

NATIONAL Assessment Centre Services: (wef 1 Jan 08)

Date In: 14/07/22	Job description	Date & Time Completed	Done by
Ref No: NAIP2200669315	SAS e-filing		
Veh No: 6BD7853P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/07/22 1206	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-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: Vch No: SMD 3307	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%; P: 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	Action

NA2201874

Statement Particulars:	Invoice Preparation Checklist	AM (S)	AM (B)
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) PT: 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:		
	OD*		
	*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 (Ptn INC) against INC \$20		
	9) N12: Idao Mobile 30		
C. Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Architect's Comments:	Invoice dated	Fee Charged	
t. 1:			
t. 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	13/07/2022 10:36 (SGT)
Reported by	Owner
Date of Accident	05/04/2022 12:06 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN TENGGIRI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7853P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LY ENVIRONMENTAL SERVICES PTE LTD
Company Reg No	1XXXXX237K
Email Address	LY@LYCOMPANY2.COM.SG
Mobile Phone No	(Phone) +65-63454929
Alternative Phone No	-

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	2755

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD21V01308/VCV/R00

DRIVER

Name of Driver	TOH KIM BOOK
NRIC No	SXXXX803G
Date Of Birth	02/03/1952
Occupation	Outdoor

Date Of Driving Pass	28/06/1984
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80270574
Alt. Phone Number	-
Email Address	LY@LYCOMPANY2.COM.SG
Address	NLK 253 YISHUN RING ROAD #11-1039
Address complement	-
Postcode	760253
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	Collided into Parked Vehicle
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
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SMD330Y
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

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 13/07/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

SKETCH NOT AVAILABLE

Describe Circumstance of the Accident

Refer to the Police Report

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 13/07/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



G/20220425/7073

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Report No. G/20220425/7073

POLICE REPORT (NPB99)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 25/04/2022 15:34	Vide Report No.	Station Diary No.
Name Of Informant RICHARD GOH YEE CHAO	Address 86 MARINE PARADE CENTRAL #04-308 MARINE PARADE PROMENADE SINGAPORE 440086	
ID Type / ID No. NRIC NO / S1413628B	Contact No. Home/Office:	Mobile: 81333215
Nationality SINGAPORE CITIZEN	Email Address ly@lycompany2.com.sg	
Occupation Administration manager	Sex Male	Age 62
Institution/School Name	Language English	Date of Birth 17/02/1960
Date/Time Of Incident 05/04/2022 10:00 - 22/04/2022 07:00	Race Chinese	
	Location Of Incident 86 MARINE PARADE CENTRAL #04-308 MARINE PARADE PROMENADE SINGAPORE 440086	

Brief details.

Mr. Toh Kim Book Police Report - GBD7853P
Mr. Toh Kim Book (S0182803G) was hired as driver commencement date is on 05 April 2022. Despite of his age, he asks our company to give him a chance to work as he is still strong and can work. Before he starts to work, we talked to him that we will give him a chance and we will assess his performance for 1month.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/04/2022 15:34
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220425/7073

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POLICE REPORT (NPB99)

CONTINUATION OF REPORT

Report No. G/20220425/7073

05 April 2022 (Tuesday) - He call for help at 9:13PM to repair flat tyre. After repair he report vehicle breakdown.

06 April 2022 (Wednesday)
He arranged Tow Car company to tow the lorry to workshop.

07 April 2022 (Thursday)
He was called back to office to explain. Mr. Toh confirm to pay all the damages that caused by his recklessness on driving.

08 April 2022 (Friday)
Our colleague discovers the missing mirror and flat tyre again in the morning.

09 April 2022 (Saturday) - Last Day of Work
He was called back again to the company office. Instead of reporting back to the office he parked the lorry at carpark with lorry key and informed that he resigns and will pay all the damages of the lorry he caused. Later, he informed Bless to call his wife for the settlement.

21 April 2022 (Thursday)
I called Mr. Toh several times to arrange for his settlement unfortunately no answer. Late morning, I received call from Mr. Low that Mr. Toh hit his car on 07 April 2022 when reversing and was informed by Mr. Low that he (Mr. Toh) will settle with Mr. Low not the company.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
25/04/2022 15:34

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220425/7073

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POLICE REPORT (NPB99)

CONTINUATION OF REPORT

Report No. G/20220425/7073

22 April 2022 (Friday)

I called Mr. Toh again several times to arrange the settlement, again no answer.
So, my colleague and I visited Mr. Toh at his residential,
He was present and invited the company to make police report for the claims.

23 April 2022 (Saturday)

I was told to make official police report at the nearest Neighborhood Police Center but it was closed.

Subjects Involved			
Victim			
Person Name	RICHARD GOH YEE CHAO		
ID Type	NRIC NO	ID No	S1413628B
Gender	Male	Age	62
Race	Chinese	Language	English
Occupation	Administration manager	Address	86 MARINE PARADE CENTRAL #04-308 MARINE PARADE PROMENADE SINGAPORE 440086
Mobile No	81333215	Is Informant A Victim?	Yes
Person Name	RICHARD GOH YEE CHAO (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
25/04/2022 15:34

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (05 / 04 / 22) (DD/MM/YYYY), TIME: (12 : 06) (HH:MM)

LOCATION: JALAN TENGGIRI

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 48D7853P
 b) INSURANCE COMPANY: LIBERTY
 c) POLICY NUMBER: SDJ1V01308/VLV/ROD
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: 70407A DYNA AUTO/MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LY ENVIRONMENTAL SERVICES PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 63454929
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TOH KIM BOON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 501828034 CONTACT: 80270574
 c) ADDRESS: BLK 253 YISHUN RING RD
 #11-1039 (760253)

*d) DATE OF BIRTH: (02 / 03 / 1952) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28/06/1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMD 3304 MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
 (including driver)
 (1)

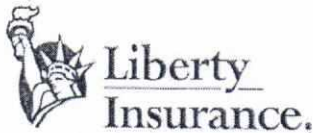
No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

Email = ly@lycompany.com.sg

fax =


VIDEO = NO



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611

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	SD21V01308 /VCV /R00
Form	MZ300A
Date Of Issue	09-NOV-2021
1.Index Mark and Registration No. of Vehicle:	GBD7853P
2.Chassis number of Vehicle:	JTFAT35Y30K204458
3.Name of Policyholder:	LY ENVIRONMENTAL SERVICES PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	08-JAN-2021 00:00 AM
5.Date of Expiry of Insurance:	12-MAY-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 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 (Hood - Sum Insured \$2,000)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section 1: \$5600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: \$33000, Windscreen Excess: \$5100
FINANCE COMPANY:	NET LINK COMMERCIAL PTE LTD
PRODUCER NAME:	

CSMT 20211109

Ver.1.260705