

Customer Service: **SN0922970008**

19/09/2022 16:56  
 NBS/2122009188  
 SCA 78887  
 18/09/2022 15:36

Reporting Only

Info description	Date & Time Completed	Done by
SAS e-filing		
E-mail (write this, not this)		
1-Motor Claim Form		
1-Motor W/O (write this, not this)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Insured: **8CB 2145A, INC** / Non-INC

Period: **8CB 2145A** / Non-INC

Owner/Driver: **8CB 2145A** / Non-INC

Policy No: **8CB 2145A** / Non-INC

Confirmed by: **8CB 2145A** / Non-INC

Insured/Driver Liability: **8CB 2145A** / Non-INC

Year of Registration: **8CB 2145A** / Non-INC

License: **8CB 2145A** / Non-INC

Load: **8CB 2145A** / Non-INC

Walk-In Customer: Customer's information strictly confidential & strictly NO refer of repairer.

Total Loss Case: **8CB 2145A** / Non-INC

Drive-In: **8CB 2145A** / Non-INC

Apply for Transport Allowance: **8CB 2145A** / Non-INC

QC Check/Post Repair Inspection: **8CB 2145A** / Non-INC

Upload Re-survey Photo (Repair Cost > \$3000): **8CB 2145A** / Non-INC

Actions:

**NA2202564**

Driver/Owner: **NA2202564**

Contact No: **NA2202564**

Damaged Portion: **NA2202564**

Checked by (Engr-In-Charge): **NA2202564**

Invoice Preparation Details	
1) AXI Accident Report (300)	INC (310)
2) DA Damage Assessment (100)	500/340
3) TFI Towing Fee	300
4) FTI Follow-Through Survey	300
5) YTI Follow-Through Survey (Passive)	300
6) TRT Re-inspection	300
7) NI Idea DA + SMRT Survey	300
8) NTUC Additional Services	300
9) NI Idea DA + SMRT Survey	300
10) NI Idea DA + SMRT Survey	300
11) NI Idea DA + SMRT Survey	300
12) NI Idea DA + SMRT Survey	300
13) NI Idea DA + SMRT Survey	300
14) NI Idea DA + SMRT Survey	300
15) NI Idea DA + SMRT Survey	300
16) NI Idea DA + SMRT Survey	300
17) NI Idea DA + SMRT Survey	300
18) NI Idea DA + SMRT Survey	300
19) NI Idea DA + SMRT Survey	300
20) NI Idea DA + SMRT Survey	300



## 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	19/09/2022 16:56 (SGT)
Reported by	Both
Date of Accident	18/09/2022 15:36 (SGT)
Exact Location of Accident	Bideford Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCA7888T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE GUAN HOCK
NRIC No	SXXXX987F
Email Address	ChuaJoanne73@gmail.com
Mobile Phone No	(Phone) +65-96712368
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2494

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V01215/VPC/R02

### DRIVER

Name of Driver	LEE GUAN HOCK
NRIC No	SXXXX987F
Date Of Birth	14/05/1954
Occupation	Indoor

Date Of Driving Pass	22/08/1977
Driving experience	45 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96712368
Alt. Phone Number	-
Email Address	ChuaJoanne73@gmail.com
Address	929 BUKIT TIMAH ROAD #07-21
Address complement	-
Postcode	589642
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 - Change/cross lane
Weather Conditions	Raining
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	WOO YOKE SIONG
Gender	Female

#### 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

#### PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB2145A
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD HAIQAL BIN REDUAN
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

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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

At the above date and time.

I was travelling along Bideford Road toward Camhill.

I was on the most extreme left lane travelling straight. Vehicle B, cut into my lane from the right side and hit onto the front right portion of my car.

Declaration

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

  
Driver's Signature (Please Print Name)

  
Witness's Signature (Please Print Name)

 19/09/2022  
Witness's Signature (Please Print Name)



# ACCIDENT STATEMENT

## ACCIDENT DETAIL

Accident Location	BIDEFORD ROAD
Accident Date / Time:	18/9/2022 1536
Weather Conditions	Clear / Raining / Drizzling / Others ( ) After Rain
Road Surface	Dry / Wet / Others ( )

## VEHICLE INFORMATION

929 BUKIT TUNJAT RD #07-21 (589642)

Vehicle No.	SCA 7888T	Transmission	Auto / Manuel
Vehicle Make / Model	ES 250	C.C	2400
Insured Name	Lee Guan Hock		
NRIC / FIN / UEN	S0223987F	Contact Number	
Are you claiming under your own insurance policy for repair to your vehicle?			
Own Damaged Claim / Third Party / Reporting only	Insurance Company	Liberty	
Type of Policy: Comprehensive / Third Party / TPTF	Policy Number		

## SAME AS INSURED ( )

14/05/1954

22/08/1977

Name Driver	As Abv		
NRIC / FIN / UEN			
Date of Birth		Contact Number	
Driving Pass Date		Occupation	Indoor / Outdoor
Email		Gender	Male / Female
Number of passenger include driver (Please provide name & gender of the passenger)			
2, Woo Yoke Siong			

Was driver an employee of the Insured's Company? Yes / No	
If No, Relationship of the Driver with the Insured	
Owner / Spouse / Friend / Relative / Children / Sibling / Other ( )	
Does the driver own any other vehicle? Yes / No (If Yes, Please provide veh/model: )	
Was any Foreign vehicle involved in this Accident? Yes / No	
Was anybody injured in the Accident? Yes / No	
If Yes, Injured details:	
Convey By Ambulance: Yes / No	
Was there any video capture by Car Camera? Yes / No	
Was there Accident Report to the Police? Yes / No (If Yes, Pls provide Police Report: )	

Third Party Vehicle	Third Party Name / NRIC	Contact Number
Vehicle B	SLB 2145A	Muhammad Haikal Bin
Vehicle C		Raduan
Vehicle D		



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

**Name of Policyholder:**

LEE GUAN HOCK

**Date of Issue:**

21 Jan 2022

**Registration No.:**

SCA7888T

**Effective Date of Commencement:**

01 Mar 2022 00:00

**Chassis No.:**

JTHBJ1GG502089193

**Certificate No.:**

SI22V01215/ VPC / R02

**Date of Expiry:**

28 Feb 2023 23:59

**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.

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.

**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.

\*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

**For information Only:**

**Coverage(s):**

Comprehensive, Unlimited Windscreen, NCD Protection

**Sum Insured:**

MARKET VALUE AT THE TIME OF LOSS

**Excess:**

Section I \$5700, Additional Excess for Young & Inexperienced Drivers \$2500, Windscreen Excess \$50

**Name of Finance Company:**

**Name of Producer:**

INCHCAPE AUTOMOTIVE SERVICES PTE LTD (A1855-12)