

# NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

Date In: 21/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/LIP21010842/13	SAS e-filing		
Veh No: GBK1368B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 20/10/21 1340	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:

4P5409J

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

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat 1:

Cat 2/3:

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Est Bill

Add Bill

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

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

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 \$75

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

8) NTUC Additional Services:-

OP:

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

\*N11: TP (Non INC) against INC \$20

\*N12: Idac Mobile 30

1. 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 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. 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	21/10/2021 18:02 (SGT)
Date of Accident	20/10/2021 13:40 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1368B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	L&D INTERIOR CONTRACTOR PTE LTD
Company Reg No	2XXXXX575Z
Email Address	I_dinterior@live.com.sg
Mobile Phone No	(Phone) +65-90052763
Alternative Phone No	+65-90052763

#### 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	SI21V08293/VCH/R01
Cover Note Number	-

#### DRIVER

Name of Driver	LING KEE HOCK
NRIC No	SXXXX545E

Date Of Birth	04/02/1978
Occupation	Indoor
Date Of Driving Pass	13/08/2007
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90052763
Alt. Phone Number	-
Email Address	I_dinterior@live.com.sg
Address	63 TAMPINES ST 86
Address complement	#11-53 THE TAPESTRY
Postcode	528511
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	YP5429J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	HAN FUQIANG
Passport No/FIN	GXXXX380N
Contact Number	(Phone) +65-86865126
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	LING KEE HOCK
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK1368B
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.



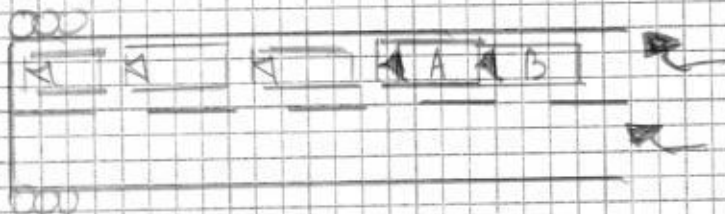
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

WOODLANDS AVE 12



A - GBK1368B

B - 4P5429J

### Describe Circumstances of the Accident

My veh was stationary at the red traffic light  
junc at Woodlands Ave 12. Suddenly veh B came  
from behind and hit onto my rear portion of my veh.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

*[Signature]* 21/10/21

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

*[Signature]* 21/10/21

Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20211021/2065

1 of 3

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

Report No. T/20211021/2065

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/10/2021 17:06		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LING KEE HOCK			Address: APT BLK 63 TAMPINES STREET 86 #11-53 THE TAPESTRY SINGAPORE 528511		
ID Type / ID No NRIC NO / S7869545E			Contact No.: Home/Office: Mobile: 90052763		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 04/02/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Electrician			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2021 13:40	Type of Location: Straight Road
Location:  WOODLANDS AVENUE 12				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBK1368B	Lorry	TOYOTA	DYNA 150 5MT	Silver		0
YP5429J	Lorry	MITSUBISHI	CANTER FEB71ER4S DEC (CBU)	White		0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20211021/2065

2 of 3

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

Report No: T/20211021/2065

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LING KEE HOCK	ID No.	S7869545E
Related Vehicle	GBK1368B (Lorry)	Contact No.	90052763
Hospital/Clinic	LITTLE CROSS FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/10/2021	Date Discharge	21/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	HAN FUQIANG	ID No.	G3435380N
Related Vehicle	YP5429J (Lorry)	Contact No.	86865126
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 THE STATED DATE, TIME AND LOCATION

ON THE 20/10/2021 AT ABOUT 1340 HRS, I BEARING PLATE NUMBER GBK1368B AND THE OTHER PARTY BEARING PLATE NUMBER YP5429J. I WAS DRIVING ALONG WOODLANDS AVENUE 12, AT WOODLANDS AVENUE 12 THERE IS A TRAFFIC LIGHT TURNS RED, I SLOWED DOWN AND CAME TO A STOP. SUDDENLY THE OTHER PARTY FROM MY REAR DID NOT STOP AND COLLIDED INTO THE REAR OF MY VEHICLE. I WENT OUT OF MY VEHICLE AND WE BOTH EXCHANGE PARTICULARS, I WAS INJURED. NO POLICE NOR AMBULANCE CAME TO SCENE, I WANTED TO MAKE A POLICE REPORT AT TPHQ. THAT'S ALL.





**SINGAPORE  
POLICE FORCE**



T/20211021/2065

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

3 of 3

Report No. T/20211021/2065

**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  
TP /  
SC ABU HURAIRAH BIN ABDUL  
TALIB

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.. 65476204

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
21/10/2021 17:06

Classification Of Case:

## ACCIDENT STATEMENT

ACCIDENT DATE: (20/10/2021) (DD/MM/YYYY), TIME: (1:40) (HH:MM)

LOCATION: Woodlands Ave 12

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK1368B  
b) INSURANCE COMPANY: Liberty Insurance  
c) POLICY NUMBER: SD1V08292/VCH/PO1  
d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]  
e) MAKE & MODEL: TOYOTA DYNA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME:  
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: LLD INTERIOR CONTRACTOR (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 90052763  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: LINH KEE TUCK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57869545E CONTACT: 90052763  
c) ADDRESS: 45 Jalan Penang #01-000 S/Mayore 577197

\*d) DATE OF BIRTH: (04/02/1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/08/2007

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

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:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 4P54295 MODEL:  
b) DRIVER'S NAME: HAN FUQIANG  
c) NRIC/FIN/PASSPORT: G3435380N CONTACT: 86865126

### 9. THIRD PARTY VEHICLE

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

\*No of passengers  
(including driver)  
( )

\*No of passengers  
(including driver)  
( )

\*No of passengers  
(including driver)  
( )

20/10/21  
waiting police report

Email = l\_dinterior@live.com.sg

fax =

VIDEO = NO

## 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** SE21V08293 /VCH /R01  
**Form** MZ301A  
**Date of Issue** 29-Jun-2021  
**1. Index Mark and Registration No. of Vehicle** GBK1368B  
**2. Chassis number of Vehicle** JTFAT35Y80K213639  
**3. Name of Policyholder** L&D INTERIOR CONTRACTOR PTE. LTD.  
**4. Effective date of Commencement of Insurance** 17-JUL-2021 00:00  
for the purposes of the Act.  
**5. Date of Expiry of Insurance** 16-JUL-2022 23:59  
**6. Persons or Classes of Persons**  
entitled to drive:

- 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.  
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.

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.

**7. Limitations as to use:**

- A) Use in connection with the Policyholder's business.  
B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.  
C) Use for social, domestic and pleasure purposes.

**8. The Policy does not cover:**

- A) Use for racing, pace-making, reliability trials or speed-testing.  
B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  
C) Use for the carriage of passengers 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.

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:**

<b>COVERAGE</b>	Comprehensive, Unlimited Windscreen
<b>SUM INSURED (S\$)</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS (S\$)</b>	Section 1 \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00
<b>FINANCE COMPANY:</b>	ABWIN PTE LTD
<b>PRODUCER NAME:</b>	GOLDEN PRIME INSURANCE AGENCY