

NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: 23/02/2022 16:33	Job description	Date & Time Completed	Done by
Ref No: NA/LIP22001760/m4	SAS e-filing		
Veh No: G8J 5256 U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/02/2022 16:45	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: SLH 5203P	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

NA2200511

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	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 30		
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	23/02/2022 16:33 (SGT)
Date of Accident	22/02/2022 16:45 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	TOWARDS BUANGKOK DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ5256U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAI SING CORPORATION (PRIVATE) LIMITED
Company Reg No	1XXXXX260C
Email Address	patricia.gtneo@taising.com
Mobile Phone No	(Phone) +65-97824268
Alternative Phone No	+65-97824268

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	S121V05711/VCV/R01
Cover Note Number	-

DRIVER

Name of Driver	JUHARI BIN JAMIL
NRIC No	SXXXX976Z

Date Of Birth	12/05/1972
Occupation	Outdoor
Date Of Driving Pass	30/01/2013
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81533047
Alt. Phone Number	-
Email Address	patricia.gtneo@taising.com
Address	BLK 195 KIM KEAT AVENUE
Address complement	#10-386
Postcode	310195
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	LIM PECK SOON
Gender	Male

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 POLICE REPORT : T/20220223/2012

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	SLH5203P
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN2640V
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	JUHARI BIN JAMIL
Gender	Male
Phone No	(Phone) +65-81533047
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBJ5256U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	LIM PECK SOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBJ5256U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



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

Juhani⁶

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

23/02/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



A: GBJ 5256 U

B: SLH 5203 P

C: YN 2640 U

Along Ang Mo Kio Avenue 5
towards Buangkok Dr

Describe Circumstances of the Accident

- As per police report T/20220223/2012 -



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Juhani

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

Ru 23/2/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220223/2012

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

1 of 3

Report No. T/20220223/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2022 09:40	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: JUHARI BIN JAMIL			Address: APT BLK 195 KIM KEAT AVENUE #10-386 KIM KEAT VIEW SINGAPORE 310195		
ID Type / ID No.: NRIC NO / S7249976Z			Contact No.: Home/Office: Mobile: 81533047		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 12/05/1972	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/02/2022 16:45	Type of Location: Straight Road
Location: ANG MO KIO INDUSTRIAL PARK 2				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
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
GBJ5256U	Lorry				Slightly Damaged	1
SLH5203P	Car				Seriously Damaged	0
YN2640U	Lorry				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220223/2012

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

2 of 3

Report No. T/20220223/2012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JUHARI BIN JAMIL	ID No.	S7249976Z
Related Vehicle	GBJ5256U (Lorry)	Contact No.	81533047
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	22/02/2022	Date Discharge	22/02/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON 22/02/2022 AT ABOUT 1645HRS

I WAS DRIVING ALONG ANG MO KIO AVENUE 5 WHEN I STOPPED BEHIND A LORRY ON A TRAFFIC LIGHT. AT ABOUT 1 - 3 SECONDS LATER, A CAR COLLIDED ONTO MY REAR AFTER I HAVE COMPLETELY STOPPED MY VEHICLE. I DID NOT USE ANY EMERGENCY BRAKE OR JAM BRAKES. I DID NOT TAKE DOWN THE PARTICULARS OF THE LORRY DRIVER AND CAR DRIVER AS I WAS FEELING GIDDY. THE TRAFFIC POLICE AT SCENE AND MY WORK PARTNER TOLD ME TO TAKE A SIT AND REST INSTEAD. THE CAR DRIVER AND THE LORRY DRIVER IN FRONT OF ME WAS NOT INJURED. I WAS THEN CONVEYED TO SKGH AND WAS DISCHARGED ON THE SAME DAY WITH 5 DAYS MC.

THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20220223/2012

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

3 of 3

Report No. T/20220223/2012

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 / Other TOH CHIN XIONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MARIAH BINTE ZAKARIA
Contact No.: 65476433

Signature Of Informant:

Juhari

Date/Time:
23/02/2022 09:40

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: *[Signature]*

NP168

(tow)

Date of Accident : 22/2/2022 Accident Time: 1645 (24-HR-Format)

Accident Place : Ang Mo Kio Ave 5 towards Buangkok Dr

Vehicle. No. (Car Plate No.) : GBJ 5256 U Make/Model: Toyota Dyna 150 SMT

Insurance Company : Liberty Policy No: S121V05711/vcv/RO1

Owner or Company Name /IC No. : Tai Sing Corporation Pte Ltd (197100260C)

Owner or Company Contact No. : 97824268 Owner's Hp — Company Tel (2982cc)

DRIVER'S Name / IC No. : Juhari Bin Jamil (572499762)

DRIVER'S Date Of Birth : 12/5/1972 DRIVER'S License Pass Date 30/1/2013

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

DRIVER'S Address : 195 Kim Keat Ave #10-386 S(310195)

DRIVER'S Contact No./ Alt No. : 1) 81533 047 2) —

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

Email Address : patricia.stneo@taising.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): 2

Was the accident reported to the police? YES \ NO

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, Driver & Passenger

Driver : male, 49 y old

Pax : male, 62 y old **Other Party Driver's Particular (if any)**

Vehicle. No: SLH 5203 P (B)

Vehicle. No: YN 2640 U (C)

Vehicle Make/Model: —

Vehicle Make/Model: —

Name Driver: —

Name Driver: —

IC No. Driver/Contact: —

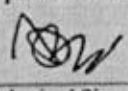
IC No. Driver/Contact: —

*** NEW - Passenger's name & gender:**

1. Lim peck soon / male

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	SI21V05711 /VCV /R01
Form	MZ300A
Date of Issue:	06-May-2021
1. Index Mark and Registration No. of Vehicle:	GBJ5256U
2. Chassis number of Vehicle:	JTFAT35Y10K213367
3. Name of Policyholder:	TAI SING CORPORATION (PRIVATE) LIMITED
4. Effective date of Commencement of Insurance for the purposes of the Act:	28-MAY-2021 00:00
5. Date of Expiry of Insurance:	27-MAY-2022 23:59
6. Persons or Classes of Persons entitled to drive*:	<p>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 for 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 hire or reward or for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>
<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.</p>	
<p>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>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p> _____ Authorised Signature</p>	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
PRODUCER NAME:	LIMRA PTE LTD