

NATIONAL Assessment Centre Services

Date In: 07/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/LIP21010344/P3	SAS e-filing		
Veh No: SMH3237T	E-mail (within 8 hrs. AP: 2hrs)		
D.O.A: 06/10/21 1955	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: SMX1780U	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

NA2104152	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRI Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 \$10		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	07/10/2021 16:34 (SGT)
Date of Accident	06/10/2021 19:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	REPUBLIC BLVD TWDS ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3237T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM YONG BOON
NRIC No	SXXXX991E
Email Address	ktmotorwerk@hotmail.com
Mobile Phone No	(Phone) +65-82881520
Alternative Phone No	+65-82881520

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	SI21V08047/VPL/R01
Cover Note Number	-

DRIVER

Name of Driver	LIM YONG BOON
NRIC No	SXXXX991E

Date Of Birth	13/09/1975
Occupation	Outdoor
Date Of Driving Pass	25/06/2015
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82881520
Alt. Phone Number	+65-82881520
Email Address	ktmotorwerk@hotmail.com
Address	BLK 37 CAMBRIDGE ROAD
Address complement	#04-145
Postcode	210037
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SANTOSHI SONAWANE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:A/20211007/7033

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	SMX1780U
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	LIM YONG BOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMH3237T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SANTOSHI SONAWANE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMH3237T
Were seat belts worn?	-
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

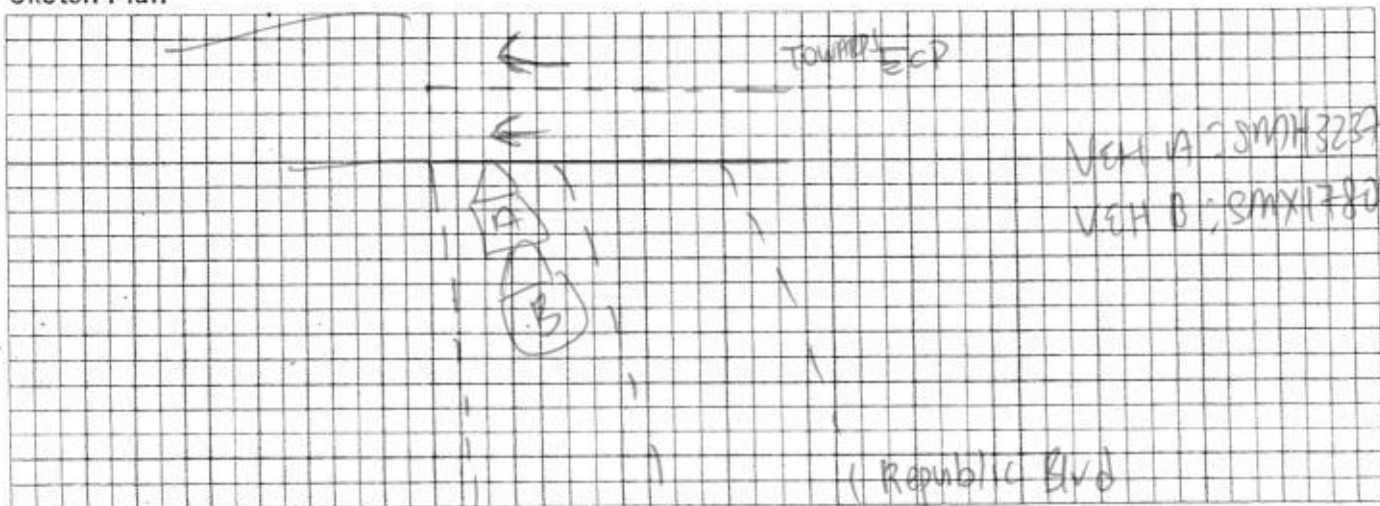
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to police report A/2021,007/7033

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

2/2/2007 07/10/20



1 of 2

POLICE REPORT (NP299)

Report No. A/20211007/7033

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 07/10/2021 14:58	Vide Report No.		Station Diary No.
Name Of Informant LIM YONG BOON	Address 37 CAMBRIDGE ROAD #04-145 SINGAPORE 210037		
ID Type / ID No. NRIC NO / S7529991E	Contact No. Home/Office: Mobile: 82881520		
Nationality SINGAPORE CITIZEN	Email Address LIMYONGBOON1975@GMAIL.COM		
Occupation Grab Driver	Sex Male	Age 46	Date of Birth 13/09/1975
Institution/School Name	Race Chinese		
Date/Time Of Incident 06/10/2021 19:55 - 07/10/2021 14:15	Language English		
	Location Of Incident REPUBLIC BOULEVARD - ERP(18)		

Brief details.

On 06.10.2021 at 1955hrs, i was travelling along Republic Blvd towards ECP with an passenger (Santoshi Sonawane) S7861139A to her destination.

I was at the stop line waiting for clearance of the traffic and suddenly Vehicle B (SMX1780U) hit me with an big impact causing damage to my rear portion of my vehicle.

We come down to take photo and exchange number.

I went to consult the doctor the next following day and was given 3 day MC, my passenger have a minor injuries and she told me she might see an doctor.

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: 07/10/2021 14:58
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20211007/7033

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20211007/7033

Subjects Involved			
Suspect			
Person Name	NG WEE LIANG		
Relation To Informant	DRIVER FOR SMX1780U		
Victim			
Person Name	LIM YONG BOON		
ID Type	NRIC NO	ID No	S7529991E
Gender	Male	Age	46
Race	Chinese	Language	English
Occupation	Grab Driver	Address	37 CAMBRIDGE ROAD #04-145 SINGAPORE 210037
Mobile No	82881520	Is Informant A Victim?	Yes
Person Name	Santoshi Sonawane		
ID Type	NRIC NO	ID No	S7861139A
Person Name	LIM YONG BOON (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
07/10/2021 14:58

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 06/10/2021 (DD/MM/YYYY), TIME: 19:55 (HH:MM)

LOCATION: Republic Blvd towards ECP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH3237T
b) INSURANCE COMPANY: Liberty Insurance
c) POLICY NUMBER: S121V08047/VPT/R01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY (THIRD PARTY FIRE & THEFT))
e) MAKE & MODEL: Honda Stream
f) TYPE: (SALOON / COUPE (MPV) / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LIM YONG BOON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7529991E CONTACT: 82881520
c) ADDRESS: BLK 37 Cambridge Road #04-145
(S) 210037

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* No. of passengers
(including driver)
(2)

Santoshi Sonawane

S7861139A

* Passenger

* d) DATE OF BIRTH: 13/09/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 25.06.2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Central Division HQ

3. THIRD PARTY VEHICLE

* No. of passengers
(including driver)
(2)

- a) VEHICLE NUMBER: SMX17804 MODEL: LEXUS
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

* No. of passengers
(including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: k+motorwerk@hotmail.com

fax: _____

VIDEO: _____



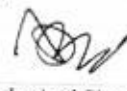
Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611
website: <http://www.libertyinsurance.com.sg>
GST Registration No. M2-0093571-3

The Schedule

Class of Policy: CAR FOR HIRE (Third Party Only)	Policy No: SI21V08047 /VPL /R01			
The Insured: LIM YONG BOON 37 CAMBRIDGE ROAD, #04-145, SINGAPORE 210037	Replacing No: SD20V07002 Account No: A1335 (UBER) Registration No: SMH3237T Make/Model: HONDA Stream Sunroof 1.8L A Type of Body: MPV Capacity/Tonnage: 1799 C.C Seating Capacity including driver: 8 Year of Manufacture/Registration: 2007 / 2007 Engine No: R18A11700236 Chassis No: JHMRN68407S200236 Sum Insured : - Extra Coverage (\$\$): PHV Extension (Geographical Area: Singapore only) \$0.00			
Profession or Business: SELF EMPLOYED				
Period of Insurance: From: 02-JUL-2021 00:00 To: 01-JUL-2022 23:59 both days inclusive				
Excess (\$\$): Section II (Singapore) \$ 2,000.00 Section II (Outside Singapore) \$ 4,000.00				
Hire Purchase Owner/Leasing Company: HONG HENG CO PTE LTD				
Named Drivers: LIM YONG BOON				
Subject to the following operative endorsements attached: V0001, V0003, V0012, V0045, V0095, V0132, V0153, V0233, V0281, V0311, Z011				
The Policy's Premium (\$\$)				
Basic Premium	NCD	Fleet / Other Discount		Good Driver Discount
\$2,268.19	\$(226.82) (10%)	\$0.00		\$0.00 (0%)
Extra Premium	Sub Total	GST	Stamp Duty	Total Premium Payable
\$0.00	\$2,041.37	\$142.90 (7%)	NIL	\$2,184.27
This Schedule replaces any previous Schedule. This Schedule and Policy are to be read together as one contract. Person or classes of persons entitled to drive and limitations as to use, are as specified in the Certificate of Insurance issued in relation to this policy.			Signed in SINGAPORE on 23 Jun 2021 for and on behalf of LIBERTY INSURANCE PTE LTD Authorised Signature	

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
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI21V08047 /VPL /R01
Form	MZ400B
Date of Issue:	23-Jun-2021
1. Index Mark and Registration No. of Vehicle:	SMH3237T
2. Chassis number of Vehicle:	JHMRN68407S200236
3. Name of Policyholder:	LIM YONG BOON
4. Effective date of Commencement of Insurance for the purpose of the Act:	02-JUL-2021 00:00
5. Date of Expiry of Insurance:	01-JUL-2022 23:59
6. Persons or Classes of Persons entitled to drive*:	LIM YONG BOON
For Private Hire Vehicle (PHV) Usage :	
7. Limitations as to use*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business.	
B) Use for social, domestic and pleasure purposes.	
8. Policy does not cover:	
A) Use for racing, pace-making, reliability trials or speed-testing.	
B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*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.	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <p>Authorised Signature</p>	
For Information only:	
COVERAGE:	Third Party Only, PHV Extension (Geographical Area: Singapore only)
SUM INSURED (S\$):	-
EXCESS (S\$):	Section II (Singapore) \$2,000.00, Section II (Outside Singapore) \$4,000.00
FINANCE COMPANY:	HONG HENG CO PTE LTD
PRODUCER NAME:	WESTING AGENCY PTE LTD