

# NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

240922670008

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 15/06/2022 17:03 | Job description                          | Date & Time Completed | Done by |
| Ref No: N/A 220058714     | SAS e-filing                             |                       |         |
| Veh No: 535, 69835        | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 13/06/2022 20:15   | 1-Motor Claim Form                       |                       |         |
| OD: TP / Reporting Only   | 1-Motor W/O (Within: OD, 2hrs, TP 4hrs)  |                       |         |
| TP Insurer:               | 1-Photo Uploaded                         |                       |         |
|                           | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| CP Particulars:                          | Veh No: N/A 53225   | 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 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Statement Particulars           | Invoice Preparation Checklist                   | Amended Bill | Revised 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                     |              |              |
| C. Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |              |              |
| Auditors' Comments:             | 5) PT: 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: Idac DA + SMRT Survey \$160              |              |              |
|                                 | 8) NIUC 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                        |              |              |
|                                 | 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              | 15/06/2022 17:03 (SGT)                  |
| Date of Accident                | 13/06/2022 20:15 (SGT)                  |
| Exact Location of Accident      | 210 Hougang Street 21, Singapore 530210 |
| Additional Location Information | KOVAN HEARTLAND OPEN SPACE CARPARK      |
| Country/State of Loss           | Singapore                               |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SJS6953S |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                            |
|--------------------------|----------------------------|
| Is company?              | No                         |
| Name Of Registered Owner | TOH ENG HWEE               |
| NRIC No                  | SXXXX960B                  |
| Email Address            | supersonicrun123@gmail.com |
| Mobile Phone No          | (Phone) +65-96186953       |
| Alternative Phone No     | +65-96186953               |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mercedes                  |
| Model  | A200                      |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Private use               |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Private car               |
| Transmission   | Auto                      |
| CC   | 1332                      |

#### INSURANCE COMPANY

|                           |                           |
|---------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Type of Coverage          | Comprehensive             |
| Fleet Policy              | No                        |
| Policy Number             | SI21V07566/VPE/R02        |
| Cover Note Number         | -                         |

#### DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | TOH ENG HWEE |
| NRIC No        | SXXXX960B    |

|  |                                    |
|--|------------------------------------|
| Date Of Birth  | 01/02/1964                         |
| Occupation   | Outdoor                            |
| Date Of Driving Pass   | 27/07/1981                         |
| Driving experience   | 40 YEARS AND 11 MONTHS             |
| Gender   | Male                               |
| Mobile Number  | (Phone) +65-96186953               |
| Alt. Phone Number  | +65-96186953                       |
| Email Address  | supersonicrun123@gmail.com         |
| Address  | BLK 285 TAMPINES STREET 22 #03-217 |
| Address complement   | -                                  |
| Postcode   | 520285                             |
| Is the driver the policyholder?                              | Yes                                |
| If No, Relationship of the Driver with the Insured           | -                                  |
| 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   | Hit and run / Vandalism / Damaged whilst parked |
| 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)   | 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

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 | SNA5322S    |
| 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) .....     | 2 |



## 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

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

Witnessed by Reporting Centre Personnel

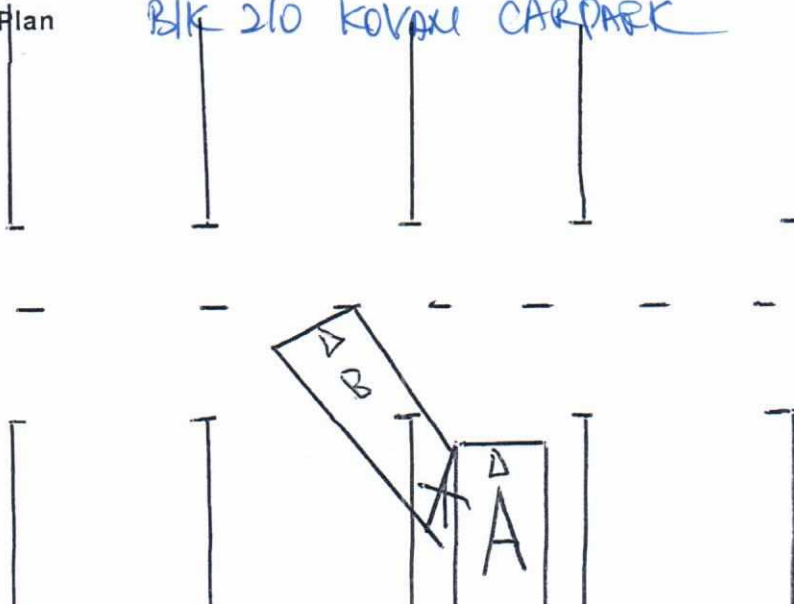
Sketch Plan

BLK 210 KOVALE CARPARK

Vehicle A  
SJS 6933 S

Vehicle B

SNA 5322 S





Describe Circumstances of the Accident

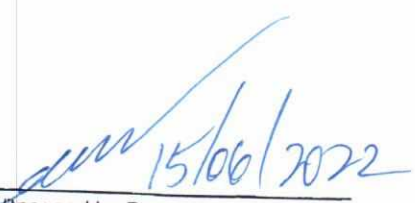
ON the stated date and location  
I Veh A was parked at Kovan  
carpark lot, when I came  
back notice that Veh B hit  
my left portion of my vehicle

Declaration

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

  
Witnessed by Reporting Centre  
Personnel



VEHICLE NO: SJS 6953 S

MAKE &amp; MODEL: MERCEDES A200

AUTO / MANUAL

DATE OF ACCIDENT

13 / 06 / 2022

\*C.C.

TIME OF ACCIDENT

8:15

AM / PM

LOCATION OF ACCIDENT

BIDUK 210

Kovan

car park

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE

PRIVATE HIRE

NAME OF OWNER

TOH ENG HWEE

EMAIL:

SUPERSONIC RUN 1230 EMAIL.COM

Office:

MOBILE: 9618 6953

NRIC

S16359608

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY:

YES / NO ?

INSURANCE CO.

LIBERTY INSURANCE

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire &amp; Theft

POLICY NO.

S121V07566 / VPE / R02

NAME OF DRIVER

AS ABOVE / IF NO:

NRIC

DATE OF BIRTH

01 / 02 / 1964

ANY PASSENGER

YES / NO:

NAME OF PASSENGER

- Nil -

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

27 / 07 / 1981

GENDER

Male / Female

CONTACT NO.

Mobile:

Office:

Home:

EMAIL:

ADDRESS

B1K 285 TAMPINES ST 22 #03-217 S/520285

DOES DRIVER OWN OTHER VEHICLES?

No / If yes, Reg No.

INSURER

RELATIONSHIP

Employee / If No:

Owner

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes, Who?

CONTACT NO.

POLICE REPORT

No / If yes, Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO/IF YES, WHO?

VEHICLE B NO.

SNA 5322 S

Any Passenger:

02

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

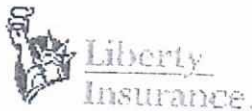
WAS THERE ANY AUDIO RECORDED?

YES / NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

\*\*WORKSHOP:



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, Road Transport Act 1987, Road Transport Amendment Act 2012, The Motor Vehicles (Third Party Risks) Rules, 1987

## Name of Policyholder:

TOH ENG HWEE

## Date of Issue:

14 Jun 2021

## Registration No.:

SJS6952S

## Effective Date of Commencement:

02 Jul 2021 00:00

## Chassis No.:

WDD1770872V020242

## Certificate No.:

SI21V01566/VPE/R02

## Date of Expiry:

01 Jul 2022 23:59

## Type of Certificate:

MX1

## Persons or Classes of Persons entitled to drive\*:

A) The Policyholder.

B) Any other person who is driving on the Policyholder's order or with his 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.

## Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

## The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) Use for any purpose in connection with the Motor Trade.

\*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

## For information Only:

Coverage/s:

Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess

Section I - Named Drivers: S\$300, Section I - Unnamed Drivers: S\$100, Additional Excess for Young, Elderly & Inexperienced Drivers: S\$300, Windscreen Excess: S\$100

Name of Finance Company:

MAYBANK SINGAPORE LTD

Name of Producer:

CAR TIMES INSURANCE AGENCY PTE LTD (A12004)