

# NATIONAL Assessment Centre Services

Date In: 24/06/21	Job description	Date & Time Completed	Done by
Ref No NA/LIP21006993/13	SAS e-filing		
Veh No GBA4430R	E-mail (w/Plat, Shas, Ad, 2hrs)		
D.O.A 23/06/21 1743	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: 4N1487C	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%; F: 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

NA2103302	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) rT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2 / 3:</b>	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac 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	24/06/2021 12:42 (SGT)
Date of Accident	23/06/2021 17:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4420R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LONG CHYE ENGINEERING PTE LTD
Company Reg No	2XXXXX307N
Email Address	JMARTAUTO@GMAIL.COM
Mobile Phone No	(Phone) +65-84995051
Alternative Phone No	+65-84995051

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	SD20V06805/VCV/R00
Cover Note Number	-

### DRIVER

Name of Driver	CHENG SHEN FU
Passport No/FIN	GXXXX656X

Date Of Birth	11/04/1984
Occupation	Outdoor
Date Of Driving Pass	10/11/2020
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84995051
Alt. Phone Number	-
Email Address	JMARTAUTO@GMAIL.COM
Address	BLK 109 ALJUNIED CRESCENT
Address complement	#02-48
Postcode	380109
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	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?	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

FRONT CAR BRAKE SO I FOLLOWED SUIT BUT VEH B FAILED TO BRAKE IN TIME AND HIT ONTO MY TAILGATE & REAR WINDSCREEN.

#### 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	YN1487C
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.

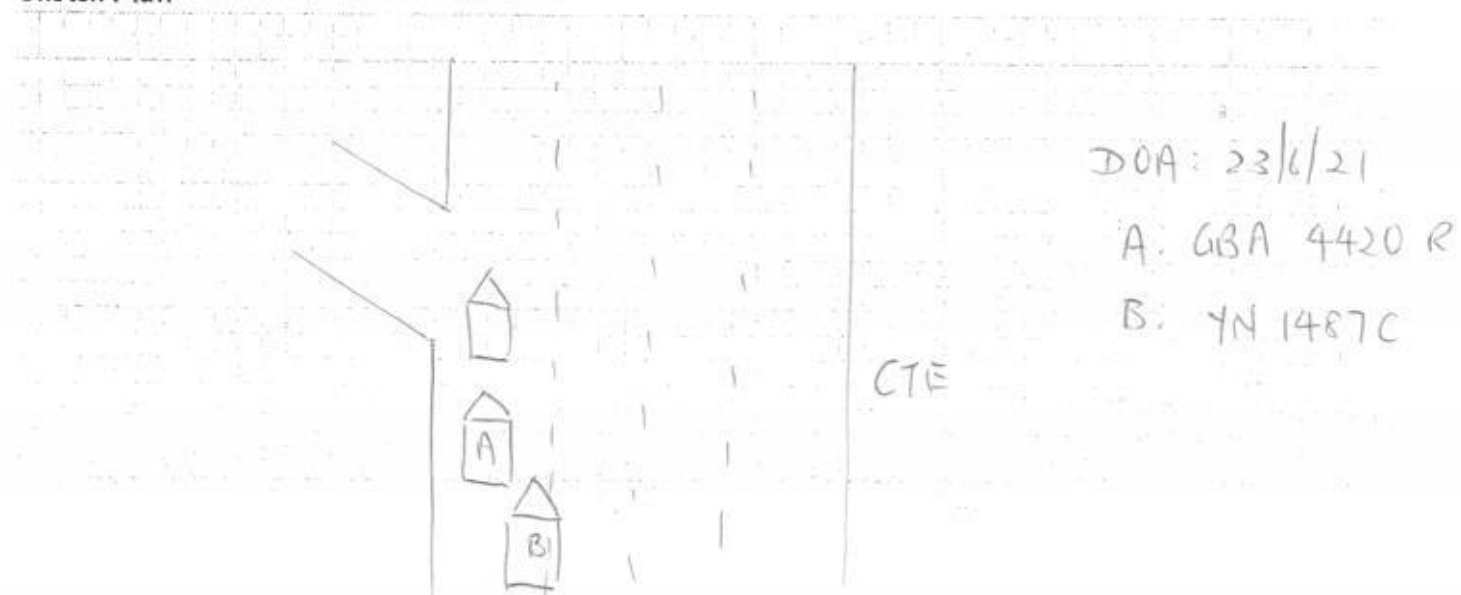
Long Chee Engineering Pte Ltd  
UEN2018243074

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Front car brake so I followed suit but veh is  
failed to brake in time hit onto my tailgate &  
rear wheel.

Witnessed by Reporting Centre  
Personnel

Date of Accident : 23/6/21	Time of Accident : 5.40 PM	
Exact Location of Accident : CTE		
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY		
Weather Condition : Clear / Raining	Wet / Dry	Private Use / Work
Owner's Name : Long Chye Engineering PL	NRIC :	HP :
Driver's Name : Cheng Shen Fu	NRIC : G8010656X	HP : 84995051
DOB : 11/4/1984	Driving Licence Passing Date : 10/11/2020	Occupation : Indoor / Outdoor
Address : 109 Aljunied Crescent #02-48 (380 109)		
Relationship Of Driver with Insured : Employee	Email : jmartauto@gmail.com	
Vehicle Number : GBA 4420R	Make & Model : Toyota Hiace	
Insurance Company : Liberty	Policy Num : SD20V06805	Coverage : 3rd party
Any passengers inside vehicle involved ( YES / NO ) If yes, Vehicle Number & How many pax A : 1+0 B : 1+1 C : D :		
Vehicle A Passenger Name :		
Anyone Injured : <input checked="" type="radio"/> NO <input type="radio"/> YES Name / NRIC / Which Vehicle :		
Was The Accident Reported To The Police ? <input checked="" type="radio"/> NO <input type="radio"/> YES Which Police Station :		
Does The Driver Own Any Other Vehicle ? <input checked="" type="radio"/> NO <input type="radio"/> YES Vehicle Number : Insurer :		
Was Any Foreign Vehicle Involved ? <input checked="" type="radio"/> NO <input type="radio"/> YES Vehicle Number & Category :		
Was There Any Video Captured By Car Camera ? <input type="radio"/> NO <input type="radio"/> YES		

### Third Party's Particular

Vehicle B 's Number : YN 1487C	Make & Model :	
Driver's Name :	NRIC :	HP :
Vehicle C 's Number :	Make & Model :	
Driver's Name :	NRIC :	HP :

### Witness 's Particular

Name :	NRIC :	HP :
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SD20V06805/VEU/ROD





**Liberty Insurance Pte Ltd**  
 Registration No. 10660021910  
 81 Chul Street  
 #03-00 Liberty House  
 Singapore 060028  
 Tel: (65) 6321 9611 Fax: (65) 6326 8800  
 Email: [liberty@liberty.com.sg](mailto:liberty@liberty.com.sg)

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 180)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1980  
 ROAD TRANSPORT ACT, 1967 (MALAYSIAN)

<b>Certificate No.</b> SC20V06063 NOV #000		<b>Form</b> 759 JUN-2000	
<b>Date of Issue</b> 06/04/2001		<b>GBAA439R</b> JTHF0127592004122 LONG CHYE ENGINEERING PTE LTD 15-AUG-2002 00:00 AM 00/04/2001 23:59 PM	
<b>1. Vehicle Mark and Registration No. of Vehicle:</b> 2. Chassis number of Vehicle: 3. Name of Policyholder: 4. Effective date of Commencement of Insurance for the purpose of the Act: 5. Date of Expiry of Insurance: 6. Persons or Classes of Persons entitled to drive*:		Any person who is driving on the Policyholder's order or with their permission. Notwithstanding that the person driving is permitted to be licensed or not licensed or otherwise new or experienced, to drive the Motor Vehicle or the Motor Vehicle and it is not de-certified by order of a Court of Law or by reason of any endorsement or requirement to hold a valid licence from driving the Motor Vehicle and that the Motor Vehicle is registered under the Road Traffic Act and its regulations under the Road Traffic Act has not been provided a valid licence. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its regulations under the Road Traffic Act has not been provided a valid licence at the time of the accident took place.	
<b>7. Limitations as to use*:</b> A) Use for hire or reward or for racing, games, wagering, travelling public or special excursion. B) Use while driving a trailer except for towing of any kind. C) Use for casual domestic and pleasure purposes. D) The Policy does not cover: A) Use for hire or reward or for racing, games, wagering, travelling public or special excursion. B) Use while driving a trailer except for towing of any kind. C) Use for casual domestic and pleasure purposes.		The Motor Vehicle is used for the purpose of the Motor Vehicle Insurance Policyholder's order or with their permission. The Motor Vehicle is used for the purpose of the Motor Vehicle Insurance Policyholder's order or with their permission. The Motor Vehicle is used for the purpose of the Motor Vehicle Insurance Policyholder's order or with their permission.	
<b>8. Insurer's name and address:</b> LIBERTY INSURANCE PTE LTD 15-AUG-2002 00:00 AM 00/04/2001 23:59 PM		For and on behalf of Approved Insurers (Signature) Authorised Signature	

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