

NATIONAL Assessment Centre Services

SWP 22B 7000E

Date In: 07/11/2022 17:33	Job description	Date & Time Completed	Done by
Ref No: 1138 UP 22/1086/Y	SAS e-filing		
Veh No: GBE 470J	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 07/11/2022 14:50	I-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within OD 2hrs, TP 1hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: YQ 3532B INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

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

Insured/Driver Liability: ( ) % (Note: 1st Status (WO) 10-0-2016, 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 repeler.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 0616)

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

Inmate's Particulars:	Invoice Preparation Checklist		Adm/B	Adm/B
	Adm/B	Adm/B		
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)		
Damaged Portion:	3) TP: Towing Fee	\$10/\$45		
Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120		
Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30		
	Paraphrasing again INC Only (up to 10 Jan 2023)			
	6) TR: Re-inspection	\$75		
	7) NI: Heavy DA + SMRY Survey	\$140		
	8) NTUC Additional Services:			
	QW:			
	*NI: Courtesy Car / Taxi Allowance	\$5		
	*NI: Repair Coordination	\$10		
	*NI: Post Repair Inspection	\$20		
	*NI: DV / Collect Excess Coordination	\$1		
	*NI: TP (NI) / TP (Non-INC) against INC	\$10		
	9) 12/12/12 Months		10	
	Invoice valid	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	07/11/2022 17:33 (SGT)
Reported by	Driver
Date of Accident	07/11/2022 14:50 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS MCE BEFORE LOWER DELTA
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4770J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CKMBT INTERNATIONAL PTE LTD
Company Reg No	2XXXXX927K
Email Address	kennethng@ckmbt.com.sg
Mobile Phone No	(Phone) +65-91091992
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
Variation	-
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	Auto
CC	1560

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI21V14060/VCV/R04

### DRIVER

Name of Driver	KENNETH NG CHAU WOON
NRIC No	SXXXX143B
Date Of Birth	30/06/1985
Occupation	Outdoor

Date Of Driving Pass .....	22/02/2014
Driving experience .....	8 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91091992
Alt. Phone Number .....	-
Email Address .....	kennethng@ckmbt.com.sg
Address .....	888 UPPER BUKIT TIMAH ROAD #04-18
Address complement .....	-
Postcode .....	678185
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 .....	YQ3532B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... Income Insurance Limited  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... KENNETH NG CHAU WOON  
 Gender ..... Male  
 Phone No ..... (Phone) +65-91091992  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... GBE4770J  
 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



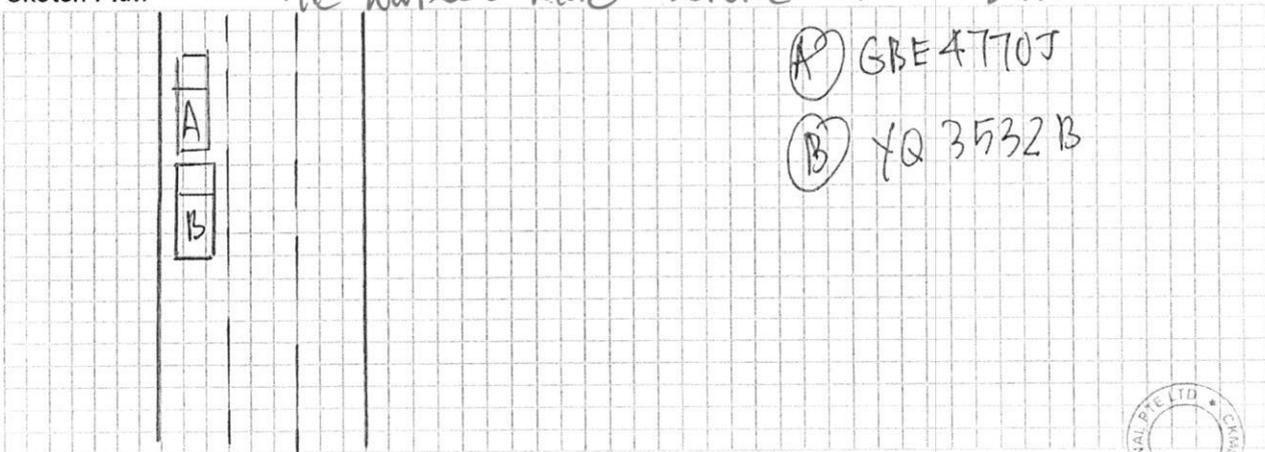
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

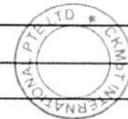
Sketch Plan

*AVE TOWARDS MCH BEFORE LUNAR DELTA.*



**Describe Circumstances of the Accident**

On 07-11-2022 at about 1450hrs, I was travelling along A1E  
towards MCE Before Lower Delta. The traffic was on slow moved. Ahead  
of me, there's a vehicle slow down, I follow suit. While heading ahead,  
all of a sudden I felt an hard impact from the rear. Then I  
realised a vehicle YD 3532B had collided onto my rear.

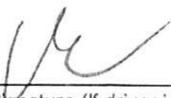


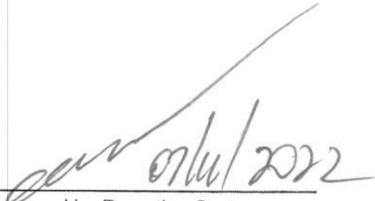
**Declaration**

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

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

Date of Accident : 07-11-2022 Accident Time: 14:50 (24-HR-Format)  
 Accident Place : AYE Pnd MCE<sup>B4</sup> Lamer Delta  
 Vehicle. No. (Car Plate No.) : G8E4TT0J Make/Model: Citroen Berlingo LWB 1-6L EHD1  
 Insurance Company : LIBERTY Policy No: SI21V19060 (VCV/K24  
 Owner or Company Name /IC No. : CKMBT International Pte Ltd (200000927K)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Kenneth Ng Chau Woon (S8562143B)  
 DRIVER'S Date Of Birth : 30-06-1985 DRIVER'S License Pass Date 22-02-2014  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \  Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 888 Upp Bukit Timah Rd #0418 S(678195)  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) 91091992  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Kennethng @ ckmbt . com . sg  
 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): Driver only  
 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 Injury (If YES, Pls state): Yes

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>YQ 3532B (NTUC)</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



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  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	S121V14060 /VCV /R04
<b>Form</b>	MZ300A
<b>Date of Issue:</b>	29-Oct-2021
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBE4770J
<b>2.Chassis number of Vehicle:</b>	VF77F9HF8FJ595947
<b>3.Name of Policyholder:</b>	CKMBT INTERNATIONAL PTE LTD
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	14-DEC-2021 00:00
<b>5.Date of Expiry of Insurance:</b>	13-DEC-2022 23:59
<b>6.Persons or Classes of Persons entitled to drive*:</b>	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.
<b>7.Limitations as to use*:</b>	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.
<b>8.The Policy does not cover:</b>	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 or 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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	

<b>For Information only:</b>	
<b>COVERAGE:</b>	Comprehensive, Unlimited Windscreen
<b>SUM INSURED (\$\$):</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS (\$\$):</b>	Section 1 \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	KUAST ASSOCIATES

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company  
Owner ID: 927K

### Vehicle Details

Vehicle No.: GBE4770J  
Vehicle to be Exported: No  
Intended Deregistration Date: 10 Dec 2022  
Vehicle Make: CITROEN  
Vehicle Model: BERLINGO LWB 1.6L EHDI ETG6  
Primary Colour: Grey  
Manufacturing Year: 2015  
Engine No.: 10JBFR0020537  
Chassis No.: VF77F9HF8FJ595947  
Maximum Power Output: -  
Open Market Value: \$17,004.00  
Original Registration Date: 14 Dec 2015  
First Registration Date: 14 Dec 2015  
Transfer Count: 0  
Actual ARF Paid: \$851.00

### Intended PARF Rebate Details

PARF Eligibility: No  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 13 Dec 2025  
COE Category: C - Goods Vehicle & Bus  
COE Period(Years): 10  
QP Paid: \$43,809.00  
COE Rebate Amount: \$13,178.00  
**Total Rebate Amount: \$13,178.00**

The information contained herein is correct as at 07 Nov 2022

OK