

NATIONAL Assessment Centre Services: [wef 1 Jan 08] **SN0922680006**

Date In: 28/06/2022 17:08	Job description	Date & Time Completed	Done by
Ref No: XBA/UP22006153/Y	SAS e-filing		
Veh No: WK2231632A052	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/06/2022 11:40	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 Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SKW 3790 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	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

LA2302133

Statement Particulars	Invoice Preparation Checklist	Amount (\$)	Remarks
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: 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		
C Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors Comments:	Invoice dated	Fee Charged	
L 1:			
L 2/3:			

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	28/06/2022 17:03 (SGT)
Reported by	Driver
Date of Accident	02/06/2022 11:40 (SGT)
Exact Location of Accident	24 Leng Kee Rd, Singapore 159096
Additional Location Information	MULTISTOREY CARPARK (LEVEL 7)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	W1K2231632A052743
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	VINCAR PTE LTD
Company Reg No	2XXXXX900K
Email Address	jun_hong@vincar.com.sg
Mobile Phone No	(Phone) +65-96861119
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S500
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	Motor trade
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22F01649/FIC/R1/E0

DRIVER

Name of Driver	LOW JUN HONG
Passport No/FIN	GXXXX634R
Date Of Birth	06/12/1994
Occupation	Outdoor

Date Of Driving Pass	22/02/2020
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96861119
Alt. Phone Number	-
Email Address	jun_hong@vincar.com.sg
Address	101B UPPER CROSS STREET #20-04
Address complement	PEOPLE'S PARK CENTRE
Postcode	058359
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL2302G
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 2

Vehicle Registration Number	SLW3779D
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)	-

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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
(Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident

VEHICLE A WAS PARKED CARPARK LOT OF 24 LENG KEE ROAD LEVEL 7 MULTISTORY CARPARK. TOW TRUCK TOWED

VEHICLE B (SLW3779D) FROM THE LOT. WHILE EXITING THE CARPARK LOT, VEHICLE B (SLW3779D) HIT ONTO MY

VEHICLE WHILE VEHICLE B (SLW3779D) WAS TOW BY TOW TRUCK.

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 02 / 06 / 2022 (dd/mm/yy) Time of Accident: 11 : 40 (24-HR-FORMAT)
Vehicle No.: _____ Vehicle Make & Model: MERCEDES S500
*Transmission : ☐ Manual ☒ Auto *C.c : _____
Exact location of Accident: 24 LENG KEE ROAD MULTISTORY CARPARK (LV 7)
Policyholder's Name: VINCAR PTE LTD NRIC/FIN/REG No.: 200312900K
*Policyholder's email address : JUN_HONG@VINCAR.COM.SG
Driver's Name: LOW JUN HONG NRIC/FIN/REG No.: G2458634R
*Driver's email address : JUN_HONG@VINCAR.COM.SG
Driver's Contact No.: 96861119 Company Contact No (If any): _____
Date of birth: 06/12/1994 Driving Pass Date: 22/02/2020
Driver's Address: 101B UPPER CROSS STREET, #20-04 PEOPLE'S PARK CENTRE, SINGAPORE (058359)
Insurance Company: LIBERTY
Policy No.: SD22F01649/ FIC/ R1/ E0 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____
What do you wish to claim? (Please **TICK** one only)
☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Type of Accident
☐ Chain Collision ☐ Head To Rear ☒ Side Swipe ☐ Other _____
Occupation (nature job) ☐ Indoor ☒ Outdoor *No. of Passengers / Including Driver): 0
*Passenger Name: _____ Gender: Male / Female
*Passenger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☐ Yes ☒ No
Any Injuries: ☐ Yes ☒ No (If YES) Injured Person' Name: _____
Injuries Sustain : _____ Injured Person in Which Vehicle: _____
Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLW3779D
Driver's Contact No: _____ Insurance Company : _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company : _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: AUTO SPRINT PTE LTD Contact No: 83447681

The Schedule

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Class of Policy	INDUSTRIAL ALL RISK -COMMERCIAL RISK	
Policy No.	SD22F01649 / FIC /R1 /E0	Account VINCAR PTE. LTD.
Insured	VINCAR PTE LTD	
Address	1 CHANG CHARN ROAD #05-02 OC SINGAPORE 159630	
Business/Occp	TRADING OF NEW/USED CARS	
Period of Insurance	From 19-APR-2022 To 18-APR-2023 Both Dates Inclusive Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium	
Gross Premium	SGD *****8,903.75	
Situation of Risk	<p>1) 1 CHANG CHARN ROAD #05-02/03 OC BUILDING SINGAPORE 159630 OCCUPIED AS: OFFICE</p> <p>2) 61 UBI AVENUE 2 AML #02-16/17, LEVEL 6 & 7 CARPARKS SINGAPORE 408898 OCCUPIED AS: OFFICE / SHOWROOM / STORAGE STOCK</p> <p>3) 237 ALEXANDRA ROAD THE ALEXCIER, #01-10 TO 16, LEVEL 1 & 2 FOYER, BASEMENT CARPARK, SINGAPORE 159929 OCCUPIED AS: OFFICE / SHOWROOM / STORAGE STOCK</p> <p>4) 24 LENG KEE ROAD LENG KEE AUTOPOINT #01-01, 01-02 & #02-03B, LEVEL 1 TO 7 SINGAPORE 159096 OCCUPIED AS: OFFICE / SHOWROOM / STORAGE</p> <p>5) 18 BOON LAY WAY #06-103 TRADEHUB21 SINGAPORE 609966</p> <p>6) 47 JALAN BUROH LEVEL 7 SINGAPORE 619491</p> <p>7) 60 JLN LAM HUAT #05-53 SINGAPORE 737869</p>	
THE PROPERTY INSURED		
ON THE FOLLOWING PROPERTY BELONGING TO THE INSURED OR HELD BY THEM IN TRUST OR ON COMMISSION OR FOR WHICH THEY HOLD THEMSELVES RESPONSIBLE		
ITEM	DESCRIPTION OF PROPERTY	SUM INSURED

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09226S0006 Vehicle Registration No: W1K2231632A052743
Name (as shown in NRIC): VINCAR PTE LTD NRIC/FIN/Passport No: 200312900K
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 101B UPPER CROSS STREET, #20-04 PEOPLE'S PARK CENTRE Singapore (058359)
Contact (Tel): _____ Mobile No.: 96861119
Email Address: JUN_HONG@VINCAR.COM.SG
Date of Accident: 02/06/2022 Time of Accident: 11:40
Place of Accident: 24 LENG KEE ROAD MULTISTORY CARPARK (LV 7)
Insurance Company: LIBERTY

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

VEHICLE B - YL2302G

VEHICLE C - SLW3779D



Policyholder / Driver's Signature
Date: 18/07/2022

19/07/2022
Reporting Centre Personnel's Signature
Name: Resa
NRIC/FIN No.: 200312900K
Date: