

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN092170004

Date In: 19/07/2021 12:56	Job description	Date & Time Completed	Done by
Ref No: NBA/UP 210077484	SAS e-filing		
Veh No: SKW 885A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/07/2021 18:40	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: FBN 8640C	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

XIA2103371 Plaintiff's Particulars: Driver/Owner: Contact No: Damaged Portion: C. Checked by (Engr-In-Charge): Auditor's Comments: 1. 1: 1. 2 / 3:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$30)		
	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 375		
	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 (Non 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	19/07/2021 12:56 (SGT)
Date of Accident	16/07/2021 18:40 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	BEFORE JUNCTION OF YISHUN AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8585A
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHNG SOON HENG VINCENT (ZHUANG SHUNXING VINCENT)
NRIC No	SXXXX023B
Email Address	1superauditor@gmail.com
Mobile Phone No	(Phone) +65-84488585
Alternative Phone No	+65-84488585

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V14437/VPE/R00
Cover Note Number	-

DRIVER

Name of Driver	CHNG SOON HENG VINCENT (ZHUANG SHUNXING VINCENT)
NRIC No	SXXXX023B

Date Of Birth	28/05/1975
Occupation	Indoor
Date Of Driving Pass	15/06/1994
Driving experience	27 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84488585
Alt. Phone Number	+65-84488585
Email Address	1superauditor@gmail.com
Address	2 SEMBAWANG WALK #01-11
Address complement	-
Postcode	757616
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	WIFE
Gender	Female

PASSENGER 2

Name	MOTHER
Gender	Female

PASSENGER 3

Name	FATHER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT L/20210717/7021

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
---	-----

Was there any video captured by Car Camera?
Was there any audio recorded?

No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN8640C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Motorcycle
Contact Number	SHAWAL
Address	(Phone) +65-94528479
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	SJT945A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	LEW YING KANG
Contact Number	SXXXX208F
Address	(Phone) +65-98172642
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.
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.

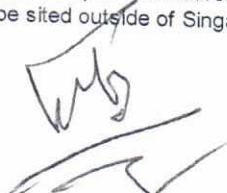
(collectively the "Purposes")

(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.



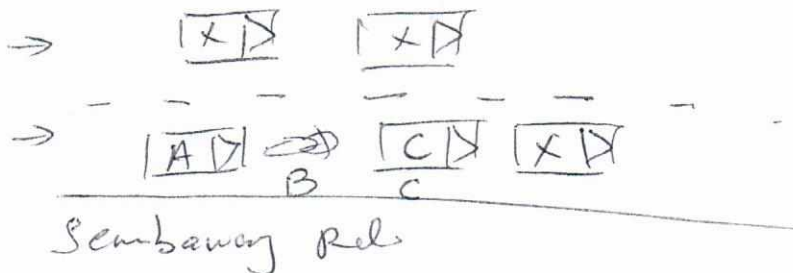
Policyholder's Signature / Date & Time



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


19/07/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



A) SKW8585A
B) FBN 8640C
C) SJT 945A

Describe Circumstances of the Accident

The incident happened on 16/07/2021 at around 18:40, along Sembawang Road. The road condition is dry and weather is clear.

Due to the peak hour jam, we were all stationary at the moment, before the incident happened.

Unconsciously, while waiting for the traffic light to turn green, I lifted my foot on the foot brake, which resulted in my car to roll forward, and thus knocked onto the bike in front of me.

In result of this, the bike was being pushed to knock ~~into~~ and bumped onto the vehicle in front of him.

The biker lost his balance and dismount his bike for safety reason - and thus the bike collapsed onto the road behind the vehicle in front of him.

In order to assist the biker to retrieve his bike which was underneath the car, the car in front of him was asked to move forward, which resulted in the dislodgement of his rear bumper.

No one was injured in the process as per my verbal confirmation with all parties involved, with their acknowledgement.

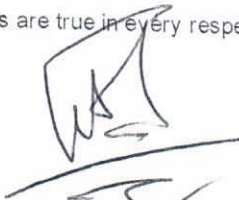
POLICE REPORT L/20210719/2021

Declaration

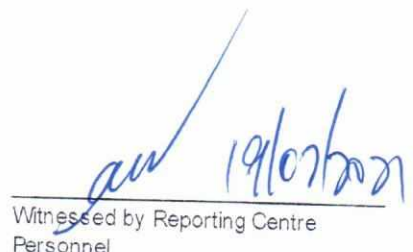
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 16/07/2021 (dd/mm/yy)

Time of Accident: 18:40 (24-HR-FORMAT)

Vehicle No.: SKW8585A Vehicle Make & Model / Engine (cc): Toyota Esima Private Hire: (Y/N) ☒

Exact location of Accident: Sembawang Rd Before Junction of Yishew Ave 3

Policyholder's Name / IC No.: Chng Soon Heng Vincent / S7516023B ROC/UEN (Company):

Driver's Name / IC No.: (As Above) ☒

Driver's Contact No.: 84488585 Company Contact No / Owner Contact No:

Driver's Address: 2 Sembawang Walk #01-11 S (757616)

Owner Email address: 1superauditor@gmail.com Insurance Company:

Driver Email address:

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify:

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 4

*Passenger Name: wife

Gender: Male / Female x ()

*Passenger Name: father

Gender: Male / Female x ()

mother

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks:

Any Injuries: ☒ Yes / ☒ No (If YES) Injured Person's Name: Woodward DW

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: shawal Vehicle No: FBW 8640C

Driver's Contact No: 94528479 Insurance Company:

2. Driver's Name / IC No (If Any): Lew Ying Kang / S9718208F Vehicle No: 53T945A

Driver's Contact No: 98172642 Insurance Company:

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:



**SINGAPORE
POLICE FORCE**



L/20210717/7021

1 of 3

POLICE REPORT (NP299)

Report No. L/20210717/7021

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 17/07/2021 15:50	Vide Report No.	Station Diary No.
Name Of Informant CHNG SOON HENG VINCENT	Address 2 SEMBAWANG WALK #01-11 SINGAPORE 757616	
ID Type / ID No. NRIC NO / S7516023B	Contact No. Home/Office: Mobile: 84488585	
Nationality SINGAPORE CITIZEN	Email Address 1superauditor@gmail.com	
Occupation Process System Consultant	Sex Male	Age 46
Institution/School Name	Date of Birth 28/05/1975	Race Chinese
Date/Time Of Incident 16/07/2021 18:40 - 16/07/2021 19:00	Location Of Incident Along Sembawang Road. Lamp Post number 132F.	

Brief details.

The non-fatal incident happened on 16-07-2021, with 3 vehicles, at around 6.40pm, along Sembawang Road. The road condition was dry floor and weather was clear at the point of incident. The said-3 vehicles were : SKW 8585 A (My vehicle - last vehicle), FBN 8640 C (Mr Shawal of Bike Owner - 2nd vehicle) and SJT 945 A (Mr Lew Ying Kang of Rental Vehicle - 1st vehicle).

Due to the peak hour jam, at that time of incident, all 3 affected vehicles were in their stationery positions, at the same moment while waiting for the traffic light to turn green colour, in our favour, in order to proceed.

Unconsciously, me being the last vehicle, SKW 8585 A, while waiting for the traffic light to turn green

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2021 15:50
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210717/7021

colour, in our favour, to proceed - I lifted my foot on the foot brake paddle which resulted my vehicle, SKW 8585 A, to roll forward and bumped onto the bike, FBN 8640 C, in front of me.

This bump action has caused the bike, uncontrollably, to being pushed forward, and knocked onto the vehicle, SJT 945 A, in front of the biker.

In the midst of this bump action, it slowly resulted the biker to lose his balance on his bike, FBN 8640 C and he has to dismount himself for safety reason which resulted his bike to fall onto the road, underneath the vehicle, SJT 945 A, in front of him.

In the aftermath, i assisted the biker to retrieve his bike, FBN 8640 C, so that it can be placed in the upright position while we exchanged information such as contact numbers, licenses, with each others. In order for us to retrieve the bike, underneath the vehicle, SJT 945 A, the driver of SJT 945 A was requested to move his vehicle forward so that we can lift up the fallen bike to its upright position - See attached picture.

However, this action of the vehicle, SJT 945 A, moving forward has caused the bumper to dislodge, in the process - See picture attached.

No one was injured in this non-fatal incident, which the bump-and-knock incident has less than 5km/h impact, as per my verbal confirmation with all parties involved with their acknowledgement.

I was further contacted by Mr Jon from Teamworks Garage, at around 8.10pm from the handphone number 9028 2012, to be informed that they will proceed with insurance claims. He further advised me and my passengers in my vehicle, to proceed for a medical checkup and make all personal medical claims, to be charged to the insurance company. However, i rejected his advise for the reason being this bump-and-knock incident which has less than 5km/h impact, does not warrant for any bodily injuries claims, and any unjust act of doing so, will inflate the insurance costs for this entire incident, for the

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

17/07/2021 15:50

Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20210717/7021

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210717/7021

insurance company.

i am making this police report as a statement to the truth to this incident.

That is all i have to say.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

17/07/2021 15:50

Classification Of Case:

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: CHNG SOON HENG VINCENT (ZHUANG SHUNXING VINCENT)		Certificate No.: SI20V14437/ VPE / R00
Date of Issue: 18 Nov 2020	Effective Date of Commencement: 20 Nov 2020 00:00	Date of Expiry: 19 Nov 2021 23:59
Registration No.: SKW8585A	Chassis No.: ACR500007641	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\$900, Section I - Unnamed Drivers S\$1400, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

HONG LEONG FINANCE LTD

Name of Producer:

AAS INSURANCE AGENCY PTE. LTD. (A1481-1)