

NATIONAL Assessment Centre Services

Date In: 17/05/2022	Job description	Date & Time Completed	Done by
Ref No: NA / LIP 22004606/m4	SAS e-filing		
Veh No: GBL 4888S	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 13/05/2022 21:20	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: Fw 9090m	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

NA2201326

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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:-		
	ON*		
	*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		
Auditors' Comments :-	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	17/05/2022 20:30 (SGT)
Date of Accident	13/05/2022 21:20 (SGT)
Exact Location of Accident	Bukit Batok West Ave. 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL4888S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOCKHUA TONIC PTE. LTD.
Company Reg No	2XXXXX276G
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-91552332
Alternative Phone No	+65-91552332

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1598

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V12854/VCV/R04
Cover Note Number	-

DRIVER

Name of Driver	ZHOU CHUNJIE
NRIC No	SXXXX743A

Date Of Birth	17/03/1970
Occupation	Outdoor
Date Of Driving Pass	24/05/2005
Driving experience	17 YEARS
Gender	Female
Mobile Number	(Phone) +65-91552332
Alt. Phone Number	-
Email Address	jmartauto@gmail.com
Address	BLK 476C CHOA CHU KANG AVENUE 5
Address complement	#10-37
Postcode	683476
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 - Change/cross lane
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?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220514/2026.

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	FW9090M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

SKETCH PLAN

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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.

HockHua Tonic Pte Ltd

周維志

周維志

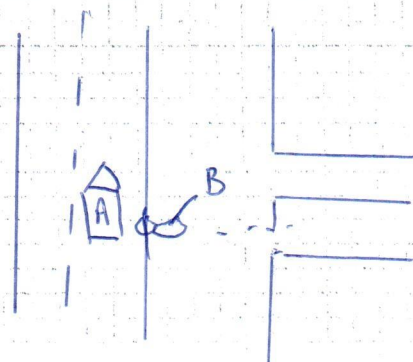
R 17/5/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



DOA: 13/5/22

A: GBH 4888 S

B: FW 9090M

B+

Batuk

Ave S

Describe Circumstances of the Accident

Refer to Police Report: T/20200514/2026.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Hockhua Tonic Pte Ltd

*

周国志

Policyholder's Signature / Date & Time

周国志

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

R 17/5/22

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220514/2026

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20220514/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2022 10:38		Vide Report No.: J/20220513/0146		Station Diary No.: 32	
Informant's Particulars					
Name of Informant: ZHOU CHUNJIE			Address: APT BLK 476C CHOA CHU KANG AVENUE 5 #10-37 SINGAPORE 683476		
ID Type / ID No.: NRIC NO / S7078743A			Contact No.: Home/Office: Mobile: 91552332		
Nationality: SINGAPORE CITIZEN			Email: Joycezhou1703@gmail.com		
Sex: Female	Age: 52	Date of Birth: 17/03/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRODUCT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/05/2022 21:20	Type of Location: Straight Road
Location: BUKIT BATOK WEST AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW9090M	Motorcycle				Slightly Damaged	0
GBL4888S	Van				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220514/2026

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20220514/2026

CONTINUATION OF REPORT

Driver			
Name	ZHOU CHUNJIE	ID No.	S7078743A
Related Vehicle	NIL	Contact No.	91552332
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

Brief Details.

On 13/05/2022 at about 2120hrs I was driving my vehicle GBL4888S along Bukit Batok West Avenue 5 after turning out from Bukit Batok West Avenue 7. I was on the extreme left lane when the vehicle in front of me slowed down. I checked my mirror and my blindspot before overtaking the vehicle from the right. After I completed my lane change for the overtaking. I heard a motorcycle fall. I check and I saw a motorcyclist fell. I stop my vehicle and discover that my rear right wheel hub cap was hit. I believed he came from the car park opposite the accident site.

The rider and his motorcycle FW9090M was brought to the roadside by public. He then ask me on how to settle the matter. I told him that I am driving my company vehicle therefore we will leave it to insurance to settle the matter. Then he suggested to call for police. Then he called for police. I not sure if he called for ambulance but ambulance came first. Paramedic attended to him first follow by the arrival of police.

After the traffic police interviewed the rider he was convey to hospital by the ambulance. I did not suffered any injury. My vehicle suffered a damaged hub cap.

The Traffic Police also seized the memory card of my in car camera.



**SINGAPORE
POLICE FORCE**



T/20220514/2026

3 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20220514/2026

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:

F /

Other YAP PENG TING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/05/2022 10:38

Officer In Charge Of Case:

TP / GIT /

STAFF SGT QHAIRIL BIN ZULKEFLEE

Contact No.: 65476187

Classification Of Case:

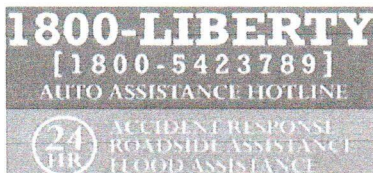
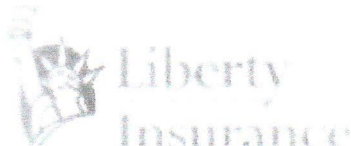
Date of Accident : 13/5/22		Time of Accident : 2120 hrs	
Exact Location of Accident : Bt Batok West Ave 5			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Wet / Dry	
Private Use / Work			
Owner's Name : Hock Hua Tonic PL		NRIC : 2002102766	HP :
Driver's Name : Zhou Chunjie		NRIC : 57078743A	HP : 91552332
DOB : 17/3/1970	Driving Licence Passing Date : 24/5/2005		Occupation : Indoor / Outdoor
Address : 476C Choa Chu Kang Ave S #10-37 (683476)			
Relationship Of Driver with Insured : Employee		Email : jmartauto@gmail.com	
Vehicle Number : GBL 4888 S (m)		Make & Model : Nissan NV200 (1598cc)	
Insurance Company : Liberty		Policy Num :	Coverage :
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax			
A : 1+0	B : 1+0	C :	D :
Vehicle A Passenger Name :			
Anyone Injured :			
<input checked="" type="radio"/> NO		<input checked="" type="radio"/> YES Name / NRIC / Which Vehicle :	
Was The Accident Reported To The Police ?			
<input checked="" type="radio"/> NO		<input checked="" type="radio"/> YES Which Police Station :	
Does The Driver Own Any Other Vehicle ?			
<input checked="" type="radio"/> NO		<input checked="" type="radio"/> YES Vehicle Number : Insurer :	
Was Any Foreign Vehicle Involved ?			
<input checked="" type="radio"/> NO		<input checked="" type="radio"/> YES Vehicle Number & Category :	
Was There Any Video Captured By Car Camera ? <input checked="" type="radio"/> NO <input type="radio"/> YES			

Third Party's Particular

Vehicle B 's Number : FW 9090M		Make & Model :	
Driver's Name :		NRIC :	HP :
Vehicle C 's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :

Witness 's Particular

* 1 driver only



Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611
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
ROAD TRANSPORT (AMENDMENT) ACT 2019
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD21V12854 /VCV /R04
Form	MZ300A
Date Of Issue	08-SEP-2021
1. Index Mark and Registration No. of Vehicle:	GBL4888S
2. Chassis number of Vehicle:	JN1YAAM20Z0002332
3. Name of Policyholder:	HOCKHUA TONIC PTE. LTD.
4. Effective date of Commencement of Insurance for the purposes of the Act:	12-SEP-2021 00:00 AM
5. Date of Expiry of Insurance:	11-SEP-2022 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.	
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 :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$1000, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY

P_VCV-/08-SEP-21

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08-SEP-21