY INSURANCE PTE LTD**

**IMPORTANT NOTICE**

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

Liberty Insurance Pte Ltd (Registration No. 195002791D) | GST Registration No. M2-0093571-3  
Club Street #03-00 Liberty House Singapore 069426 | Tel. 1800-LIBERTY (542 3789)

Date of Accident: 7/4/21 Accident Time: 1946 (24-HR-FORMAT)  
 Accident Place: Duxton Road (Parking)  
 Vehicle Reg. No (Car plate No.): SMX7994E Vehicle Make/Model: Mercedes S320L  
 Insurance Company: Liberty Insurance Policy No. C0116660  
 Name of Registered Owner: Company / Individual Wonderful Kitchen Pte Ltd  
 ID of Registered Owner: Co Reg No: 201618957E Owner's NRIC No: -  
Co Contact No: - Owner's Contact No: 8782 8998  
 DRIVER'S Name: Von ng Cong Chien DRIVER'S NRIC No: S9010338E  
 DRIVER'S Date of Birth: 29/03/1990 DRIVER'S License Pass Date: 23 Jun 2010  
 Relationship bet. Owner & Driver: Spouse / Parents / Children / Sibling / Employee / Others:  
 DRIVER'S Address: 171 Ang Mo Kio Ave 4 #5-501 56071  
 DRIVER'S Contact No / Alt No: 1) 9646 9804 2) \_\_\_\_\_  
 DRIVER'S Occupation: INDOOR / OUTDOOR (eg. working inside or outside of an etc)  
 Email Address: anggordon.x@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): 0 Passenger Name: \_\_\_\_\_ Gender: M/F  
 Was the accident reported to the police? YES / NO Passenger Name: \_\_\_\_\_ Gender: M/F  
 Was there any video Captured by car camera? YES / NO Any Injuries: YES / NO Injured Name: \_\_\_\_\_  
 Injured Name: \_\_\_\_\_  
 Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SKP 27290</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Bmw</u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: <u>9692 9435</u>	DRIVER'S Contact & add: _____

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____