

# NATIONAL Assessment Centre Services

Date In: 17/10/22	Job description	Date & Time Completed	Done by
Ref No: NA/LIP22010249/13	SAS e-filing		
Veh No: SD47011A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/10/22 1250	i-Motor Claim Form		
OD: 10 Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLQ5659K	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Notc-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:	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

NA 2202904	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) NI : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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 (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	17/10/2022 12:00 (SGT)
Reported by	Driver
Date of Accident	16/10/2022 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE(CITY)TWDS PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU7011P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	POH CHIN TIONG
NRIC No	SXXXX113G
Email Address	phbms@yahoo.com
Mobile Phone No	(Phone) +65-98562273
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	RAIZE
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	996

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD21V16327/PC/R00

#### DRIVER

Name of Driver	NGUYEN TRUONG PHUONG THAO
Passport No/FIN	GXXXX021L
Date Of Birth	30/08/1990
Occupation	Indoor

Date Of Driving Pass	09/09/2021
Driving experience	1 YEAR AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-90725778
Alt. Phone Number	-
Email Address	phbms@yahoo.com
Address	BLK 65 CIRCUIT RD
Address complement	#09-383
Postcode	370065
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	FAN WAH TONG
Gender	Male

#### 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

PLS REFER TO THE POLICE REPORT:T/20221016/7018

#### 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	SLQ5659K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LAN KWONG PENG
NRIC No	SXXXX423C
Contact Number	(Phone) +65-90084029
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	NGUYEN TRUONG PHUONG THAO
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SDU7011P
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 Authorised 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. 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.

*Poh*

Policyholder's Signature / Date &  
Time

*[Signature]*

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

CTE (City)

*[Signature]* 17/10/22

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



A.SDU701P  
B.SLQ5659K

CTE (Ang Mo Kio)

Describe Circumstances of the Accident

Refer to the police report 7/2022/016/7018

Declaration

We declare the foregoing particulars are true in every respect.

*foh*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 17/10/22

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20221016/7018

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

1 of 3

Report No. T/20221016/7018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/10/2022 15:51		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NGUYEN TRUONG PHUONG THAO			Address: 65 CIRCUIT ROAD #09-383 MACPHERSON GARDEN SINGAPORE 370065		
ID Type / ID No.: FIN NO / G3257021L			Contact No.: Home/Office: Mobile: 90725778		
Nationality: VIETNAMESE			Email: THAO.NTP.120@GMAIL.COM		
Sex: Female	Age: 32	Date of Birth: 30/08/1990	Type of Informant: Driver		
Race: Kinh			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3 Date of Expiry: 08/09/2026		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/10/2022 12:50	Type of Location: Straight Road
Location:  LORONG CHUAN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDU7011P	Car	TOYOTA	RAIZE	Yellow	Slightly Damaged	1
SLQ5659K	Car	HONDA	VEZEL	White	Slightly Damaged	0



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

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDU7011P	LIBERTY INSURANCE PTE LTD	SD21V16327/VPC/R00	21/10/2021	20/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NGUYEN TRUONG PHUONG THAO	ID No.	G3257021L
Related Vehicle	SDU7011P (Car)	Contact No.	90725778
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 08/09/2026
Date	16/10/2022	Date	16/10/2022
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	LAN KWONG PENG	ID No.	S6914423C
Related Vehicle	SLQ5659K (Car)	Contact No.	90084029
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: 30/12/2020
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 16/10/2022 at around 12.50pm, I was driving on CTE (City) heading towards PIE. As the vehicles in front of me started to slow down, I slowed my vehicle down as well. All of a sudden, Vehicle B SLQ5659K, hit onto the rear of my car as he did not manage to slow down in time. I felt discomfort in my neck afterwards and was awarded 5 days MC at Mount Alvernia Hospital.





**SINGAPORE  
POLICE FORCE**



T/20221016/7018

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

3 of 3

Report No. T/20221016/7018

**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:  
16/10/2022 15:51

Classification Of Case:



820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE 6347 6688 WEBSITE: www.mtalvernia.sg  
GST REGN NO: M4-0003321-8

Patient Name : NGUYEN TRUONG PHUONG THAO  
ID No. : G3257021L  
Account No. : 0220728365  
Receipt No. : 220113304  
Date : 16/10/2022  
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ANAREX (PARA450/ORPH35)	20	EA	7.80
ARCOXIA TAB 120MG	5	EA	19.90
FASTUM GEL 30G	1	EA	6.68
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	52.00
XANAX TAB 0.25MG	10	EA	6.00
Total Charges			115.38
GST @ 7%			8.08
			123.46
Rounding Adjustments			-0.01
Paid:			
CASH BY NGUYEN TRUONG PHUONG THAO			123.45
Mode of Payment : CASH			

Reference No. :

This is a computer generated official receipt, no signature is required.



Serve all with Love

## Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and  
Emergency Department

No: M22000099818

This is to certify that NGUYEN TRUONG PHUONG THAO, G3257021L, is granted Outpatient Sick Leave for 5 day (s) from 16-Oct-2022 to 20-Oct-2022.

Remark :

A & B / 24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
820 Thomson Road  
Singapore 574623  
Tel: 63476210

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Peter Looi  
MCR : 04966B

16/10/2022

Date

LKK 461

# ACCIDENT STATEMENT

ACCIDENT DATE: 16/10/2022 (DD/MM/YYYY), TIME: 12-50pm (HH:MM)

LOCATION: LORONG CHUAN

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDU 7011 P  
b) INSURANCE COMPANY: Liberty Insurance  
c) POLICY NUMBER: SD21V16327/VPC/R00  
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Toyota RAIZE Auto / Manual  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE) / (COMMERCIAL) / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: go home  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- A) NAME: POH CHIN TIONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1309113G CONTACT: 98562273  
c) ADDRESS: 9 Jalan Sikudangan Singapore 368394

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: NGUYEN TRUONG PHUONG THAO (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G325702PL CONTACT: 90725778  
c) ADDRESS: 65 Girardin Road #09-383 Singapore 370065  
\* d) DATE OF BIRTH: 30/8/1990 (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR) / OUTDOOR  
f) YEARS OF DRIVING EXPERIENCE: 1 year 1 month

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS  
b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NGUYEN TRUONG PHUONG THAO  
7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: on Line

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLQ5659K MODEL: Honda vezel  
b) DRIVER'S NAME: Lan Kwong Peng  
c) NRIC/FIN/PASSPORT: S6914923C CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

Email = phbm5@yahoo.com

Fax = 67489386

Video = \_\_\_\_\_



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

**Name of Policyholder:**

POH CHIN TIONG

**Date of Issue:**

15 Nov 2021

**Registration No.:**

SDU7011P

**Effective Date of Commencement:**

21 Oct 2021 00:00

**Chassis No.:**

A200A0031653

**Certificate No.:**

SD21V16327/ VPC / R00

**Date of Expiry:**

20 Oct 2022 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.

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.

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 - Named Drivers: S\$500, Section I - Unnamed Drivers: S\$1000, Additional Excess for Young, Elderly & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100

Name of Finance Company:

UNITED OVERSEAS BANK LIMITED

Name of Producer:

PRIME CARS CREDIT PTE LTD (A1410)