

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

51092260000

Date In: 13/06/2022 17:09	Job description	Date & Time Completed	Done by
Ref No: N/A 21P22005844	SAS e-filing		
Veh No: GBA 2512	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/06/2022 11:05	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: () / Fax: ()
TP Particulars:	Veh No: GBA 1496E
Owner / Driver: (INC () / Non-INC ()
Policy No: ()	Period: ()
Confirmed by: (Cover Type: ()
Insured/Driver Liability: ()	Date: () Time: ()
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 5616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000]: ()

Injury: _____

Date/Time	Actions

N/A 201633

Plaintiff's Particulars:	Invoice Preparation Checklist
Driver/Owner:	1) AR: Accident Reporting (\$30);
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)
Damaged Portion:	3) TF: Towing Fee \$40/\$45
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30
1.1:	For claiming against INC Only (wef 10 Jan 2005)
1.2/3:	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON*
	*N3: 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: Idao Mobile \$0
	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	13/06/2022 17:09 (SGT)
Date of Accident	13/06/2022 11:05 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	(AYE EXIT 6)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2151Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	D'CAKE PTE LTD
Company Reg No	2XXXXX799W
Email Address	xinyunauto@gmail.com
Mobile Phone No	(Phone) +65-84365915
Alternative Phone No	(Office) +65-67341456

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 - 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	SI21V06677/VCV/R03
Cover Note Number	-

DRIVER

Name of Driver	GU NING
Work Permit No	0XXXXX7508

Date Of Birth	20/01/1982
Occupation	Outdoor
Date Of Driving Pass	30/11/2020
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84365915
Alt. Phone Number	-
Email Address	xinyunauto@gmail.com
Address	27 TUAS BAY WALK #02-09
Address complement	WEST VIEW FOOD INDUSTRY
Postcode	637127
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 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

PLEASE REFER TO SKETCH PLAN

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	GBG1496E
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHOO SOEN KENG JOSHUA
NRIC No	SXXXX025F
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

VEHICLE NO:
DATE OF ACCIDENT:

IMPORTANT NOTICE

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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.

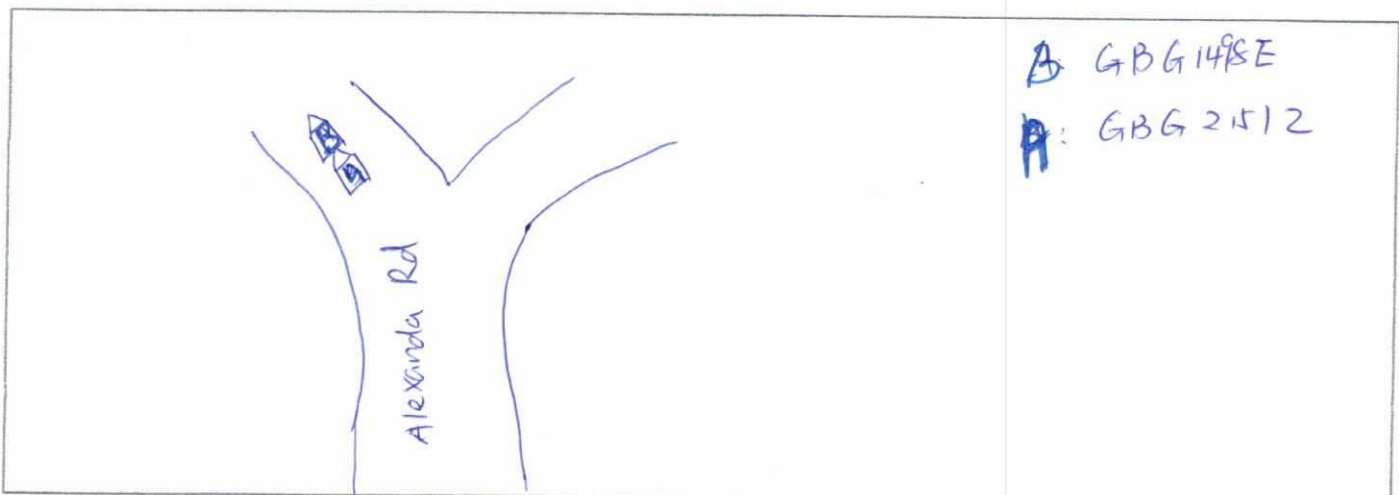


X
Policyholder's Signature / Date & Time

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

13/06/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



Aye

Describe Circumstances of the Accident

VEHICLE NO: GBG2151Z

DATE OF ACCIDENT: 13/06/2022

I drive my company lorry GBG2151Z from AYE Exit 6
to Alexandra Road exit.

From van suddenly Jan brake, I collided on GBG1498E

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY ()

OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN
DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Signature of Driver

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

Witnessed by Reporting Centre
Personnel

Signature of Reporting Centre Personnel
13/06/2022

Authorization Letter to Drive Vehicle GBG2151Z

TO WHOM IT MAY CONCERN

This is to certify that Gu Ning, WP Number: 0 77417508 is working in our company as deliver driver. He is hearby authorized to use of the company van GBG2151Z.

Vehicle Number:GBG2151Z
Vehicle Model: TOYOTA DYNA

Yours Sincerely,



D'CAKE PTE LTD


Date of Accident : 13/06/2022 Accident Time: 11:05am (24-HR-Format)
Accident Place : Alexandra Road (AYE Exit 6)
Vehicle Reg. No. (Car Plate No.) : GBG 2151Z
Vehicle Make/Model : Toyota Dyna
Insurance Company : Liberty Policy No. SI2IV006677/VCV/R03
Owner or Company Name /IC No. : D'cake Pte ltd 200917799W
Owner or Company Contact No. : 67341456 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Gu Ning WP 077417508
DRIVER'S Date Of Birth : 20 Jan 1982 DRIVER'S License Pass Date 30 Nov 2020
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 27 Tuas Bay walk #02-09 West view food
DRIVER'S Contact No./ Alt No. : Industry (637127)
: 1) 84365915 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Xinyunauto1@gmail.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): 1
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

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>GBG 1498E</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>NV200 Nissan</u>	Vehicle Make/Model: _____
Name Driver: <u>Choo Soen Keng Jashua</u>	Name Driver: _____
IC No. Driver: <u>S0158025 F</u>	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

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	SI21V06677 /VCV /R03
Form	MZ300A
Date of Issue:	27-May-2021
1.Index Mark and Registration No. of Vehicle:	GBG2151Z
2.Chassis number of Vehicle:	KDY2318026267
3.Name of Policyholder:	D'CAKE PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	23-JUN-2021 00:00
5.Date of Expiry of Insurance:	22-JUN-2022 23:59
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 or 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:	Comprehensive, Unlimited Windscreen, Additional Accessories (S/I of Refrigerated - \$10,000.00)
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:	LEE CHOON YIK