

NATIONAL Assessment Centre Services SUE922B20007

Case No: CR14/2022 1536	Job description	Date & Time Completed	Done By
Ref No: NB8/LP2201098064	SAS e-filing		
Vel No: SMW/8826	Launch (validation, A/C, etc)		
EOA: 01/11/2022 14:45	E-Motor Claim Form		
(79) Notes Only	E-Motor W/O (where applicable)		
	E-Photo Uploaded		
	Assessment/Survey Report		
	Accident Report by Box Holder/Driver/Witness		

Preferred Method: VNC Assign Wknd / CW:	Tel:	Fac:
IP Address:	Vel No: GRE 42312	INC () / Non-INC ()
Control/Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
1st Pay Driver Liability:	1st Photo-Mat. Survey (VNC) Y/N	1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th
Year of Registration:	Warranty: YES () / NO ()	
Excess (\$):	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

Within Customer: Customer's information strictly Confidential & Secure. NO referral or repeat.

Total Loss Cost: to e-mail Insurer URGENTLY.

Excess-In () / Invoice: YES () / NO () / Towing Cost:

Repair-In () / (VNC Noting: 0788-0015)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QD Check / Post Repair Inspection ()

3) Upload Return by Photo (Repair Cost > \$3000) ()

Signature:

Date: _____

182203074 Date and Time Received: _____ By: _____ Contact No: _____ Addressed Portion: _____ Checked by (Engr-In-Charge): _____ Approved: _____ Date: _____	Invoice Preparation Checklist	
	1) AR - Acc. Bill / Invoice	100%
	2) EA - Damage Assessment	100%
	3) T - Towing Fee	100%
	4) P - Police Report	100%
	5) P - Police Report - Courtesy Car	100%
	6) P - Police Report - Towing Fee	100%
	7) P - Police Report - Towing Fee	100%
	8) P - Police Report - Towing Fee	100%
	9) P - Police Report - Towing Fee	100%
	10) P - Police Report - Towing Fee	100%
	11) P - Police Report - Towing Fee	100%
	12) P - Police Report - Towing Fee	100%
	13) P - Police Report - Towing Fee	100%

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	02/11/2022 15:36 (SGT)
Reported by	Driver
Date of Accident	01/11/2022 14:45 (SGT)
Exact Location of Accident	3 Ang Mo Kio Street 62, Singapore 569139
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW1833G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM KOK THIONG
NRIC No	SXXXX921C
Email Address	thionglk@singnet.com.sg
Mobile Phone No	(Phone) +65-96741258
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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	1497

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD20V14369/VPC2/R00

DRIVER

Name of Driver	CHONG MEI LAN
NRIC No	SXXXX089F
Date Of Birth	01/01/1966
Occupation	Indoor

Date Of Driving Pass	08/12/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81262100
Alt. Phone Number	-
Email Address	thionglk@singnet.com.sg
Address	BLK 417 WOODLANDS STREET 41 #09-143
Address complement	-
Postcode	730417
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 on 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	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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE4231Z
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

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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

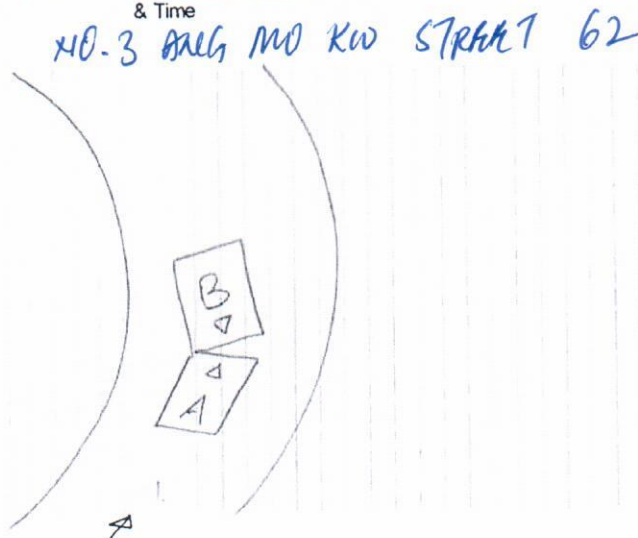
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A = SMW 1833G

B = GBE 4231Z


Describe Circumstances of the Accident

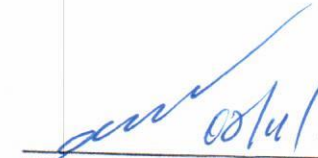
On 01.11.2022 at about 1445 hrs. I was travelling at 3 Ang Mo Kio St 62 and I was driving up the ramp to heading up to level 4 (one way). Suddenly, vehicle B driving against the traffic coming down from the ramp. Vehicle B hit the front portion of my vehicle.

Declaration

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

 08/11/2022
Witnessed by Reporting Centre Personnel

(5)

Date of Accident : 01.11.2022 Accident Time : 1445hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : 3 Ang Mo Kio St 62

Vehicle No (Car Plate No) : SMW1833G Make/Model: Honda City 1.5

Insurance Company : Liberty Policy No: MRHGN2690MT000023

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Lim Kok Thiong (S1709921C)

Owner Contact No : 96741258 Owner's Hp - Company Tel

Driver Name / IC No : Chong Mei Lan (S2200089F)

Driver's Date of Birth : 01-01-1966 Driver's License Pass Date: 08 Dec 2017

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: _____

Driver's Address : Blk 417 Woodlands Street 41 #09-143 S 730417

Driver's Contact No : 1) 8126 2100 2) -

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : thiongk@smugnet.com.sg

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

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 1 Driver

Was there any video footage? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : No

Other Party Driver's Particular (if any)

VEH B : GBE 4231 Z	Name & Contact No: _____
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

***NEW - Passenger's Name & Gender:**






Liberty
Insurance



Liberty Insurance Pte Ltd
Registration no 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 6611
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	SD20V14369 /NPC2 /R00	
Form	MX1	
Date of Issue	10-NOV-2020	
1.Index Mark and Registration No. of Vehicle:	SMW1833G	
2.Chassis number of Vehicle:	MRHGN2690MT000023	
3.Name of Policyholder:	LIM KOK THIONG	
4.Effective date of Commencement of Insurance for the purposes of the Act:	06-NOV-2020 00:00 AM	
5.Date of Expiry of Insurance:	05-NOV-2022 23:59 PM	
6.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.		
7.Limitations as to use*:	Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8.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  _____ Authorised Signature
For Information only:		
COVERAGE :	Comprehensive, Unlimited Windscreen, NCD Protection	
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	
EXCESS:	Section I S\$600, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100	
FINANCE COMPANY:		
PRODUCER NAME:	KAH MOTOR COMPANY SDN BERHAD	

PLTF/CLXL/19-AUG-21

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19-AUG-21