

NATIONAL Assessment Centre Services (M11-12012) **SN0922B7000D**

| | | | |
|---------------------------|--|------------------------|----------|
| Date In: 07/11/2022 17:16 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: 468/1P20110811 | E-mail (within 3hrs, A/C 2hrs) | | |
| Veh No: 680 8146R | I-Motor Claim Form | | |
| D.O.A: 07/11/2022 11:45 | I-Motor W/O (whenever 2hrs, 24 hrs) | | |
| TP / Reporting Only | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: 872325 INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () (Note: Ltd Status (WO): 1% 0-20%, 2% 21-70%, 3% 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 Cost: 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:

NA2203116

| Customer's Particulars: | Invoice Preparation Checklist | AMUL | Task B/B |
|-------------------------|--|------|----------|
| Owner/Owner: | 1) AR: Accident Reporting (\$30) | | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$50) | | |
| Damaged Portion: | 3) TP: Towing Fee \$10/\$45 | | |
| | 4) PT: Follow-Through Survey \$120 | | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: 1 Day DA + SMT Survey \$140 | | |
| | 8) NTUC Additional Services: | | |
| | Q1: | | |
| | *N2: Courtesy Car / Tpt Allowance \$5 | | |
| | *N3: Repair Coordination \$15 | | |
| | *N4: Post Repair Inspection \$20 | | |
| | *N5: DV / Collect Excess Coordination \$1 | | |
| | *N6: TP (N1) / TP (Non-INC) against INC \$10 | | |
| | *N7: 10 Days Mobile | | |
| | Free Charged | | |
| | Free Charged | | |

Checked by (Engr-In-Charge):

Comments:

1.2/3

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 | 07/11/2022 17:16 (SGT) |
| Reported by | Driver |
| Date of Accident | 07/11/2022 11:45 (SGT) |
| Exact Location of Accident | Bukit Batok East Ave 6, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | GBD8146R |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | ANG SENG EGGS SUPPLIER |
| Company Reg No | 3XXXX800K |
| Email Address | henrylim1979@yahoo.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 | QUEK SIANG AIK |
| NRIC No | SXXXX401H |
| Date Of Birth | 29/08/1958 |
| Occupation | Outdoor |

| | |
|--|---------------------------------|
| Date Of Driving Pass | 23/08/1978 |
| Driving experience | 44 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-85863338 |
| Alt. Phone Number | - |
| Email Address | henrylim1979@yahoo.com |
| Address | BLK 180 YUNG SHENG ROAD #18-111 |
| Address complement | - |
| Postcode | 610180 |
| 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) | 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 | SH7232J |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | HENG HAK KWANG |
| Contact Number | - |

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

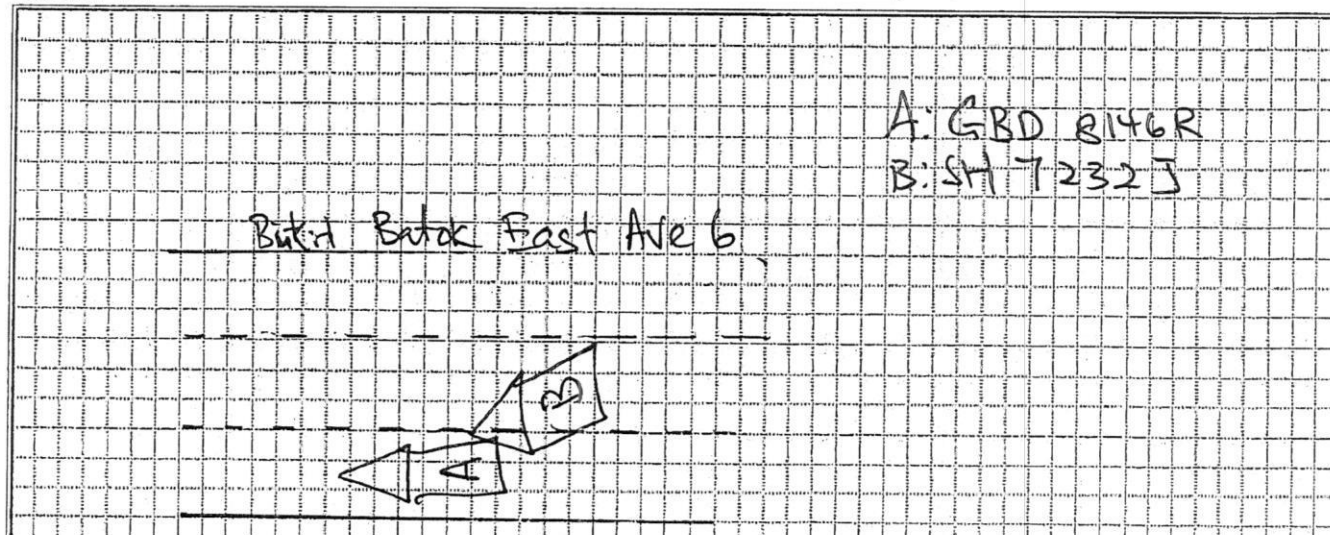


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Wegan Plaza

Describe Circumstance of the Accident

on 7th NOV 2022 about 11:45am I was driving on Bukit Batok East AVE 6 toward hillview. I was driving on lane 3. Suddenly veh B SH72323 hit me on my right side of my veh. After that we stop on road side to check my lorry and we exchange IC and left.

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

Witnessed by Reporting Centre Personnel

[Signature] 07/11/2022

Date of Accident : 7th NOV 2022 Accident Time: 11:45 (24-HR-FORMAT)
Accident Place : Bukit Batok East Ave 6
Vehicle Reg. No (Car plate No.) : GBD 8146R Vehicle Make/Model: Toyota Aygo
Insurance Company : Liberty Policy No. SD22V00752/VEN/R00
Name of Registered Owner : Company/Individual ANG Seng Eggs Supplier
ID of Registered Owner : Co Reg No: 36795800K Owner's NRIC No: _____
Co Contact No: 67698311 Owner's Contact No: _____
DRIVER'S Name : Quek Siang Aik DRIVER'S NRIC No: S1321401H
DRIVER'S Date of Birth : 29-08-1958 DRIVER'S License Pass Date 23 Aug 1978
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee Others: _____
DRIVER'S Address : Bik 180 Tung Sheng RD #18-111 5610180
DRIVER'S Contact No./ Alt No. : 1) 8586 3338 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : henrylim1979@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): 1 Name & Gender: _____
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes(name of the injured person) _____

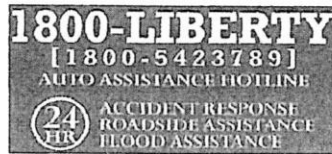
Other Party Driver's Particulars (if any)

| | |
|------------------------------------|-------------------------------|
| Vehicle Reg No: <u>SH 7232 J</u> | Vehicle Reg No: _____ |
| Vehicle Make/Model: <u>Toyota</u> | Vehicle Make/Model: _____ |
| Name DRIVER: <u>Heng Hak Kwang</u> | Name DRIVER: _____ |
| IC No. DRIVER: <u>S11807983C</u> | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH





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 | SD22V00752 /VCV /R00 |
| Form | MZ300A |
| Date Of Issue | 10-JAN-2022 |
| 1.Index Mark and Registration No. of Vehicle: | GBD8146R |
| 2.Chassis number of Vehicle: | JTFAT35Y10K204202 |
| 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 I 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

S1_CL_T1_T3_OE_Template2-Ver1.

10-JAN-22

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SNE092287000D Vehicle Registration No: GBO 8146R
 Name (as shown in NRIC): QUAK JONNY AN NRIC/FIN/Passport No: SXXXX601H
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 85863338
 Email Address: _____
 Date of Accident: 07/11/2022 Time of Accident: 11:45
 Place of Accident: BLK 17 BANGK EAST AVE 6
 Insurance Company: LUBKIN

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

DRIVER INJURED IN THE ACCIDENT

Policyholder / Actual Driver's Signature
Date:

[Signature] 08/11/2022
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: