

# NATIONAL Assessment Centre Services

[with 1 Jan 03]

SL0921849001

Date In: 17/08/2021 17:10	Job description	Date & Time Completed	Done by
Ref No: NBS/SLIP/20086024	SAS e-illing		
Veh No: S35 655 K	E-mail (by date time, A/C time)		
D.O.A: 21/08/2021 15:20	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (with 00 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VLiser		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Print/pul/ry	Veh No: SL26576L	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 ( )	
Process: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & strictly NO Refor of repolion
( ) Total Loss Case: to e-mail Insurer URGENTLY
Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )
2) QC Check / Post Repair Inspection ( )
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )
( )
( )
( )
( )

NA2103599	1) All Accident Reporting (300)	INC (300)
Driver/Owner:	2) DA + Demurr Assessment (\$100)	\$100
Contact No:	3) PT + Towing Fee	\$130
Damaged Portion:	4) PT + Follow Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT + Follow Through Survey (Resurvey)	\$30
	For all items related INC only (w/ PLO in 200)	\$70
	6) TR + Inspection	\$160
	7) N: Use DA + EMRT Survey	
	8) NTUC Additional Services	
	ON:	\$3
	NS: Courtesy Car / Tol Allowance	\$10
	NS: Repair Coordination	\$20
	NS: Post Repair Inspection	\$3
	INS: DV / Collect License Coordination	\$30
	TP (NLI) TP (NLI) TP (NLI)	\$30
	9) NLI: 1 Day Mobile	
	Invoice dated	
	Invoice dated	

Fee Charged	Fee Charged
2/2	



# 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	17/08/2021 12:10 (SGT)
Date of Accident	12/08/2021 15:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE ANG MO KIO EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB6549R
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALLMOTORING.SG
Company Reg No	5XXXX502J
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-97719359
Alternative Phone No	+65-97719359

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	Auto
CC	1794

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	SD20V09196/VTN/R04
Cover Note Number	-

### DRIVER

Name of Driver	LIM LIAN KWEE
NRIC No	SXXXX615H

Date Of Birth	02/07/1955
Occupation	Outdoor
Date Of Driving Pass	08/04/1980
Driving experience	41 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97719359
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	BLK 540 JURONG WEST AVENUE 1 #09-1100
Address complement	-
Postcode	640540
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	Raining
Road Surface	Wet

#### 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 vehicle 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?	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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210812/7040

#### 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	SLZ6576L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



Name of Driver	ANG CHYE SENG
NRIC No	SXXXX926Z
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	LIM LIAN KWEE
Gender	Male
Phone No	(Phone) +65-97719359
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SJB6549R
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

PIE before Ang Mo Kio  
exit



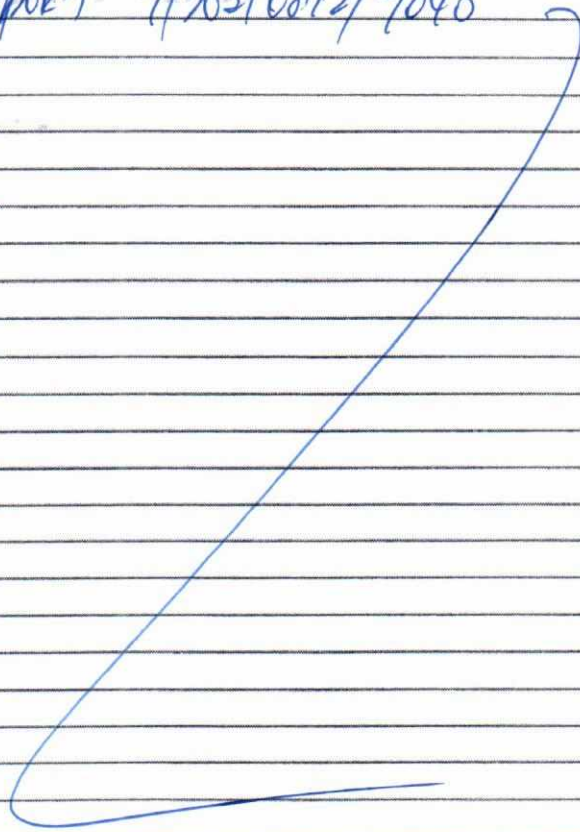
A - SJB 6549R

B - SLZ 6576L

Describe Circumstances of the Accident

I was on the extreme left lane to exit  
Ang Mo Kio and was stationary while waiting for the front  
lane to move. suddenly I felt a great impact from  
my rear I came out and discovered a car SLK 6576L  
had hit onto my rear portion of my vehicle.

Police Report 7/20210812/7040



Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*



Policyholder's Signature / Date &  
Time

*Lin Jian Kwee*

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

*[Signature]* 17/08/2021  
Witnessed by Reporting Centre  
Personnel



**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 12 / 08 / 2021 (dd/mm/yy) Time of Accident: 15 : 20 ( 24-HR-FORMAT)  
Vehicle No.: SJB6549R Vehicle Make & Model: TOYOTA WISH  
\*Transmission : ☐ Manual ☒ Auto \*C.c : 1794  
Exact location of Accident: PIE BEFORE ANG MO KIO EXIT  
Policyholder's Name: ALLMOTORING.SG NRIC/FIN/REG No.: 53294502J  
\*Policyholder's email address : REPORTING@MYCAR.SG  
Driver's Name: LIM LIAN KWEE NRIC/FIN/REG No.: S1109615H  
\*Driver's email address : REPORTING@MYCAR.SG  
Driver's Contact No.: 97719359 Company Contact No (If any): \_\_\_\_\_  
Date of birth: 02/07/1955 Driving Pass Date: 08/04/1980  
Driver's Address: BLK 540 JURONG WEST AVENUE 1, #09-1100, SINGAPORE (640540)  
Insurance Company: LIBERTY  
Policy No.: SD20V09196/VTN/R04 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft  
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)  
Type of Accident  
☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other \_\_\_\_\_  
Occupation (nature job) ☐ Indoor ☒ Outdoor \*No. of Passengers / Including Driver): 1  
\*Passenger Name: \_\_\_\_\_ Gender: Male / Female  
\*Passenger Name: \_\_\_\_\_ Gender: Male / Female  
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 Car camera? ☐ Yes ☒ No  
Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person' Name: LIM LIAN KWEE  
Injuries Sustain : BODY Injured Person in Which Vehicle: SJB6549R  
Police Report field: ☐ Yes ☒ No (If YES) Which Police Station: TRAFFIC POLICE

**The Other Party (S) Details:**

1. Driver's Name / IC No: ANG CHYE SENG S6936926Z Vehicle No: SLZ6576L  
Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_  
2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_  
\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_  
Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681



# SINGAPORE POLICE FORCE



T/20210812/7040

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

1 of 3

Report No. T/20210812/7040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/08/2021 18:49		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM LIAN KWEE			Address: 540 JURONG WEST AVENUE 1 #09-1100 SINGAPORE 640540		
ID Type / ID No.: NRIC NO / S1109615H			Contact No.: Home/Office: Mobile: 97719359		
Nationality: SINGAPORE CITIZEN			Email: admin@mycar.sg		
Sex: Male	Age: 66	Date of Birth: 02/07/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Car salesperson			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/08/2021 15:30	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJB6549R	Car	TOYOTA	Wish	Blue	Seriously Damaged	0
SLZ6576L	Car				Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20210812/7040

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

2 of 3

Report No. T/20210812/7040

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM LIAN KWEE	ID No.	S1109615H
Related Vehicle	SJB6549R (Car)	Contact No.	97719359
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/08/2021	Date	12/08/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated time and date, I was driving my vehicle bearing carplate number SJB6549R on PIE nearing AMK. There was traffic building ahead. I slow down and came to a stop eventually when I felt a great impact from the rear. I alighted from my vehicle to realise that I was rear ended by vehicle SLZ6576L. I felt unwell and consulted a doctor which I was given a initial 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20210812/7040

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

3 of 3

Report No. T/20210812/7040

**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 / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

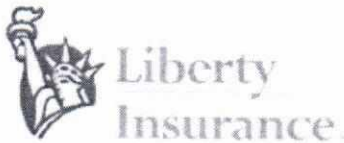
Authentication Stamp  
NP168

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

Date/Time:  
12/08/2021 18:49

Classification Of Case:





Liberty Insurance Pte Ltd  
Registration no.199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6225 6890  
Website: <http://www.libertyinsurance.com.sg>

## 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)

<b>Certificate No</b>	SD20V09196 /VTN /R04
<b>Form</b>	MZ9
<b>Date Of Issue</b>	18-AUG-2020
<b>1.Index Mark and Registration No. of Vehicle:</b>	
<b>2.Chassis number of Vehicle:</b>	
<b>3.Name of Policyholder:</b>	ALLMOTORING.SG
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	20-AUG-2020 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	19-AUG-2021 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	WU CHONG,MOH KUANG MING,WU SEONG,PNG ALAN,LIM LIAN KWEE,POO LIP TIONG,LEE JIA MING DARREN DEWAYNE,NG CHUN KHEONG JERAMINE JEREMIAH,LIM CHENG KOON,CHAN HIAN HOWE (ZENG XIANHAO),LAWRENCE CHAN KOK KIANG (LAWRENCE ZENG GUOQIANG),SEOW RUI WEN,ANUAR BIN ABD AZIZ,ALVIN SOE,JEREMY YEO E SAN
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.	
<b>7.Limitations as to use*:</b> Use only for Motor Trade purposes.	
<b>8.Policy does not cover:</b> The policy does not cover use for hire or reward, racing, pace-making, reliability trials or speed-testing. N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.	
*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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Third Party Only,Demonstration Extension,Geographical Area: Singapore only,Standard Operating Hours : 24 hours
<b>SUM INSURED:</b>	
<b>EXCESS:</b>	Section II S\$750,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD

PLYW/-18-AUG-20

S1\_CL\_T1\_T3\_OE\_Template2-Ver1.

18-AUG-20

## Confirm Transfer Of Vehicle Ownership (Acknowledgement)

Vehicle No.:	SJB6549R	Vehicle Scheme:	Normal
Vehicle Type:	N19 - Passenger (Co) Company Station Wagon (Single Rate)	Vehicle Model:	WISH 1.8X LIMITED A
Vehicle Make:	TOYOTA	Engine No.:	1ZZ2952204
Chassis No.:	ZNE100378199	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	6
Propellant:	Petrol	Power Rating:	-
Engine Capacity:	1794 cc	Maximum Laden Weight:	1685 kg
Unladen Weight:	1300 kg	Secondary Colour:	-
Primary Colour:	Blue	Maximum Power Output:	97.0 kW (130 bhp)
IU Label No.:	1121301723	Original Registration Date:	19 Jan 2008
First Registration Date:	19 Jan 2008	Open Market Value:	\$19,507.00
Manufacturing Year:	2007	Minimum PARF Benefit:	\$0.00
PARF Eligibility:	Forfeited	Temporary End Date:	21 Oct 2021
Temporary Start Date:	22 Jul 2021	Actual ARF Paid:	\$21,458.00
No. of Transfer:	1		

Owner Name: ALLMOTORING.SG  
Owner ID Type: Business  
Owner ID: 53294502J  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 48  
Registered Street Name: TOH GUAN ROAD EAST  
Registered Unit No.: # 06 - 99  
Registered Building Name: ENTERPRISE HUB  
Registered Postal Code: 608586  
COE No./Expiry Date: 2008010107000959D / 30 Nov 2027  
COE Bid Category: E - Open Category  
PQP Paid: \$50,168.00

Business Transaction Ref. No.: 20210812172735178479  
Business Transaction Date: 12 Aug 2021  
Business Transaction Time: 17:34:19

Vehicle has been successfully transferred to ALLMOTORING.SG (53294502J).  
The total amount is \$25.00.

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