

NATIONAL Assessment Centre Services

Date In: 07/02/2022 18:47	Job description	Date & Time Completed	Done by
Ref No: Nm/LIP 22001155/Vm4	SAS e-filing		
Veh No: G8G 4548A	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 30/09/2020 18:45	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: FBN 8734R	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
	Mobile Reporting

NA2200312 / NA2200336	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) 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) 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:-			
	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 (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Auditors' Comments:-

at 1:

at 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	07/02/2022 18:47 (SGT)
Date of Accident	30/09/2020 18:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT PANJANG RING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4548A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	EZZE GALLERIA PTE LTD
Company Reg No	2XXXXX855C
Email Address	weng_seong@hotmail.com
Mobile Phone No	(Phone) +65-67456900
Alternative Phone No	+65-92345900

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Reporting only
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	SD20V06878/VCV/R00
Cover Note Number	-

DRIVER

Name of Driver	CHIEW WENG SEONG
NRIC No	SXXXX996F

Date Of Birth	11/05/1982
Occupation	Outdoor
Date Of Driving Pass	26/02/2002
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92345900
Alt. Phone Number	-
Email Address	weng_seong@hotmail.com
Address	BLK 100 BEDOK NORTH AVENUE 4
Address complement	#12-1912
Postcode	460100
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 on collision
Weather Conditions	DRIZZLING
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	KHOO TEIK LOON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20201001/2128

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 TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN8734R
-----------------------------	----------



Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	CHIEW WENG SEONG
Gender	Male
Phone No	(Phone) +65-92345900
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBG4548A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KHOO TEIK LOON
Gender	Male
Phone No	(Phone) +65-90616737
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBG4548A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-96566234
Email	-

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

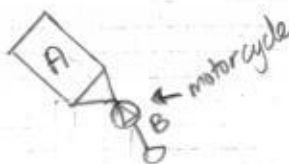
Witnessed by Reporting Centre Personnel

Sketch Plan

A = GBB 4548A

B = FBN 8734R

Bukit Panjang Ring Road.




Describe Circumstances of the Accident

— Pls refer to the police report: T/2020/001/2128. —


Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

 1-2-22

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

 07/02/22

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20201001/2128

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20201001/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2020 20:00	Vide Report No.:	Station Diary No.: 33
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHIEW WENG SEONG			Address: APT BLK 100 BEDOK NORTH AVENUE 4 #12-1912 SINGAPORE 460100		
ID Type / ID No.: NRIC NO / S8268996F			Contact No.: Home/Office: Mobile: 92345900		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 11/05/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Plumber			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/09/2020 18:45	Type of Location: X-Junction
Location: BUKIT PANJANG RING ROAD				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN8734R	Motorcycle				Seriously Damaged	0
GBG4548A	Van				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/20201001/2128

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20201001/2128

CONTINUATION OF REPORT

Driver			
Name	CHIEW WENG SEONG	ID No.	S8268996F
Related Vehicle	GBG4548A (Van)	Contact No.	92345900
Hospital/Clinic	UNIHEALTH CLINIC (BEDOK)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/10/2020	Date Discharge	01/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	KHOO TEIK LOON	ID No.	G8639579M
Related Vehicle	GBG4548A (Van)	Contact No.	90616737
Hospital/Clinic	UNIHEALTH CLINIC (BEDOK)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/10/2020	Date Discharge	01/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 30/10/2020 at about 1845hrs, I was driving my company silver Toyota van, GBG4548A at the 1st of two-lane road along Senja link towards Bukit Panjang. At that point, the traffic light was green and I was turning right towards Bukit Panjang Road. Subsequently, I noticed a black and red motorcycle, FBN8734R coming towards my vehicle at a high speed, thus I applied emergency brake and stop at the spot in the middle of road. Thereafter, I felt an impact from my front portion and I saw the motorcyclist flew off from his motorcycle. After the collision, I alighted from my vehicle and saw some passer-by helping the rider. Thereafter, the traffic police and ambulance arrived and the motorcyclist was convey to an unknown hospital. My vehicle memory card was handed over to the Traffic police and I have a male Indian (HP:96566234) witness. Due to the impact, my vehicle front portion was crumpled. After the accident, my passenger and I felt unwell and decided to seek medical treatment at Unihealth Clinic (Bedok), both of us were given 3 days MC from 01/10/2020 to 03/10/2020.



**SINGAPORE
POLICE FORCE**



T/20201001/2128

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20201001/2128

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:
G /
Staff Sgt HEAP ZHI YONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt LIM ENG KUAN, CLARENCE
Contact No.: 65476200

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/10/2020 20:00

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 09 / 2020 (DD/MM/YYYY), TIME: 18 : 45 (HH:MM)

LOCATION: Bukit Panjang Ring Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG 4548 A
 b) INSURANCE COMPANY: Liberty
 c) POLICY NUMBER: SD20V06878 / VC / R00
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Hiace Auto/Manual (2982cc)
 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: Ezzo Galleria Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201317855C CONTACT: 6745 6900 (o)
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chiew Weig Seong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8268996F CONTACT: 9234 5900
 c) ADDRESS: Blk 100 Bedok North Avenue 4 #12-1712 (S) 460100

* d) DATE OF BIRTH: 11 / 05 / 1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 26/02/2002

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 Drizzling)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Driver & Passenger (slight)
 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBN 8734 R MODEL: motorcycle
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

witness: Yes (Hp: 9656 6234)

Email = weng-seong@hotmail.com

fax =

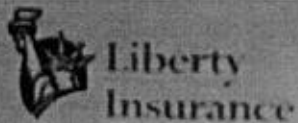
VIDEO = Yes (with traffic police).

* No of passenger
 (including driver)
 (2)

1) Khoo Teik Loon
 (m)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()



Liberty Insurance Pte Ltd
Registration No: 190027791D
51 Club Street
#03-00 Liberty House
Singapore 069420
Tel: (65) 6221 8611 Fax: (65) 6223 6966
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)

Certificate No	SD20V06878 /VCV /R00
Form	MZ300A
Date Of Issue	15-JUL-2020
1.Index Mark and Registration No. of Vehicle:	GBG4548A
2.Chassis number of Vehicle:	JTFHT02P000231282
3.Name of Policyholder:	EZZE GALLERIA PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	15-AUG-2020 00:00 AM
5.Date of Expiry of Insurance:	30-JUN-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
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 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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers	
 Authorised Signatory	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	TAN INSURANCE BROKERS PTE LTD

PLFM/PLFM/15-JUL-20

S1_CI_T1_T3_OE_Template2_Ver1

15-JUL-20