

NATIONAL Assessment Centre Services, SN090199003

Date In: 16/09/2021 13:02	Job description	Date & Time Completed	Done by
Ref No: 1382102100910614	SAS e-illing		
Veh No: X0 255EM	E-mail (5/Jul 3lit, A10 3lit)		
D.O.A: 14/09/2021 11:10	1-Motor Claim Form		
(1) (TP) Reporting Only	1-Motor W/O (W/Inlet OD 3lit, TP 4lit)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/VLDR		

Preferred Wdep / INC Ass'n Wdep / OW: () Tel: () Fax: ()

TP Insurer: () Veh No: **YN1105E** INC () / Non-INC ()

Owner/Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est Staws (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YRS () / NO ()

Excess (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & strictly NO refer of reputation

() Total Loss Case: to e-mail Insurer URGENTLY

Drive-In () / Towed-In () ; Invoice: YRS () / NO () ; Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check/Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Cost > \$9,000) ()

Injury: ()

NA2103901	1) All Additional Reporting (OD)	
Driver/Owner:	2) DA Survey (1st/2nd/3rd) (\$100)	UND (110)
Contract No:	3) PFI Follow Up	\$100
Damaged Portion:	4) PFI Follow Through Survey	\$100
QC Checked by (Engin-In-Charge):	5) PFI Follow Through Survey (Recovery)	\$30
	6) PFI Follow Through Survey (Recovery)	\$75
	7) PFI Follow Through Survey (Recovery)	\$100
	8) PFI Follow Through Survey (Recovery)	\$100
	9) PFI Follow Through Survey (Recovery)	\$100
	10) PFI Follow Through Survey (Recovery)	\$100
	11) PFI Follow Through Survey (Recovery)	\$100
	12) PFI Follow Through Survey (Recovery)	\$100
	13) PFI Follow Through Survey (Recovery)	\$100
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	47) PFI Follow Through Survey (Recovery)	\$100
	48) PFI Follow Through Survey (Recovery)	\$100
	49) PFI Follow Through Survey (Recovery)	\$100
	50) PFI Follow Through Survey (Recovery)	\$100

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 16/09/2021 13:02 (SGT)
Date of Accident 14/09/2021 11:10 (SGT)
Exact Location of Accident Sunview Rd, Singapore
Additional Location Information TOWARDS ECO-TECH @ SUNVIEW
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD2255M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MAKEWAY PACIFIC PTE. LTD.
Company Reg No 2XXXXX743R
Email Address teng@makewaypacific.com
Mobile Phone No (Phone) +65-84076756
Alternative Phone No +65-84076756

VEHICLE PARTICULARS

Manufacturer Scania
Model R420CA6X4MNZ
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 11705

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number SD21V10230/VCH/R00
Cover Note Number -

DRIVER

Name of Driver ZULKIFLI BIN SALLEH
NRIC No SXXXX667B

Date Of Birth	29/07/1964
Occupation	Outdoor
Date Of Driving Pass	03/10/1986
Driving experience	34 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84076756
Alt. Phone Number	-
Email Address	teng@makewaypacific.com
Address	BLK 747 WOODLANDS CIRCLE #04-706
Address complement	-
Postcode	730747
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?	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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210915/2109

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN1105E
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	ZULKIFLI BIN SALLEH
Gender	Male
Phone No	(Phone) +65-84076756
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XD2255M
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 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.

MAKEWAY PACIFIC PTE. LTD.
UEN: 201930743R

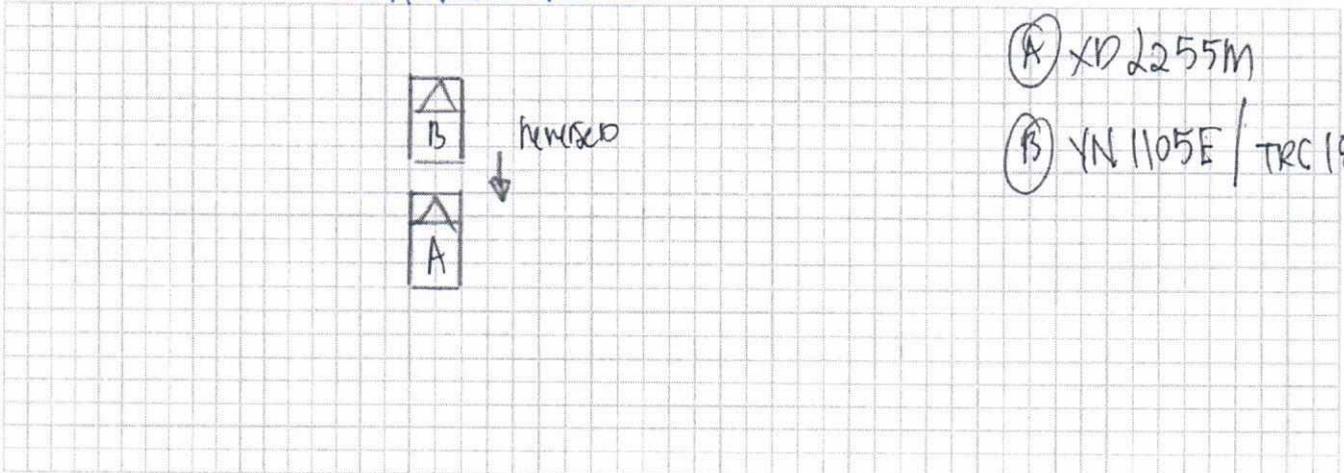
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

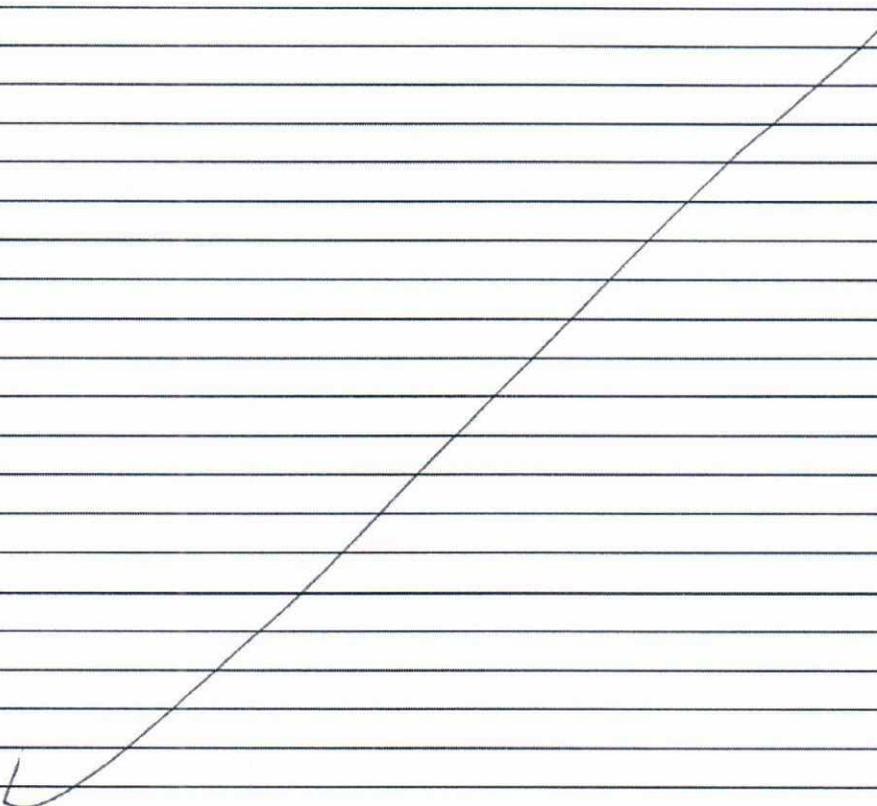
Sketch Plan

SUNVIEW ROAD



Describe Circumstances of the Accident

Refer to Police Report - 7/20/09/15/2187



Declaration

We declare the foregoing particulars are true in every respect.

MAKEWAY PACIFIC PTE. LTD.
UEN: 201930743R



Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel

Date of Accident : 14.09.2021 Accident Time: 11:10hrs (24-HR-Format)

Accident Place : Sunview Rd Towards Eco-Tech @ Sunview

Vehicle No. (Car Plate No.) : XD 2255M Make/Model: Scania R420CA6X4MNZ 12L

Insurance Company : Liberty Policy No: SD21V10230/VCH/R00

Owner or Company Name /IC No. : Makeway Pacific Pte Ltd / 201930743R

Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : Zulkifli Bin Salleh / S1661667B

DRIVER'S Date Of Birth : 29.07.1964 DRIVER'S License Pass Date 03.10.1986

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee \ Others: _____

DRIVER'S Address : B1K 777 Woodlands Circle #04-706 S(730747)

DRIVER'S Contact No./ Alt No. : 1) 84076756 2) _____

DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address : ten@emakewaypacific.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): Driver only

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state) Yes

Tpk

Other Party Driver's Particular (if any)

Vehicle No: YN110BE MRC 18736 (Libam) Vehicle No: _____

Vehicle Make/Model: _____ Vehicle Make/Model: _____

Name Driver: _____ Name Driver: _____

IC No. Driver/Contact: _____ IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Driver			
Name	ZULKIFLI BIN SALLEH	ID No.	S1661667B
Related Vehicle	XD2255M (Prime Mover)	Contact No.	84076756
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	14/09/2021	Date Discharge	14/09/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	TAN LENG KUANG	ID No.	G8113419M
Related Vehicle	YN1105E (Lorry)	Contact No.	NIL
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 14/09/2021 at about 1120hrs, I was turning left on to Sunview Road from Jln Buroh. When I was turning, I saw one white in colour lorry bearing plate number YN1105E rolling backwards towards my vehicle direction. I then stopped my vehicle and sounded my horn however the vehicle continued rolling backwards. From my observation, I did not see any reverse lights turned on when the lorry was rolling back towards my vehicle.

The lorry ended up colliding into the front of my vehicle. After the lorry collided into my vehicle, I immediately got out from my vehicle and went to the lorry driver side however I did not see any driver or anyone in the lorry. After about 5 to 10 minutes, a male Chinese approached me and said that he is the driver. The male Chinese claims that he had pulled up the hand brake and left the vehicle and was not sure how the vehicle still roll backwards. I then requested for his particulars and he provided his driving license. He did not provide his contact number.

Due to the accident, I got shocked and got a headache. I then went to NUH to seek treatment on 14/09/2021 at about 1530hrs. I was given 4 days of outpatient sick leave. The doctor mentioned that there was some muscle ache at the back of my neck.



**SINGAPORE
POLICE FORCE**



T/20210915/2109

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

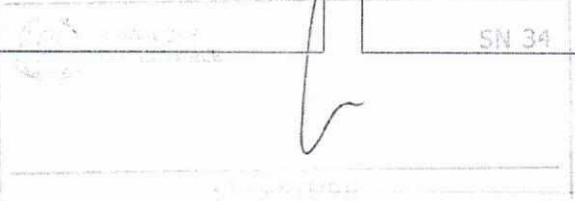
Report No. T/20210915/2109

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 D / Sr Staff Sgt LOH YANG JIE, LESLIE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/09/2021 20:34
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case: SN 34
Authentication Stamp NP168 	

Date 14/Sep/2021

Time 1110 am

On above date & time, along Sunview Road towards Forest @ Sunview
our vehicle YN1105E driven by Mr Tan Beng Kwang had an
accident with XD 2255M / TRC1833E.

We understand no injuries to anyone involved in the accident.
So the vehicles were safely moved away for repairs as agreed
with Mr Loh Kam Wey 87904543 H and Mr Davis Liew
S7530020D.

We accept responsibility for the accident and agreed to
settle among ourselves, as Mr Loh Kam Wey

Liew Wan Seng

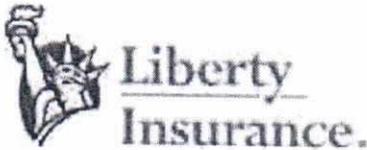
Davis

90966559

||

Loh Kam Wey

Mobile : 97511528



Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611
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
ROAD TRANSPORT (AMENDMENT) ACT 2019
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No		SD21V10230 /VCH /R00
Form	MZ802	
Date Of Issue:	09-JUL-2021	
1.Index Mark and Registration No. of Vehicle:	XD2255M	
2.Chassis number of Vehicle:	YS2R6X40002034699	
3.Name of Policyholder:	MAKEWAY PACIFIC PTE. LTD.	
4.Effective date of Commencement of Insurance for the purposes of the Act:	25-JUN-2021 00:00 AM	
5.Date of Expiry of Insurance:	13-JUN-2022 23:59 PM	
6.Persons or Classes of Persons entitled to drive:	<p>A) Whilst the vehicle is being used in connection with the Policyholder's business:- Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>B) Whilst the vehicle is being used for social, domestic and pleasure purposes:- Any person who is driving on the Policyholder's order or with their permission.</p> <p>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.</p> <p>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.</p>	
7.Limitations as to use*:	<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>	
8.The Policy does not cover:	<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use for the carriage of passengers for hire or reward.</p> <p>C) Use whilst drawing a greater number of trailers in all than is permitted by law.</p>	
*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
		 _____ Authorised Signature
For Information only:		
COVERAGE :	Third Party Fire & Theft	
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	
EXCESS:	All Claims S\$2000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000	
FINANCE COMPANY:		
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD	

PLFMI/09-JUL-21

S1_CI_T1_T3_OE_Template1-Ver1. 09-JUL-21

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	743R
Vehicle Details	
Vehicle No.:	XD2255M
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2021
Vehicle Make:	SCANIA
Vehicle Model:	R420CA6X4MNZ 12L MT TURBO 150T
Primary Colour:	Red
Manufacturing Year:	2008
Engine No.:	6367576
Chassis No.:	YS2R6X40002034699
Maximum Power Output:	-
Open Market Value:	\$116,538.00
Original Registration Date:	02 May 2008
First Registration Date:	02 May 2008
Transfer Count:	4
Actual ARF Paid:	\$5,827.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	01 May 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$17,865.00
COE Rebate Amount:	\$5,369.00
Total Rebate Amount:	\$5,369.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 14 Sep 2021

OK