NATIONAL Assessment Centre	Services :	1			
Date In. 11/10/22	Job description	Date &Time	Completed	Doné l),
Ref No NA/LIPZZOLOII 6/S	SAS e-filing	,			
Veh No 6BL 4640P	E-mail (within 8hrs, Al)	C 2hrs,			
DOA 07/10/22 2200	i-Motor Claim For				
	i-Motor W/O (Withi	n: OD 2hrs, TP 4hrs)			••
OD (FP)' Reporting Only	i-Photo Uploaded			•	•
	Assessment/Survey I	Report ;			
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wks	D		~
Preferred Wksp / INC Assign Wksp / QW: (1	Tel:	Fax:		
TP Particulars: Veh No: S/	B 4057M.	INC()/Non-IN	VC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: () Cover Type	:: ()	
Confirmed by: (Dat		lite:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO):	N: 0-20%; P: 21-7	9%. F: 80-100%]	-
Year of Registration: () W	arranty: YES ()/1	VO()			
Excess: (\$) Loading: \$1,00	0 () / \$2,000 ()			
General Remarks:-		2 1, 12 3: 68 12 0 1	CAN LEAD OF		
/	nation strictly Confiden	tial & Strictly NO rafe	r of repairer.		
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	URGENTLY.				
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SN0922AB0006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 11/10/2022 13:18 (SGT) SUBMITTED BY: IRFAN

VERSION: 1 (11/10/2022 13:18 (SGT))



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 witholding 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 11/10/2022 13:18 (SGT) Reported by Driver Date of Accident 07/10/2022 22:00 (SGT) **Exact Location of Accident** Singapore Additional Location Information JURONG EAST ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1597

Vehicle Registration Number **GBL4640P**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HOCKHUA TONIC PTE, LTD Company Reg No 2XXXXX276G **Email Address** JMARTAUTO@GMAIL.COM Mobile Phone No (Phone) +65-93500005 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 Variant Exact purpose for which vehicle was being used at time of

Employment

Are you claiming under your own insurance policy for repair to No - Claiming third party vour vehicle? Vehicle Category Commercial vehicle Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V12906/VCV/R05

DRIVER

CC

Name of Driver DIONG KAR KIAT NRIC No SXXXX808F Date Of Birth 31/07/1967 Occupation Outdoor

Date Of Driving Pass 17/10/2016 Driving experience 6 YEARS Gender Male Mobile Number (Phone) +65-93500005 Alt. Phone Number Email Address JMARTAUTO@GMAIL.COM Address 674B JURONG WEST ST 65 #10-62 Address complement Postcode 642674 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 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 SKR4957M 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 2

Vehicle Registration Number	SJE9549E
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 3

Vehicle Registration Number	GBH2486C
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)	•

INJURED PERSONS DETAILS

INJURED 1

Address Complement - Post Code 642674 Approximate Age Years Old 55 Injuries Sustained NECK AND BAC Injured person in which vehicle? GBL4640P	NEST ST 65 #10-62
Were seat belts worn? 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

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Pte Car / Commercial Vehicle / Pte Hire

Date of Accident : 7 10 22 Time of A	ccident: 10 · 00pm		
Exact Location of Accident : Jurong	East Rd		
Purpose Of Reporting: OWN DAMAGE CLAIM / 3RD-PA	RTY CLAIM / JUST REPORTIN	G ONLY	
Weather Condition : (lear / Raining	Dry / Wet Pr	te Use / Work	
Owner's Name: Hock Hug Tonic Pte L	NRIC:	HP: 93500005	
Driver's Name: Diong Kar Kiat	NRIC: 58784808	F HP: "	
DOB: 31/7/ 1967 Driving Licence Passing Date:	17/10/2016 00	ccupation : Indoor / Outdoor	
Address: 6748 Jurong West St 65	# 10-62 (642674)	
Relationship Of Driver with Insured:		to Q. gmail. com	
Vehicle Number: CBL 4640 P Make & M	1		
Insurance Company: Liberty Policy No:	SD22 V 12 906 / VCV /	Ros Coverage:	
Any passengers inside vehicle involved (YES / NO) If yes	Vehicle Number & How many	pax	
A: 1+0 B: 1+1	C: (+) C): +	
Vehicle A Passenger Name :	man	Male / Female	
Anyone Injured : Convey By Ambulance: Ye	s / No		
o NO 9/YES Name / NRIC / Which	Vehicle: Diong Kar	- Kiat neck o back	
Was The Accident Reported To The Police ?	J		
o NO o YES Which Police Station	:		
Does The Driver Own Any Other Vehicle ?			
o NO O YES Vehicle Number :		Insurer :	
Was Any Foreign Vehicle Involved ?			
o NO O YES Vehicle Number & C	ategory :		
Was There Any Video Captured By Car Camera?	o NO	o YES	
Third Party's Particular		*	
Vehicle B's Number: SKR 4957 m Make & M	odel: Mazda		
Driver's Name :	NRIC:	HP:	
Vehicle C's Number: SJE 9549E Make & M	odel: Toyota		
Driver's Name :	NRIC:	HP:	
Witness 's Particular			
Name :	NRIC:	HP:	





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

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD22V12906 /VCV /R05	
Form	MZ300A	
Date Of Issue	14-SEP-2022	
and Registration No. of Vehicle:	GBL4640P	
mber of Vehicle:	JN1YAAM20Z0002357	
cyholder:	HOCKHUA TONIC PTE, LTD,	

e of Commencement of Insurance

ses of the Act:

11-SEP-2023 23:59 PM

12-SEP-2022 00:00 AM

Classes of Persons

ve*:

s driving on the Policyholder's order or with their permission.

person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving

reser that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not at the time of the accident loss or damage.

as to use*:

on with the Policyholder's business.

rriage of passengers (other than for hire or reward) in connection with the Policyholder's business, domestic and pleasure purposes.

coes not cover:

reward or for racing, pace-making, reliability trials or speed-testing.

wing a trailer except the towing or any one disabled mechanically propelled vehicle.

ered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 sport Act, 1987 are not to be included under these headings.

that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third 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

only:

Comprehensive, Unlimited Windscreen
MARKET VALUE AT THE TIME OF LOSS

Section I S\$500,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S

\$1000, Windscreen Excess S\$100

ANY:

IE: ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY

S1_CI_T1_T3_OE_Template2-Ver1.

14-SEP-22

A'ZON

No.

Describe Circumstance of the Accident
Veh C brake so 7 followed sout but ven & failed
Tomose sail of Very & Taile of
to braje in time hit onto my veh rear portion of
Diago III Mare MIT STSV MY VEN TECH GUTTON O
du to the strong impact my van moved forward o
THE SHORE INTEREST AND THE PROPERTY OF THE PARTY OF THE P
hit veh c. Later I realised there was veh D
inuclued
no o

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

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