

NATIONAL Assessment Centre Services

Date In: 18/01/2022	Job description	Date & Time Completed	Done by
Ref No: NA/LIP22000663/m4	SAS e-filing		
Veh No: GBA 8181D	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 14/01/2022 13:45	i-Motor Claim Form		
OD: (IP) 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: SMA 2336J	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

NA 2200173	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 (\$30)			
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)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT 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			
Auditors' Comments:-	Invoice dated	Fee Charged		
Cat 1:	Invoice dated	Fee Charged		
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 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	18/01/2022 16:19 (SGT)
Date of Accident	14/01/2022 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALEXANDRA ROAD TOWARDS CITY INFRONT OF QUEENSWAY SHOPPING CENTER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8181D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	VIC'S PLACE
Company Reg No	5XXXX991J
Email Address	kentkh530@gmail.com
Mobile Phone No	(Phone) +65-96698999
Alternative Phone No	+65-96698999

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
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	1560

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	SI21V03323/VCV/R01
Cover Note Number	-

DRIVER

Name of Driver	KHOO HUA GAN
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NRIC No	SXXXX590Z
Date Of Birth	14/11/1954
Occupation	Indoor
Date Of Driving Pass	20/08/1979
Driving experience	42 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96698999
Alt. Phone Number	-
Email Address	harrykhoo@gmail.com
Address	BLK 6 BEACH ROAD
Address complement	#13-4873
Postcode	190006
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	QUACH THI PHUONG TRINH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220117/2040

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	SMA2336J
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Vehicle Manufacturer	BMW
Vehicle Model	520i
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MATTHEW NG
Contact Number	(Phone) +65-81128388
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	KHOO HUA GAN
Gender	Male
Phone No	(Phone) +65-96698999
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST AND NECK AREA
Injured person in which vehicle?	GBA8181D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	QUACH THI PHUONG TRINH
Gender	Female
Phone No	(Phone) +65-82548969
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST AND NECK AREA
Injured person in which vehicle?	GBA8181D
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.

Authorized Signature

18/01/22

Ru 18/1/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

VIC'S PLACE

Authorized Signature



A = GBA 8181 D

B = SMA 2336 J

Alexandra Road towards CITY
in front of Queensway Shopping Center.

Describe Circumstances of the Accident

— Pls refer to the police report: T/20220117/2040 —

Declaration

We declare the foregoing particulars are true in every respect.

Authorized Signature

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20220117/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2022 12:51	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars

Name of Informant: KHOO HUA GAN			Address: APT BLK 6 BEACH ROAD #13-4873 SINGAPORE 190006		
ID Type / ID No.: NRIC NO / S0118590Z			Contact No.: Home/Office: Mobile: 96698999		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 14/11/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: COFFEESHOP MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/01/2022 13:45	Type of Location: Straight Road
Location: ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA8181D	Lorry	CITROEN	CITROEN BERLINGO 1.6 HDI (M) WITHOUT ABS	Red	Slightly Damaged	1
SMA2336J	Car	BMW	520I LED NAV		Slightly Damaged	0



SINGAPORE
POLICE FORCE



T/20220117/2040

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20220117/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHOO HUA GAN	ID No.	S0118590Z
Related Vehicle	NIL	Contact No.	96698999
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Quach Thi Phuong Trinh	ID No.	S7667184B
Related Vehicle	NIL	Contact No.	82548969
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 14/01/2022 at about 1345hrs, while at the traffic junction along Alexandra Rd towards the city, I was hit from the back by a BMW bearing the number plate SMA2336J, while I was waiting for the traffic light to turn green. During the accident, I was with my wife.

On the 17/01/2022, both of us went to make a check on the injuries which we sustained from the accident and both of us sustained injuries on our chest and neck area. I have exchanged particulars with the driver of the BMW and am now making a report with regards to the incident for insurance claims.



Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20220117/2040

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
A /
Sgt 1 LEE YONG JIE JOSEPH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/01/2022 12:51

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

Classification Of Case:

Authentication Stamp
NP168

A Life Clinic Pte. Ltd.
10, Sinaran Drive, #09-21,
Novena Medical Center, Singapore 307506
Business Regn. No. 201104850M
Tel: 67372283
Fax: 62561328

A Life Clinic Pte. Ltd.
10, Sinaran Drive, #09-21,
Novena Medical Center, Singapore 307506
Business Regn. No. 201104850M
Tel: 67372283
Fax: 62561328

Medical Certificate

Date of Visit: 17-Jan-2022

MC No.: MC2201171362

This is to certify that

Name: KHOO HUA GAN

NRIC: S0118590Z

is Unfit for Work

for 7 day(s) from 17-Jan-2022 to 23-Jan-2022

Remarks:

Dr C! o Kay 'Wee
(Singapore), M.C.G.P (M.C.P.)
MCR 03806G

Doctor Name: Kay Wee Choo
MCR: M03806G
A LIFE CLINIC PTE LTD
10, Sinaran Drive #09-21
Novena Medical Centre
Singapore 307506
Tel: 6737 2283 Fax: 6256 1328
Co. Regn. No. 201104850M

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated

Printed on 17 Jan 2022 10:23:09 by Kay Wee Choo

Page 1 of 1

Medical Certificate

Date of Visit: 17-Jan-2022

MC No.: MC2201171363

This is to certify that

Name: QUACH THI PHUONG TRINH

NRIC: S7667184B

is Unfit for Work

for 7 day(s) from 17-Jan-2022 to 23-Jan-2022

Remarks:

Dr C! o Kay 'Wee
(Singapore), M.C.G.P (M.C.P.)
MCR 03806G

Doctor Name: Kay Wee Choo
MCR: M03806G
A LIFE CLINIC PTE LTD
10, Sinaran Drive #09-21
Novena Medical Centre
Singapore 307506
Tel: 6737 2283 Fax: 6256 1328
Co. Regn. No. 201104850M

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated

Printed on 17 Jan 2022 10:24:49 by Kay Wee Choo

Page 1 of 1

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 01 / 2022) (DD/MM/YYYY), TIME: (13 : 45) (HH:MM)

LOCATION: Alexandra Road towards City in front of Queensway Shopping Center.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA 8181D
 b) INSURANCE COMPANY: Liberty
 c) POLICY NUMBER: SI21V03323/VCV/R01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Citroen / Berlingo ~~Auto~~ Manual (1560cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: employment
 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: VIC'S PLACE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 53093991J CONTACT: 9669 8999
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KHOA HUA GAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0118590Z CONTACT: 9669 8999
 c) ADDRESS: Blk 6 Beach Road #13-4873 (S) 190006

* No. of passengers
 (including driver)
(12)

1) Quach Thi Huong Trinh
 (F)

- * d) DATE OF BIRTH: (14 / 11 / 1954) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 20/8/1979
 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) Driver & passenger
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMA 2336 J MODEL: _____
 b) DRIVER'S NAME: Matthew Ng
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 8112 8388

* No. of passengers
 (including driver)
()

9. THIRD PARTY VEHICLE

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

* No. of passengers
 (including driver)
()

Kentkh530@gmail.com

Email = harrykhoo@gmail.com

Fax =

VIDEO = NO



**Liberty
Insurance.**



Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street

#03-00 Liberty House

Singapore 069428

Tel: (65) 6221 8611

Certificate of Insurance

THE 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
Form
Date Of Issue
1.Index Mark and Registration No. of Vehicle:
2.Chassis number of Vehicle:
3.Name of Policyholder:
4.Effective date of Commencement of Insurance
for the purposes of the Act:
5.Date of Expiry of Insurance:
6.Persons or Classes of Persons
entitled to drive*:

SI21V03323 /VCV /R01
MZ300A
12-MAR-2021
GBA8181D
VF7GC9HWC94309653
VIC'S PLACE
28-MAR-2021 00:00 AM
27-MAR-2022 23:59 PM

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 hire or reward or for racing, pace-making, reliability trials or speed-testing.
- B) Use whilst drawing a trailer except the towing or 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.

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

Authorised Signature

For Information only:

COVERAGE:

Third Party Only

SUM INSURED:

EXCESS:

Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: S\$3000

FINANCE COMPANY:

PRODUCER NAME:

D&S AUTO AGENCY

20210325

Ver.1.260705