

Date In:	Job description	Date & Time Completed	Done by
Ref No:	SAS e-filing		
Veh No: SME437T	E-mail (within 3hrs, A/C 2hrs)		
D.O.A : 26/07/22 1020	1-Motor Claim Form		
	1-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
<input checked="" type="radio"/> OD : <input checked="" type="radio"/> TP / Reporting Only	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WKsp		

Preferred Wksp / INC Assign Wksp / Qtr: _____

TP Particulars: _____ Vch No: 3578605 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Date: _____ Time: _____

Confirmed by: () Date: ()
Insured/Driver Liability: () (%) [Note: Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]
Homeowner: YES () / NO ()

Insured/Driver Liability: () % () Warrant: YES () / NO ()
Year of Registration: () \$1,000 () / \$2,000 ()

Year of Registration: () Loading: \$1,000 () / \$2,000 ()
Excess: (\$)

General Remarks: _____

() Walk-In Customer : Customer's information _____
_____ Small Insurer **URGENTLY.**

(:) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (.); Invoice: YES () / NO (.); Towing Co: ()
Date & Time

Drive-In () / Towed-In (); Invoice: YES () / NO ()	Date & Time Completed	Done by
Remarks: (If Offline: 6788-6616)		
Courtesy Car ()		

Remarks	QC Hotline: 6788 8888
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury :

[illegible]

Claimant's Particulars		Invoice Particulars	
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 (Re-survey)	\$30
		For claimant against INC Only (wef 10 Jan 2005)	
		6) TR: Re-inspection	\$75
		7) N1: Idno DA + SMRT Survey	\$160
		8) NTUC Additional Services:	
		ON:	
		*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 (vsn INC) against INC	\$20
		9) N12: Idno 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	26/07/2022 15:13 (SGT)
Reported by	Both
Date of Accident	26/07/2022 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GENTING LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME437T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHING PAT CHING (ZHANG BAQUN)
NRIC No	SXXXX059I
Email Address	CPC_787@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97896855
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2356

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI21V10889/VPC/R01

DRIVER

Name of Driver	CHING PAT CHING (ZHANG BAQUN)
NRIC No	SXXXX059I
Date Of Birth	02/07/1976
Occupation	Indoor

Date Of Driving Pass	19/12/2002
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97896855
Alt. Phone Number	-
Email Address	CPC_787@YAHOO.COM.SG
Address	148 MEI LING ST #25-109
Address complement	-
Postcode	140148
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	Collision - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JJT8605
Vehicle Category	Commercial vehicle

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

REFER TO 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	JJT8605
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)	-

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:

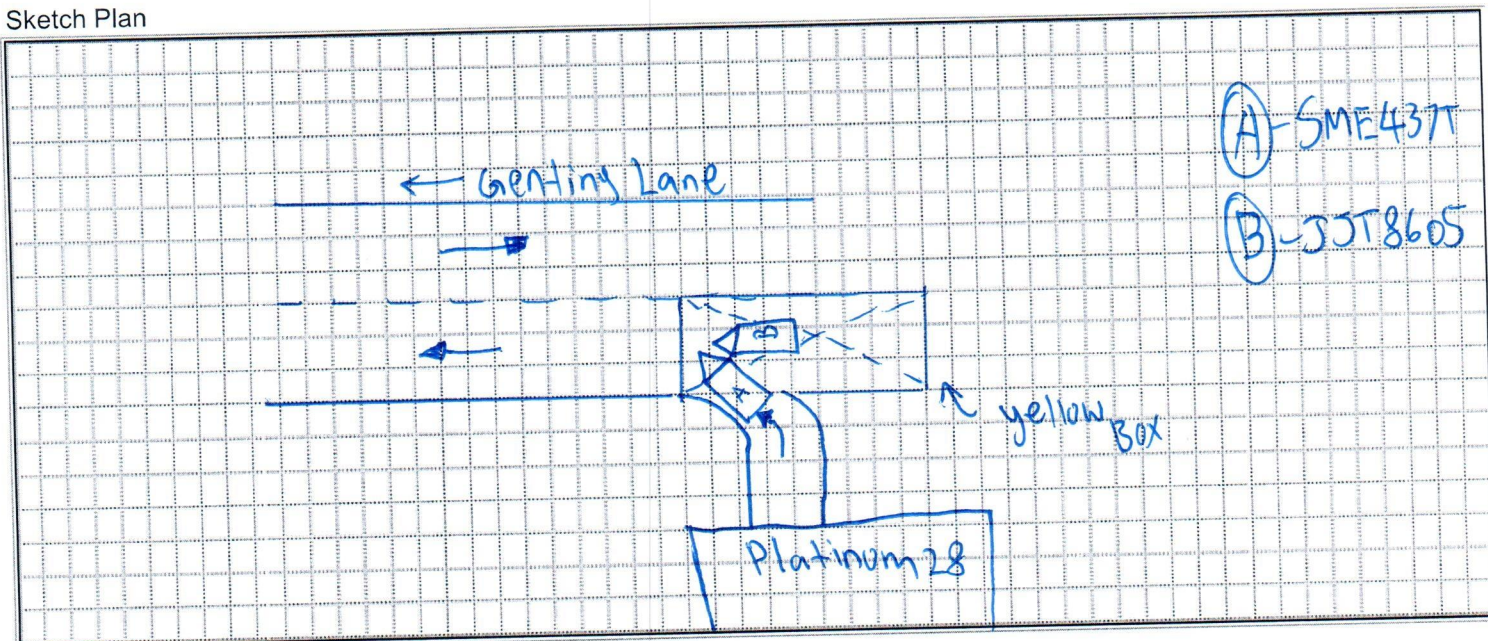
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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


I was exiting platinum 28 I went into the yellow box and vehicle JJ+8605 hit into my Right Front Fender.

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

 26/07/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 07 / 2022) (DD/MM/YYYY), TIME: (10 : 20) (HH:MM)

LOCATION: genting lane

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 437T
 b) INSURANCE COMPANY: Liberty
 c) POLICY NUMBER: -
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda odyssey
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private
 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: CHing Pat Ching (Zhang Baodun) (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: 576200591 CONTACT: 97896855
 C) ADDRESS: 148 mei Ling St # 25-109 140148

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
 (including driver)
 (1)

- DRIVER
 a) NAME: ↑ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

- * d) DATE OF BIRTH: (02 / Jun / 1976) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 19/12/2002
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner
 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

No of passenger
 (including driver)
 ()

- a) VEHICLE NUMBER: J5T 86095 MODEL: goods vehicle
 b) DRIVER'S NAME: muhamad Huzailan Bin Juhis
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

No of passenger
 (including driver)
 ()

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

email = CPC-787@yahoo.com.sg

V1010

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; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder: CHING PAT CHING (ZHANG BAQUN)		Certificate No.: SI21V10889/ VPC / R01
Date of Issue: 24 Aug 2021	Effective Date of Commencement: 14 Sep 2021 00:00	Date of Expiry: 13 Sep 2022 23:59
Registration No.: SME437T	Chassis No.: JHMRC1890JC202662	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.		
<p>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.</p> <p>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.</p>		
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.		
<p>*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.</p>		

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

For Information Only:

Coverage(s):	Comprehensive, Unlimited Windscreen, NCD Protection
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$1000, Additional Excess for Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	UNITED OVERSEAS BANK LIMITED
Name of Producer:	KAH MOTOR COMPANY SDN BERHAD (A1572-7)