

NATIONAL Assessment Centre Services: (Unit 1, 1st floor) **540922A30002**

Date: **03/10/2022** 10:59
 Ref: **NBM/LIP220096744**
 Alt Ref: **SL4882M**
 Date: **02/10/2022** 19:30

Job description
 SAS e-filing
 E-mail (with photo, A/C 3hrs)
 1-Motor Claim Form
 1-Motor W/O (with photo, 3hrs, TP 4hrs)
 1-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax / Hand to Owner/WKSP

Date & Time Completed
Done by

P Insurer:

Referred WKSP / INC Assign WKSP / QW: ()
 P Particulars: Yeh No: **SMX1 4026.Y** INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note: Est. Status (WO): N/O-20% P: 21-79% P: 80-100%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

Special Remarks:
 () Walk-In Customer: Customer's information strictly Confidential & strictly NO refer of reparker.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:
Remarks:

NA2022717 / NA2202718

Invoice/Preparation Onhold:

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$10/\$15
4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
Per claimant request only (over 10 Jan 2023)	
6) TR: Re-inspection	\$75
7) NI: 1st DA + SWRT Survey	\$160
8) NTUC Additional Services:	
ON:	
NI: Courtesy Car / Tpl Allowance	\$5
NI: Repair Coordination	\$10
NI: Post Repair Inspection	\$25
NI: DV / Delivery Process Coordination	\$4
TP (NI) / TP (Non INC) / Initial INC	\$20
9) NI: 1st Mobile	\$10

C. Checked by (Engr-In-Charge):

Invoice dated
Invoice dated
Fax Charged
Fax 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	03/10/2022 10:59 (SGT)
Reported by	Driver
Date of Accident	02/10/2022 19:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY BEFORE EXIT 8B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL8882M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AW LEASING PTE LTD
Company Reg No	2XXXXX350M
Email Address	awleasing@yahoo.com
Mobile Phone No	(Phone) +65-98443882
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Bentley
Model	Flying spur
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	Commercial vehicle
Transmission	Auto
CC	5998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V11946/VPSZ/R00

DRIVER

Name of Driver	ONG BIN KOON
NRIC No	SXXXX036A
Date Of Birth	01/05/1994
Occupation	Indoor

Date Of Driving Pass	18/07/2013
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96768882
Alt. Phone Number	-
Email Address	awleasing@yahoo.com
Address	127 SERANGOON NORTH AVENUE 1 #05-53
Address complement	-
Postcode	550127
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	NAMED DRIVER
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	AFTER RAIN
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	JANE
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN4026Y
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

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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.
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6. The 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.

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.



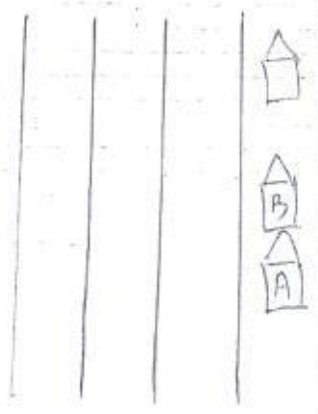
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

GTE towards ONY
before EXIT BB



A : SLL8882M

B : SMN4026Y

Describe Circumstances of the Accident:

On the Stated date and time, I was travelling on the extreme right lane of CTE towards city.

A vehicle broke down in the middle of the road, the vehicle in front of me jammed his brakes and I couldn't stop in time.

Declaration

We declare the foregoing particulars are true in every respect.



Polymerized Signature of Driver
Time

BK

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

Witnessed by:  03/10/2022
Person

JW4

Date of Accident : 02-10-2022 Accident Time: 1930hrs (24-HR-FORMAT)

Accident Place : CTE towards CITY before EXIT B.B

Vehicle Reg. No (Car plate No.) : SLL8882M Vehicle Make/Model: Bentley Flying Spur

Insurance Company : LIBERTY Policy No. SD22V11946 / VPSZ / ROD

Name of Registered Owner : Company / Individual AW LEASING PTE LTD

ID of Registered Owner : Co Reg No: 20176350M Owner's NRIC No: _____

: Co Contact No: _____ Owner's Contact No: 98448882

DRIVER'S Name : ONG BIN KOON DRIVER'S NRIC No: S9415036A

DRIVER'S Date of Birth : 01-05-1994 DRIVER'S License Pass Date 18-Jul-2013

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: NAMED DRIVER

DRIVER'S Address : 127 SERANGOON NORTH AVE 1 #05-53 S(550127)

DRIVER'S Contact No./ Alt No. : 1) 9767 8882 2) _____

DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)

Email Address : awleasing@yahoo.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 2 Passenger Name: Jane Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____

Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SMN4026Y	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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 SD22V11946 /VPSZ /R00
Form MZ406A

Date Of Issue 29-AUG-2022

1.Index Mark and Registration No. of Vehicle: ~~ONE5070D~~ SLL8882M

2.Chassis number of Vehicle: SCBBX53S0NC092234

3.Name of Policyholder: AW LEASING PTE LTD



4.Effective date of Commencement of Insurance for the purpose of the Act: 28-AUG-2022 00:00 AM

5.Date of Expiry of Insurance: 27-AUG-2023 23:59 PM

6.Persons or Classes of Persons

entitled to drive*:

ONG CHWEE SING,ONG BIN KOON,ONG JUN WU,ONG XIN MIN,KOH
GEOK KEE,GOH GIM CHUAN

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 for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.

8.Policy does not cover:

- A) Use for racing, pace-making, reliability trial or speed-testing.
- B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

*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:	Comprehensive, Unlimited Windscreen, Add. Named Driver Charges
SUM INSURED:	S\$900000
EXCESS:	Section I (Singapore) S\$15000, Section I (Outside Singapore) S\$30000, Windscreen Excess S\$1500
FINANCE COMPANY:	ADVANCE CR PTE LTD
PRODUCER NAME:	SC ALLIANCE PTE LTD

20220909

Ver.1.260705