

NATIONAL Assessment Centre Services

Date In: 12/04/22	Job description	Date & Time Completed	Done by
Ref No: NA/LIP22003384/13	SAS e-filing		
Veh No: SLW90374	E-mail (within 3hrs. APC 2hrs)		
DOA: 09/04/22 1600	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: GBK6859T	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

NA2200993	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile \$0		
Cat 2 / 3:	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 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	12/04/2022 17:27 (SGT)
Date of Accident	09/04/2022 16:00 (SGT)
Exact Location of Accident	Jln Lokam, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9037Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	K G GOH TRANSPORT SERVICES
Company Reg No	5XXXX868D
Email Address	edwardgoh032513@gmail.com
Mobile Phone No	(Phone) +65-96505763
Alternative Phone No	+65-96505763

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1600

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI22V02055/VPL/R04
Cover Note Number	-

DRIVER

Name of Driver	GOH ZONG HE
NRIC No	SXXXX760F

Date Of Birth	06/03/1989
Occupation	Indoor
Date Of Driving Pass	21/08/2012
Driving experience	9 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96505763
Alt. Phone Number	-
Email Address	edwardgoh032513@gmail.com
Address	BLK 609 HOUGANG AVE 8
Address complement	#03-484
Postcode	530609
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
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	GBK6859T
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)	-

SKETCH PLAN

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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) = SLW9037Y

(B) = G0K6859T



Describe Circumstances of the Accident

3.55

On the 09/04/2022 @ about ~~4~~ 3.55 p.m., along Jalan Lokam towards Upper Paya Lebar Road. My Vehicle (A) was parked along the above mentioned road at about 3.50 p.m. When I returned to my Vehicle at about 3.55 p.m. I realised that Vehicle (B) had into the rear portion of my Vehicle (A). I waited till 4 p.m. and the driver of my Vehicle (B) returned to his vehicle.



Declaration

I/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

12/04/22

Witnessed by Reporting Centre Personnel

VEHICLE NO: 52W 9037Y

MAKE & MODEL : Honda Shuttle ☒ AUTO ☐ MANUAL

DATE OF ACCIDENT	09 10 41 2022	*C.C. 1,600
TIME OF ACCIDENT	4.00 AM <input checked="" type="radio"/> PM	
LOCATION OF ACCIDENT	Jalan Lokan	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <input checked="" type="radio"/> PRIVATE USE <input type="radio"/> PRIVATE HIRE	
NAME OF OWNER	K G Goh Transport Services	
EMAIL		Office: MOBILE: 9650 5763
NRIC	52 5328683D	
CLAIM TYPE	OD <input checked="" type="radio"/> THIRD PARTY <input type="radio"/> REPORTING ONLY	
FLEET POLICY	YES <input checked="" type="radio"/> NO <input type="radio"/> ?	
INSURANCE CO.	Liberty	
TYPE OF COVERAGE	Comprehensive <input checked="" type="radio"/> Third Party <input type="radio"/> Third Party Fire & Theft	
POLICY NO.	5122002055/VPL/ROY	
NAME OF DRIVER	AS ABOVE <input type="radio"/> IF NO, Goh Zong He	
NRIC	58909760F	
DATE OF BIRTH	06 10 31 1989	
ANY PASSENGER	YES / NO : 0	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor <input type="radio"/> Indoor <input checked="" type="radio"/>	
DATE OF DRIVING PASS	21 1 08 2012	
GENDER	Male <input checked="" type="radio"/> Female <input type="radio"/>	
CONTACT NO.	Mobile: 9650 5763 Office: Home:	
EMAIL	edwardgoh032513@gmail.com	
ADDRESS	Blk 609 Hwang Ave. 8 #03-484 S (530609)	
DOES DRIVER OWN OTHER VEHICLES?	NO <input checked="" type="radio"/> If yes, Reg No. INSURER.	
RELATIONSHIP	Employee <input type="radio"/> If No, Son	
WEATHER CONDITION	Clear <input checked="" type="radio"/> Raining <input type="radio"/> Other <input type="radio"/>	
ROAD SURFACE	Dry <input checked="" type="radio"/> Wet <input type="radio"/> Other <input type="radio"/>	
ANY INJURIES	No <input checked="" type="radio"/> If yes, Who?	
CONTACT NO.		
POLICE REPORT	No <input checked="" type="radio"/> If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	GBK6859T Any Passenger: unknown.	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO <input checked="" type="radio"/>	
WAS THERE ANY AUDIO RECORDED?	YES / NO <input checked="" type="radio"/>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO <input checked="" type="radio"/>	
**WORKSHOP:	Advance Auto Garage	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / NO <input checked="" type="radio"/>	

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: SI22V02055 /VPL /R04
From: MZ400B

Date Of Issue: 12-FEB-2022

1.Index Mark and Registration No. of Vehicle: SLW9037Y

2.Chassis number of Vehicle: GP71120206

3.Name of Policyholder: K G GOH TRANSPORT SERVICES

4.Effective date of Commencement of Insurance
for the purpose of the Act: 08-MAR-2022 00:00 AM

5.Date of Expiry of Insurance: 07-MAR-2023 23:59 PM

6.Persons or Classes of Persons
entitled to drive*:
For Private Hire Vehicle (PHV) Usage: GOH KIM GUAN

For Social, domestic & pleasure purposes: Any Authorised Drivers driving with the permission of the Policyholder.

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 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.

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers



Authorised Signature

For Information only:

COVERAGE:

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Unlimited Windscreen, Uber/Grabcar Extension (Geographical Area: Singapore only), Comprehensive

MARKET VALUE AT THE TIME OF LOSS

Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100

SUSAN TAN AI CHOO

20220411

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