

ADDITIONAL Assessment Centre Services:

[wef 1 Jan'08]

NA2201007

Date In: 01/07/2022 16:18
 Ref No: N/A 4P 20063007
 Veh No: 874 686C
 D.O.A: 30/06/2022 08:58

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, Atc 2hrs)		
1-Motor Claim Form		
1-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

OD: TP / Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Veh No: SLX 564C 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

Invoice Preparation Checklist:

Am (S)

Am (S)

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Auditors Comments:

1.1:

1.2 / 3:

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100); INC (\$80)	
3) TF: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (wef 10 Jan 2009)	
6) TR: Re-inspection \$75	
7) NI: Idao DA + SMRT Survey \$160	
8) NTUC 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 (From 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	01/07/2022 16:18 (SGT)
Reported by	Driver
Date of Accident	30/06/2022 08:58 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS CITY AFTER BEDOK EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG656C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SW AUTO
Company Reg No	5XXXX467L
Email Address	supersonicrun123@gmail.com
Mobile Phone No	(Phone) +65-90291117
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V03850/VPL/R03

DRIVER

Name of Driver	CHONG KOK WAI
NRIC No	SXXXX544B
Date Of Birth	17/12/1976
Occupation	Outdoor

Date Of Driving Pass	01/10/2011
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90291117
Alt. Phone Number	-
Email Address	supersonicrun123@gmail.com
Address	BLK 269 TAMPINES STREET 21 #04-229
Address complement	-
Postcode	520269
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	DRIZZLING
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	WONG SHIRLEY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20220630/2109

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	SLX5614C
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO CHANG RONG BRYAN
NRIC No	SXXXX537G
Contact Number	(Phone) +65-90680528
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHONG KOK WAI
Gender	Male
Phone No	(Phone) +65-90291117
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SJG656C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	WONG SHIRLEY
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SJG656C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

ECP TOWARDS CNY AFTER BEDOK EXIT

A	A = SJG 656C
B	B = SLX 5614C

Describe Circumstance of the Accident

ON THE STATED DATE OR TIME, I WAS
TRAVELLING ALONG ECP TOWARDS CITY ON LANE 1.
SUDDENLY THE VEHICLE IN FRONT BRAKE, I FOLLOWED AND
CAME TO A COMPLETE STOP. I THEN FELT A HUGE
IMPACT FROM THE REAR. I GOT DOWN AND REALISED
VEHICLE B HIT ONTO ME.

POLICE REPORT T/20220680/2109

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220630/2109

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20220630/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2022 23:12		Vide Report No.:		Station Diary No.: 94	
Informant's Particulars					
Name of Informant: CHONG KOK WAI			Address: APT BLK 269 TAMPINES STREET 21 #04-229 SINGAPORE 520269		
ID Type / ID No.: NRIC NO / S7664544B			Contact No.: Home/Office: Mobile: 90291117		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 45	Date of Birth: 17/12/1976	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: PRIVATE HIRE		Driving Licence Information: Class: 2B,3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/06/2022 08:55	Type of Location: EXPRESSWAY
Location: EAST COAST PARKWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG656C	Car	TOYOTA		White	Slightly Damaged	1
SLX5614C	Car	MERCEDES BENZ		Black		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220630/2109

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20220630/2109

CONTINUATION OF REPORT

Driver			
Name	CHONG KOK WAI	ID No.	S7664544B
Related Vehicle	SJG656C (Car)	Contact No.	90291117
Hospital/Clinic	TAMPINES MEICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/06/2022	Date Discharge	30/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	HO CHANG RONG BRYAN	ID No.	S9004537G
Related Vehicle	SLX5614C (Car)	Contact No.	90680528
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle, SJG656C along ECP on the first lane towards city. As I was driving, the vehicle in front of mine suddenly braked which I then braked my vehicle to a stop. While my vehicle was stationary, I then felt an impact to the rear of my vehicle.

Another vehicle, SLX5614C, collided to the rear of my vehicle. We then went out of our vehicles to take pictures of the accident and exchange particulars. There was no traffic police or ambulance at scene. Damages to my vehicle are scratches at the rear bumper and the left portion of the rear bumper was dislodged. My wife, Wong Shirley was also in the vehicle. Myself and my wife then went to Tampines Medical Centre and received 3 days of mc dated from the 30/06/22 till the 02/07/22. Injuries are neck and back sprain. I have an inbuilt car camera but it has issues thus the accident was not recorded.



**SINGAPORE
POLICE FORCE**



T/20220630/2109

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20220630/2109

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:

G /

Other ABDUL RAHMAN BIN
MOHAMED ALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/06/2022 23:12

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

VEHICLE NO: SSG 6S6 C MAKE & MODEL: TOYOTA PRIUS AUTO / MANUAL

DATE OF ACCIDENT

30 / 06 / 22

°C.C.

TIME OF ACCIDENT

8.58 AM / PM

LOCATION OF ACCIDENT

ELP TWO'S CITY AFTER BEDOK EXIT

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

SW AUTO

EMAIL:

SUPERSONICRUN123@gmail.com

Office:

MOBILE:

NRIC

53394467L

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY:

YES / NO ?

INSURANCE CO.

LIBERTY

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

SI22V03850 / VPL / R03

NAME OF DRIVER

AS ABOVE / IF NO CHONG KOK WAI

NRIC

S7664544B

DATE OF BIRTH

17 / 12 / 1976

ANY PASSENGER

YES / NO :

NAME OF PASSENGER

1) WONG SHIRLEY (F)

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

01 / 10 / 2011

GENDER

Male / Female

CONTACT NO.

Mobile: 9029 1117

Office:

EMAIL:

ADDRESS

BLK 269, TAMPINES ST 21, #04-229

DOES DRIVER OWN OTHER VEHICLES?

NO / If yes: Reg No.

INSURER:

RELATIONSHIP

Employee / If No:

WEATHER CONDITION

CLEAR / Raining / Other: DRIZZLING

ROAD SURFACE

dry / Wet / Other:

ANY INJURIES

No / If yes Who? 1) DRIVER 2) WONG SHIRLEY (F)

CONVEYED BY AMBULANCE

No / If yes: Who?

POLICE REPORT

No / If yes: Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO / IF YES, WHO?

VEHICLE B NO.

SLX 5614 C

Any Passenger:

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

Who is Reporting

Driver / Owner / Both

Original Language Used

English / Mandarin / Others:

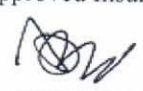
Have you been approach by unknown person soliciting (s) /

offering accident claims assistance?

YES / NO

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	SI22V03850 /VPL /R03		
Form	MZ400B		
Date of Issue:	18-Mar-2022		
1.Index Mark and Registration No. of Vehicle:	SJG656C		
2.Chassis number of Vehicle:	JTDKB3FU703500539		
3.Name of Policyholder:	SW AUTO		
4.Effective date of Commencement of Insurance for the purpose of the Act:	10-APR-2022 00:00		
5.Date of Expiry of Insurance:	09-APR-2023 23:59		
6.Persons or Classes of Persons entitled to drive*: For Private Hire Vehicle (PHV) Usage :	CHONG KOK WAI		
7.Limitations as to use*: A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes.			
8.Policy does not cover: A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) 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.			
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, PHV Extension (Geographical Area: Singapore only)		
SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS		
EXCESS (S\$):	Section I (Singapore) \$2,000.00, Section I (Outside Singapore) \$4,000.00, Section II (Singapore) \$1,500.00, Section II (Outside Singapore) \$3,000.00, Windscreen Excess \$100.00		
FINANCE COMPANY:	SPEEDO CAPITAL PTE. LTD.		
PRODUCER NAME:	MIQ GENERAL AGENCY		