

Date In: **31/10/2022 12:48** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **N138/21P2201076914** E-mail (within 3hrs, AIC Dist)

Veh No: **GG 668** I-Motor Claim Form

D.O.A: **29/10/2022 09:00** I-Motor W/O (within 24hrs of time)

Reporting Only: i-Photo Uploaded

TP insurer: Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Preferred Wkap / INC Assgn Wkap / OW: () Tell: Fax:

TP Particulars: Veh No: **WD 11885** INC () / Non-INC ()

Owner / Driver: () Tell: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Title: ()

Insured/Driver Liability: () % [Note: list Status (WO): N 0-2011, 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: (INC Hotline: 6788 6616) 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:

Invoice Preparation Checklist	Amount	Actual Bill
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100) INC (\$50)		
3) TF: Towing Fee \$40/\$40		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$50		
6) TR: Re-inspection \$70		
7) NI: 2140 DA + DMRT Survey \$140		
8) NTUC / National Services		
9) DM: \$1		
*NI: Courtesy Car / Transport Allowance \$15		
*NI: Repair Coordination \$15		
*NI: Post Repair Inspection \$25		
*NI: DV / Collision Excess Coordination \$1		
*NI: TP (NI) / TP (Non-INC) against INC \$10		
TP (NI) / TP (Non-INC) against INC \$10		
Free Charged		

NA2203033

Insured/Owner: ()

Contact No: ()

Damaged Portion: ()

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

Comments: ()

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	31/10/2022 12:45 (SGT)
Reported by	Driver
Date of Accident	29/10/2022 09:05 (SGT)
Exact Location of Accident	Marine Parade Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GG66R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ANG SENG EGGS SUPPLIER
Company Reg No	3XXXX800K
Email Address	tltrspt@gmail.com
Mobile Phone No	(Phone) +65-67698311
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V00752/VCV/R00

DRIVER

Name of Driver	GAO YU
Passport No/FIN	GXXXX881U
Date Of Birth	12/01/1982
Occupation	Outdoor

Date Of Driving Pass	13/03/2010
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89415864
Alt. Phone Number	-
Email Address	tltrspt@gmail.com
Address	17 CHU LIN ROAD
Address complement	-
Postcode	669910
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	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	WD1188S
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) -

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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Actual Driver's Signature

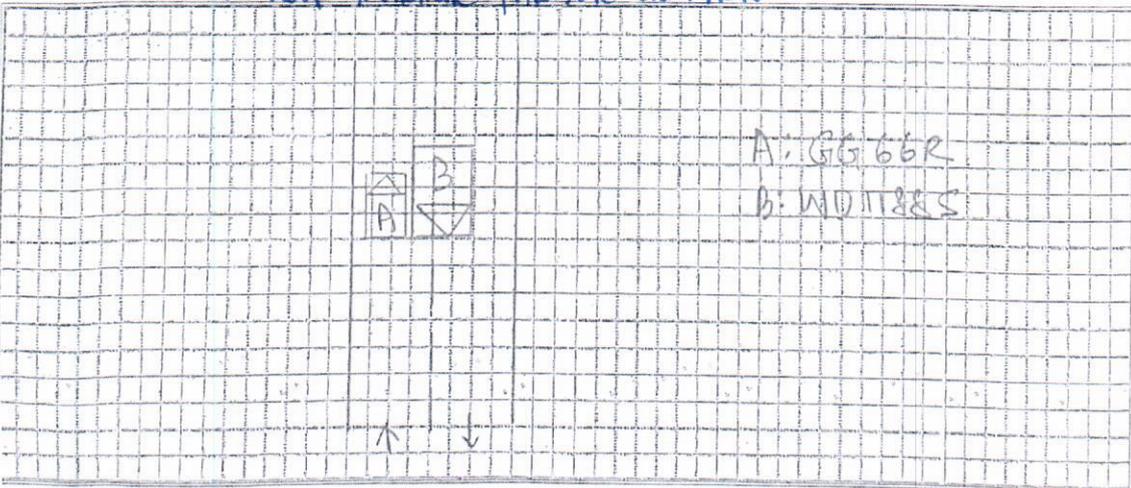
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
2/10/2022

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

Sketch Plan

ALONG MARINE PARADE CENTRAL



Describe Circumstance of the Accident

On 29/10/2022, at about 09:05am, I was travelling along Marine Parade Central. My vehicle was stationary waiting for the vehicles in front to move off. Out of a sudden, I felt an impact from the right and realised vehicle B which was from the opposite direction, had collided onto the right portion of my vehicle.

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



Policyholder's Signature / Date & Time

[Handwritten signature]

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

[Handwritten signature]

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

[Handwritten signature] 31/10/2022

WFLA

ACCIDENT STATEMENT

ACCIDENT DETAIL

Accident Location	Along Marine Parade Central
Accident Date / Time	29/10/22 / 09:05
Weather Conditions	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Drizzling / Others ()
Road Surface	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / Others ()

VEHICLE INFORMATION

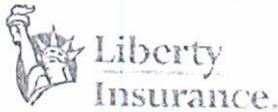
Vehicle No	GG 66 R	Transmission	Auto / <input checked="" type="checkbox"/> Manual /
Vehicle Make / Model	TOYOTA DYNA	CC	
Insured Name	Ang Beng Eggs Supplier		
NRIC / FIN / UEN	36795800K	Contact Number	67698311
Are you claiming under your own insurance policy for repair to your vehicle?			
Own Damaged Claim / <input checked="" type="checkbox"/> Third Party / Reporting only	Insurance Company	LIBERTY	
Type of Policy: <input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / TPTF	Policy Number	SD22V00752/VCV/R00	

SAME AS INSURED ()

Name Driver	GAO YU		
NRIC / FIN / UEN	G 6630881 U		
Date of Birth	12/01/1982	Contact Number	8941 5864
Driving Pass Date	13/03/2010	Occupation	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Email	tlrspt@gmail.com	Gender	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
Address: 17 CHULIN ROAD 669910			
Number of passenger include driver (Please provide name & gender of the passenger)			
DRIVER ONLY			

Was driver an employee of the Insured's Company? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No (If Yes, Please provide veh/model:)
Was any Foreign vehicle involved in this Accident? Yes <input checked="" type="checkbox"/> No
Was anybody body injured in the Accident? Yes <input checked="" type="checkbox"/> No
If Yes, Injured details:
Convey By Ambulance: Yes <input checked="" type="checkbox"/> No
Was there any video capture by Car Camera? Yes / No
Was there Accident Report to the Police? Yes <input checked="" type="checkbox"/> No (If Yes, Pls provide Police Report:)

Third Party Vehicle	Thrid Party Name / NRIC	Contact Number
Vehicle B	WD 1188 S	
Vehicle C		
Vehicle D		
Vehicle E		
Vehicle F		



Liberty Insurance Pte Ltd
 Registration no. 199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 5221 8511
 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	SD22V00752/VCV/R00
Form	MZ300A
Date Of Issue	10-JAN-2022
1. Index Mark and Registration No. of Vehicle:	GG66R
2. Chassis number of Vehicle:	JTFAT35Y60K206819
3. Name of Policyholder:	ANG SENG EGGS SUPPLIER
4. Effective date of Commencement of Insurance for the purposes of the Act:	24-JAN-2022 00:00 AM
5. Date of Expiry of Insurance:	23-JAN-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.
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  Authorised Signature	
For information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section 1 S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY

PLFM/10-JAN-22

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10-JAN-22

Jan 10, 2022, 7:25 PM