

NATIONAL Assessment Centre Services: [Print Name] 90872870005

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with photo, NCR sheet)		
1-Motor Claim Form		
1-Motor W/O (with photo, NCR sheet, TP sheet)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/WKSP		

Ref: 2908/2022 12/19
 File No: NRB/21P25083314
 Ch No: GBB 1866Z
 O.A: 26/08/2022 13/10
 D: (12) / Reporting Only
 P Insurer:

Referred Wksp / INC Ass'n Wksp / QW: ()
 P Particulars: Yeh No: 300 3P55C INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note: Est. Status (WO): NI 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: () () ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Invoice Preparation Checklist	
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TP: Towing Fee	\$10/\$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) NI: 1 day DA + SMRT Survey	\$160
8) NTUC Additional Services	
ON:	
* N3: Courtesy Car / Tpl Allowance	\$5
* N4: Repair Co-ordination	\$10
* N7: Post Repair Inspection	\$25
* N8: DV / Collect Excess Coordination	\$5
TP (NI): TP (Inc) against INC	\$30
9) N12: 1 day Mobile	\$10
Invoice dated	Not Charged
Invoice dated	Not Charged

NA2200068

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engn-In-Charge):

Signature: COMPLAINTS

L1:

L2/3:

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 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	29/08/2022 12:19 (SGT)
Reported by	Driver
Date of Accident	26/08/2022 13:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(TUAS) BEFORE TOH GUAN FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1466Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KMLL TRADING
Company Reg No	5XXXX726D
Email Address	luana_koh@hotmail.com
Mobile Phone No	(Phone) +65-92996877
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Every
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	658

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V02255/VCV/R00

DRIVER

Name of Driver	KOH SHU HUA LUANA
NRIC No	TXXXX188J
Date Of Birth	21/03/2001
Occupation	Outdoor

Date Of Driving Pass	14/01/2020
Driving experience	2 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92996877
Alt. Phone Number	-
Email Address	luana_koh@hotmail.com
Address	BLK 111 BISHAN STREET 12 #06-164
Address complement	-
Postcode	570111
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	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
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)	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220827/7019

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	SKW3835L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-81175819
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	GBL3852B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-96196233
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 3

Vehicle Registration Number	SHA7820D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 4

Vehicle Registration Number	SNF943G
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SLD9250Y
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH SHU HUA LUANA
Gender	Female
Phone No	(Phone) +65-92996877
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBB1466Z
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

PIE -> Turn Before Toh Guan Flyover

- ① GBR 1466Z
- ② SKW 3835L
- ③ ABL 3852B
- ④ SHA 7820D
- ⑤ JNF 943G
- ⑥ SLD 9250Y

Describe Circumstances of the Accident

Refer to police report :- T/20200827/70104.

Declaration
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Man

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

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

27/08/2022



SINGAPORE POLICE FORCE



T/20220827/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20220827/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2022 13:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH SHU HUA LUANA		Address: 111 BISHAN STREET 12 #06-164 SINGAPORE 570111			
ID Type / ID No.: NRIC NO / T0111188J		Contact No.: Home/Office:		Mobile: 92996877	
Nationality: SINGAPORE CITIZEN		Email: LUANA_KOH@HOTMAIL.COM			
Sex: Female	Age: 21	Date of Birth: 21/03/2001	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2022 13:10	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: chain collision involving 6 vehicles			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB1466Z	Van	SUZUKI	Every	Silver	Seriously Damaged	1
GBL3852B	Van	NISSAN	NV200	White		0
SHA7820D	Car	HYUNDAI	IONIQ	Blue		0
SKW3835L	Car	TOYOTA	Alphard	Silver		0



**SINGAPORE
POLICE FORCE**



T/20220827/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220827/7019

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLD9250Y	Car	MAZDA	Mazda 3	Grey		0
SNF943G	Car	TOYOTA	Rav 4	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBB1466Z	LIBERTY INSURANCE PTE LTD	SD22V02255/VCV/ R00	05/03/2022	04/03/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KOH SHU HUA LUANA		ID No.	T0111188J
Related Vehicle	GBB1466Z (Van)		Contact No.	92996877
Hospital/Clinic	MEDIHEALTH BISHAN 24 HOURS CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	26/08/2022		Date	26/08/2022
No. of Days granted Medical Leave		03	Degree of	Serious
Driver				
Name	MALE DRIVER		ID No.	NIL
Related Vehicle	GBL3852B (Van)		Contact No.	96196233
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20220827/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220827/7019

CONTINUATION OF REPORT

Driver				
Name	MALE DRIVER		ID No.	NIL
Related Vehicle	SKW3835L (Car)		Contact No.	81175819
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On the 26 August 2022, around 1.10 pm, I was travelling along PIE towards Tuas. Before Toh Guan flyover, the vehicle ahead stopped and I followed suit, after which I felt an impact from the rear. After getting out of my vehicle, I realised that I was involved in a chain collision involving 6 vehicles. After the collision, I felt pain in my neck. In the evening, I visited a doctor about it and got a 3-day MC.



**SINGAPORE
POLICE FORCE**



T/20220827/7019

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Report No. T/20220827/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

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

Date/Time:
27/08/2022 13:18

Classification Of Case:

NP168

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 26/08/2022 (dd/mm/yy)Time of Accident: 13:10 (24-HR-FORMAT)Vehicle No.: GBB1466Z Vehicle Make & Model / Engine (cc): Suzuki Every. Private Hire: (Y/N)Exact location of Accident: PIE (Tuas) Before Toh Guan FlyoverPolicyholder's Name / IC No.: KMLL Trading ROC/UEN (Company) 53154726DDriver's Name / IC No.: Koh Shu Hua Luana / T0111188J (P) (As Above) ☐Driver's Contact No.: 92996877 Company Contact No / Owner Contact No: _____Driver's Address: 111 Bishan St 12 # 06-164 S (570111)

Owner Email address: _____ Insurance Company: _____

Driver Email address: luana_koh@hotmail.comRelationship between Owner & Driver: (Please **CIRCLE** one only)Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____21/08/202114/01/2020What do you wish to claim? (Please **TICK** one only)☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purposeOccupation (nature of job) ☐ Indoor / ☒ Outdoor*No. of Passengers (Including Driver): 1

*Passenger Name: _____

*Passenger Name: _____

Gender: Male / Female x()

Gender: Male / Female x()

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 Camera? ☐ Yes / ☐ No Remarks: _____Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Koh Shu Hua LuanaInjuries Sustain: 3 days m/c Injured Person in Which Vehicle: GBB1466ZPolice Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____**The Other Party(s) Details:**

1. Driver's Name / IC No: _____

Vehicle No: (B) SKW3835LDriver's Contact No: 81175819 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____

Vehicle No: (C) GBL3852BDriver's Contact No: 96196233 Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Veh. (D) SHA7820DVeh. (E) SNF943GVeh. (F) SLD9250Y

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, 1969

Certificate No SD22V02255 /NCV /R00
Form MZ300A
Date Of Issue 09-FEB-2022
1. Index Mark and Registration No. of Vehicle: GBB1466Z
2. Chassis number of Vehicle: DA64V253374
3. Name of Policyholder: KMLL TRADING
4. Effective date of Commencement of Insurance for the purposes of the Act: 05-MAR-2022 00:00 AM
5. Date of Expiry of Insurance: 04-MAR-2023 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 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.

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:	Third Party Fire & Theft
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000
FINANCE COMPANY:	
PRODUCER NAME:	BSC INSURANCE AGENCY PTE. LTD.

20220210

Ver.1.260705