

NATIONAL Assessment Centre Services

Date In: 21/04/22	Job description	Date & Time Completed	Done by
Ref No. NA/LIP22003699/13	SAS e-filing		
Veh No: G42824L	E-mail (within 8hrs, Aft 2hrs)		
D.O.A: 19/04/22 1925	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: SFLE68RZ	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

NA2201069	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
Tel. 1:	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
Tel. 2 / 3:	9) NI2: Idao Mobile 30			

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 21/04/2022 15:20 (SGT)
Date of Accident 19/04/2022 19:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 217 YISHUN ST 21 OSCP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GY2824L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner U & I DESIGN PTE LTD
Company Reg No 2XXXXX922G
Email Address ktmotorwerk@hotmail.com
Mobile Phone No (Phone) +65-93668668
Alternative Phone No +65-93668668

VEHICLE PARTICULARS

Manufacturer Toyota
Model Liteace
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 2184

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number SI22V01627/VCV/R02
Cover Note Number -

DRIVER

Name of Driver LOO FOOK SHIN
NRIC No SXXXX417H

Date Of Birth	14/08/1948
Occupation	Indoor
Date Of Driving Pass	30/10/1973
Driving experience	48 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93668668
Alt. Phone Number	-
Email Address	ktmotorwerk@hotmail.com
Address	BLK 216 YISHUN STREET 21
Address complement	#06-323
Postcode	760216
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	FATHER-IN-LAW
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	0
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	SFL5688Z
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 GBL3907C
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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number FBS8362D
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) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

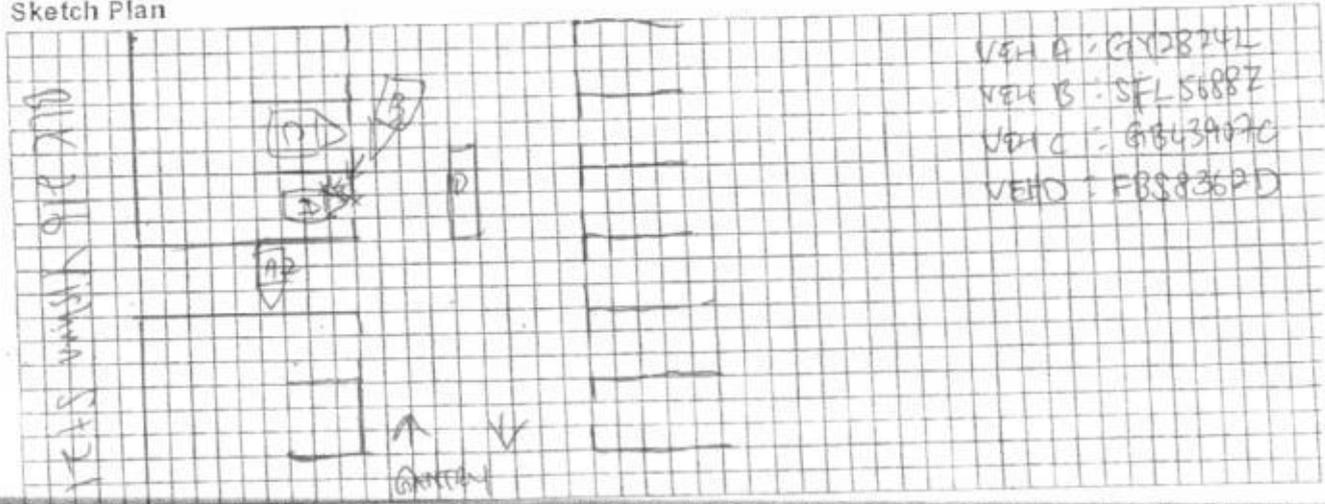


 Policyholder's Signature / Date & Time

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

Juan 21/04/22
 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time at the location,
i was inform by my neighbour that my vehicle A (G128242)
was bang by vehicle B (SLF56882). I went down
to have a look and saw my vehicle was totally
bang out of the parking lot. Traffic police
arrive after the scence and i was given a report
Number H/20220419/0100. There was a total
of H vehicle involved. My vehicle was body damage
after the accident.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time




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

 21/04/22
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 19 04 2022 (DD, MM/YY), TIME: 19 25 (HH:MM)

LOCATION: BLK 217 Yishun St 21, OSCP

1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: BY2824L
b) INSURANCE COMPANY: Liberty Insurance
c) POLICY NUMBER: S122V01627/VCV/R02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Liteace
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: U & I Design Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201835922G CONTACT: 9366P668
c) ADDRESS: 101 West Coast vale #29-11
153126753

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
()

- DRIVER
- a) NAME: Loo Fook Shin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1064417H CONTACT:
c) ADDRESS: BLK 216 Yishun St 21 #06-323
197960216

* d) DATE OF BIRTH: 14 / 08 / 1948 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 30.10.1973

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

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: L/20220419/0100

3. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: SFL 56882 MODEL: HONDA

- b) DRIVER'S NAME:

- c) NRIC/FIN/PASSPORT: CONTACT:

4. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: MODEL:

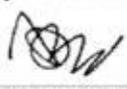
- b) DRIVER'S NAME:

- c) NRIC/FIN/PASSPORT: CONTACT:

Email: ktmotorwerk@hotmail.com

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	SI22V01627 /VCV /R02
Form	MZ300A
Date of Issue:	04-Feb-2022
1.Index Mark and Registration No. of Vehicle:	GY2824L
2.Chassis number of Vehicle:	CR425011209
3.Name of Policyholder:	U & I DESIGN PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	10-MAR-2022 00:00
5.Date of Expiry of Insurance:	09-MAR-2023 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 or any one disabled mechanically propelled vehicle.</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.	
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>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <hr/> <p>Authorised Signature</p>	

For Information only:	
COVERAGE:	Third Party Only
SUM INSURED (S\$):	-
EXCESS (S\$):	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3,000.00
FINANCE COMPANY:	LIAN HONG PRIVATE LIMITED
PRODUCER NAME:	CUSTOMER SERVICES CENTRE