

NATIONAL Assessment Centre Services

[Ref: 201002]

Date In: 04/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/LIP20007455/12	SAS e-filing		
Veh No: GBE1259P	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 03/08/22 1530	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 Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YQ156Z	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 6616)	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

11A2002076	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
Auditors' Comments:	8) NTUC Additional Services:-		
Cal. 1:	ON:		
Cal. 2/3:	*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 (N/n 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 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 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	04/08/2022 15:51 (SGT)
Reported by	Driver
Date of Accident	03/08/2022 15:30 (SGT)
Exact Location of Accident	Sungei Kadut Ave, Singapore
Additional Location Information	WOODLANDS RD SLIP RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1259P
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FOO SOON DESIGN
Company Reg No	5XXXX288L
Email Address	samchin1972@yahoo.com.sg
Mobile Phone No	(Phone) +65-81257837
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V02149/VCV/R01

DRIVER

Name of Driver	CHIN NYUK FOO
NRIC No	SXXXX508B
Date Of Birth	21/08/1972
Occupation	Outdoor

Date Of Driving Pass	17/09/2007
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81257837
Alt. Phone Number	-
Email Address	kentkh530@gmail.com
Address	BLK 533 BEDOK NORTH ST 3
Address complement	#06-768
Postcode	460533
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLPROPRIETOR
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	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

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	YQ156Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SENG YAM MENG
NRIC No	SXXXX669F

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.



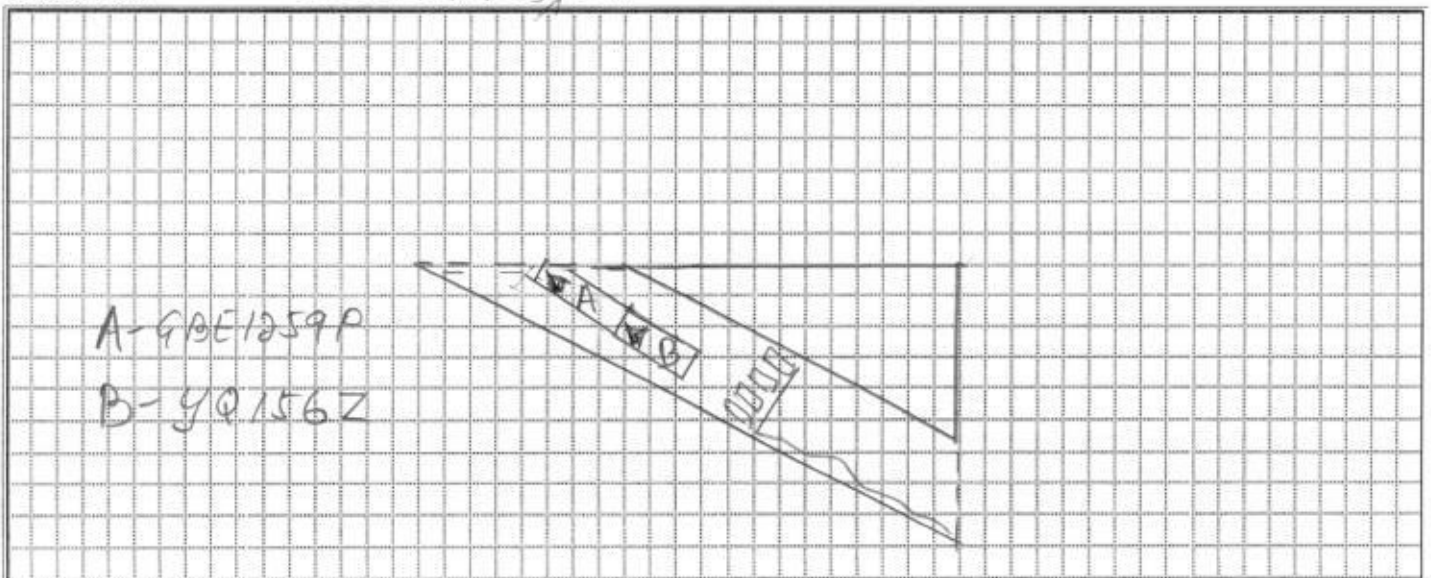
Policyholder's Signature / Date & Time

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

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

Sketch Plan

WOODLANDS SLIP RD INTO SUNGAI KAPUT AVE



Describe Circumstance of the Accident

my veh was stationary at the gateway line at woodlands slip road into Sungei Kadut Ave to give way for oncoming veh. Suddenly veh B came from behind and hit onto my rear portion of my veh.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

4/8/22

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

[Signature] 04/08/22

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

ACCIDENT STATEMENT

ACCIDENT DATE: (03/08/00) (DD/MM/YYYY), TIME: (15:30) (HH:MM)

LOCATION: SUNGAI KADUT AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE1259P
b) INSURANCE COMPANY: LIBERTY
c) POLICY NUMBER: 5122V03149/VCV/R01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYNA 3.0 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: FOO SOON DESIGN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 81257837
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHIN NYUK FOO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57266508B CONTACT: 81257837
c) ADDRESS: BCK 533 BEDOK NORTH ST. 3
H06-768 (460523)

*d) DATE OF BIRTH: (21/08/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 17/09/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SOLE-PROPRIETOR

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: 4Q 1562 MODEL: _____
b) DRIVER'S NAME: SENG YAM MENI
c) NRIC/FIN/PASSPORT: 51427669F CONTACT: _____

9. THIRD PARTY VEHICLE

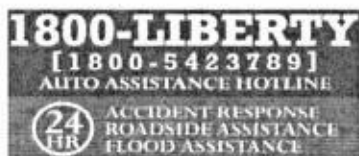
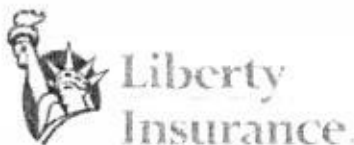
- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Kentkh530@gmail.com

Email = samchin1972@yahoo.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 Website: <http://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, 1960
ROAD TRANSPORT ACT, 1987
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI22V02149 /VCV /R01
Form	MZ300A
Date of Issue:	15-Feb-2022
1. Index Mark and Registration No. of Vehicle:	GBE1259P
2. Chassis number of Vehicle:	KDY2318020307
3. Name of Policyholder:	FOO SOON DESIGN
4. Effective date of Commencement of Insurance for the purposes of the Act:	07-APR-2022 00:00
5. Date of Expiry of Insurance:	03-MAR-2023 23:59
6. Persons or Classes of Persons entitled to drive*:	<p>Any person who is driving on the Policyholder's order or with their permission.</p> <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>
7. Limitations as to use*:	<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>
8. The Policy does not cover:	<p>A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</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.	
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.	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p> Authorised Signature</p>	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section 1 \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: \$3,000.00, Windscreen Excess: \$100.00
FINANCE COMPANY:	HONG LEONG FINANCE LTD
PRODUCER NAME:	CHESSA MARKETING PTE LTD