

# NATIONAL Assessment Centre Services

Date In <u>25/08/21</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/LIP21008957/13</u>	SAS e-filing		
Veh No <u>GBK2544C</u>	E-mail (within 2hrs. TP 2hrs)		
DOA <u>24/08/21</u> <u>1670</u>	i-Motor Claim Form		
GD <u>(P)</u> Reporting Only	i-Motor W/O (Within 4/12 hrs. 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:

GBE92436

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

)

Policy No: (

)

Period: (

)

Cover Type: (

)

Confirmed by: (

Date:

Title:

)

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

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

## Claimant's Particulars :-

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

3) TP : Towing Fee \$40/\$45

4) FT : Follow-Through Survey \$120

5) RT : Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR : Re-inspection \$75

7) N1 : Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1\*

\*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 \$0

Invoice date:

Fee Charged:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat 1:

Cat 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	25/08/2021 18:05 (SGT)
Date of Accident	24/08/2021 16:20 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK2544C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIUM FOODSTUFF PTE. LTD.
Company Reg No	2XXXXX849K
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-91457106
Alternative Phone No	+65-91457106

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Comprehensive
Fleet Policy	No
Policy Number	SD20V10271/VCV/R03
Cover Note Number	-

#### DRIVER

Name of Driver	CHENG WEI
Passport No/FIN	GXXXX672U



Date Of Birth	25/03/1978
Occupation	Outdoor
Date Of Driving Pass	23/09/2016
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91457106
Alt. Phone Number	-
Email Address	jmartauto@gmail.com
Address	21 WOODLANDS SECTOR 1
Address complement	#03-12
Postcode	738252
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	Side Swipe
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?	Yes
Was any other vehicle 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	DING ZI QIANG
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210825/2064

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE9243G
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	CHENG WEI
Gender	Male
Phone No	(Phone) +65-91457106
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	GBK2544C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

## 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 willful 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.

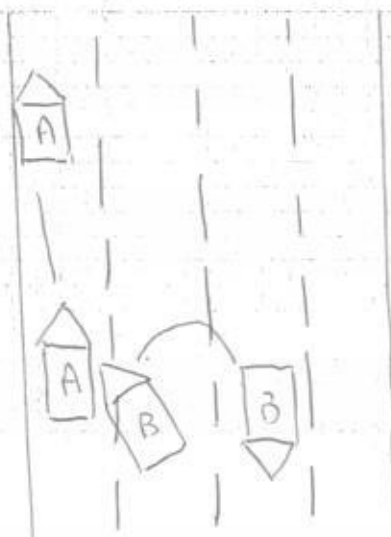
Premium Foodstuff Pte. Ltd.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



DOA: 24/8/21

A. GBK 2544C

B. GBE 9243G

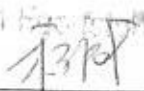
**Describe Circumstances of the Accident**


Refer to Police Report: 7/20210825/2064


**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
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/20210825/2064

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20210825/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/08/2021 13:58	Vide Report No.: E/20210824/0087	Station Diary No.: 54
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**Informant's Particulars**

Name of Informant: CHENG WEI	Address: 21 WOODLANDS SECTOR 1 #03-12 SINGAPORE 738252		
ID Type / ID No.: FIN NO / G2857672U	Contact No.: Home/Office: Mobile: 91457106		
Nationality: CHINESE	Email:		
Sex: Male	Age: 43	Date of Birth: 25/03/1978	Type of Informant: Driver
Race: Chinese	Language: Chinese	Institution / School Name:	
Occupation: Lorry driver	Driving Licence Information: Class: 3		Date of Expiry: 03/08/2026

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/08/2021 16:20	Type of Location: Bend
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE9243G	Van				Seriously Damaged	0
GBK2544C	Lorry				Seriously Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210825/2064

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Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20210825/2064

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHENG WEI	ID No.	G2857672U
Related Vehicle	GBK2544C (Lorry)	Contact No.	91457106
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 03/08/2026
Date Treatment	24/08/2021	Date Discharge	25/08/2021
No. of Days granted Medical Leave	04	Degree of Injury	Serious
<b>Passenger</b>			
Name	Ding Zi Qiang	ID No.	NIL
Related Vehicle	GBK2544C (Lorry)	Contact No.	93722738
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/08/2021 at about 1620hrs, I was driving along BKE before Dairy Farm exit. I was driving on the most left lane and subsequently I felt a collision from my right side. I was driving below 60KM/H at the point of time. After the collision, my car also hit onto the left side railing along the expressway. Thereafter, I began to lose consciousness the last thing I remember was that I step onto the brake and tried to off my engine while I was at the side of the road. I was conveyed to Tan Tock Seng hospital on 24/08/2021 and was discharged on 25/08/2021. I am given 4 days of MC. I suffered fracture on my right shoulder, and the right side of my head felt concussed. My 2 water bottle valued at about \$50/-Singapore dollars each was also damaged from the accident.





**SINGAPORE  
POLICE FORCE**



T/20210825/2064

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20210825/2064

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

L /

Sgt 3 ERIC TAN BING XIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI GOH WEI LI

Contact No.: 65476394

Signature Of Informant:

Date/Time:

25/08/2021 13:58

Classification Of Case:

Authentication Stamp

NP168



Date of Accident : 24/8/21		Time of Accident : 1620 hr	
Exact Location of Accident : BKE			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Wet / Dry	
Private Use / Work			
Owner's Name : Premium Foodstuff Pte Ltd		NRIC :	HP :
Driver's Name : Chang Wei		NRIC : G2857672U	HP : 91457106
DOB : 25/3/1978	Driving Licence Passing Date :		Occupation : Indoor / Outdoor
Address : 21 Woodlands Sector 1 #03-12 (738252)			
Relationship Of Driver with Insured : Employee		Email : jmartauto@gmail.com	
Vehicle Number : GBK 2544C		Make & Model : Toyota	
Insurance Company : Liberty		Policy Num :	Coverage :
Any passengers inside vehicle involved ( YES / NO ) If yes, Vehicle Number & How many pax			
A : 1 + 1	B :	C :	D :
Vehicle A Passenger Name : <sup>man</sup> Teng Chu Keng			
Anyone Injured :			
<input type="radio"/> NO		<input checked="" type="radio"/> YES Name / NRIC / Which Vehicle : Chang Wei	
Was The Accident Reported To The Police ?			
<input type="radio"/> NO		<input checked="" type="radio"/> YES Which Police Station :	
Does The Driver Own Any Other Vehicle ?			
<input type="radio"/> NO		<input checked="" type="radio"/> YES Vehicle Number : Insurer :	
Was Any Foreign Vehicle Involved ?			
<input type="radio"/> NO		<input checked="" type="radio"/> YES Vehicle Number & Category :	
Was There Any Video Captured By Car Camera ? <input type="radio"/> NO <input checked="" type="radio"/> YES			

### Third Party's Particular

Vehicle B's Number : GBE 9243G		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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**Liberty**  
Insurance.



**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>	<b>SD20V10271 /VCV /R03</b>
<b>Form</b>	<b>MZ300A</b>
<b>Date Of Issue</b>	<b>03-SEP-2020</b>
<b>1. Index Mark and Registration No. of Vehicle:</b>	<b>GBK2544C</b>
<b>2. Chassis number of Vehicle:</b>	<b>JTFAT35Y80K214533</b>
<b>3. Name of Policyholder:</b>	<b>PREMIUM FOODSTUFF PTE. LTD.</b>
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	<b>12-SEP-2020 00:00 AM</b>
<b>5. Date of Expiry of Insurance:</b>	<b>11-SEP-2021 23:59 PM</b>
<b>6. Persons or Classes of Persons entitled to drive*:</b>	
Any person who is driving on the Policyholder's order or with their 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 canceled at the time of the accident loss or damage.	
<b>7. Limitations as to use*:</b>	
Excluded in connection with the Policyholder's business.	
Excluded to the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.	
Excluded for social, domestic and pleasure purposes.	
<b>8. The Policy does not cover:</b>	
Excluded for hire or reward or for racing, pace-making, reliability trials or speed-testing.	
Excluded when towing a trailer except the towing or any one disabled mechanically propelled vehicle.	
Provisions 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.	
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>9. Information only:</b>	
<b>COVERAGE</b>	Comprehensive, Unlimited Windscreen
<b>VAL INSURED</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS</b>	Section I S\$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$1000, Windscreen Excess S\$100
<b>INSURANCE COMPANY:</b>	
<b>PRODUCER NAME</b>	ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY

16-SEP-20

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16-SEP-20