

# NATIONAL Assessment Centre Services

(Unit 1 Jan/22)

500922050004

Date In: 05/12/2022 12:00	Job description	Date & Time Completed	Done by
Ref No: N/A/4P22012151	SAS e-filing		
Veh No: SAIC 10685	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 03/12/2022 05:30	I-Motor Claim Form		
00 TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 3hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whisp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Vch No: 802312R	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( ) Period: ( )	Cover Type: ( )	
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( %)	(Note: Est. Status (WO): N: 0-20%, P: 21-79%, P: 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 repeller.

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

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

Remarks: (INC Hotline: 0788 0010)	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: \_\_\_\_\_

<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$50)</p> <p>3) TP: Towing Fee \$10/\$40</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PI: Follow-Through Survey (Resurvey) \$30</p> <p>For all items apply INC Only (over 12 hrs 2023)</p> <p>6) TR: Re-inspection \$70</p> <p>7) NI: New DA + SMRT Survey \$140</p> <p>8) NTUC Additional Services:</p> <p>QD:</p> <p>*NS: Courtesy Car / Tol Allowance \$5</p> <p>*NR: Repair Coordination \$10</p> <p>*NT: Post Repair Inspection \$30</p> <p>*ND: DV / Collect Excess Coordination \$5</p> <p>*TP (NI): TP (Non INC) against INC \$30</p> <p>9) NI: 12hrs Mobile \$10</p> <p>Invoice dated _____ Fee Charged _____</p>	<p>Client's Particulars:</p> <p>Owner/Driver:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>Checked by (Engr-In-Charge):</p> <p>Comments:</p>



## 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	05/12/2022 12:49 (SGT)
Reported by	Both
Date of Accident	03/12/2022 05:30 (SGT)
Exact Location of Accident	Kheam Hock Rd, Singapore
Additional Location Information	TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC1068S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM CHEOK PENG
NRIC No	SXXXX534A
Email Address	cheokpeng08@gmail.com
Mobile Phone No	(Phone) +65-96661889
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Range rover
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	1997

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V11506/VPE/R00

#### DRIVER

Name of Driver	LIM CHEOK PENG
NRIC No	SXXXX534A
Date Of Birth	08/11/1946
Occupation	Indoor

Date Of Driving Pass	11/07/1985
Driving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96661889
Alt. Phone Number	-
Email Address	cheokpeng08@gmail.com
Address	24 YARWOOD AVENUE
Address complement	-
Postcode	587996
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Raining
Road Surface	Wet

#### 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?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221203/2047

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDZ312R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
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

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.

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

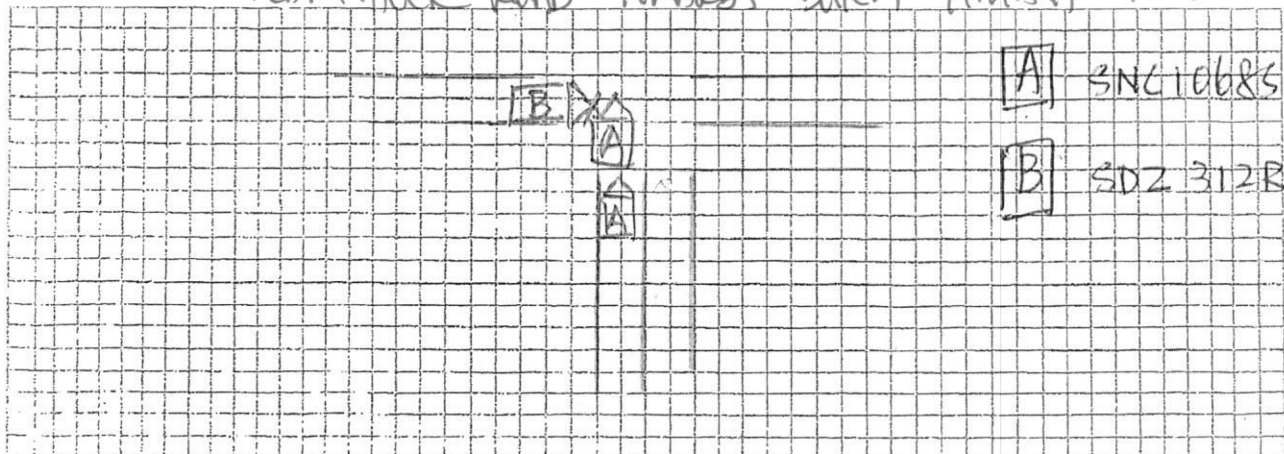
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 05/12/2022

Witnessed by Reporting Centre Personnel

Sketch Plan

KIDREAM HOCK ROAD TOWARDS BUCIT TIMAH ROAD

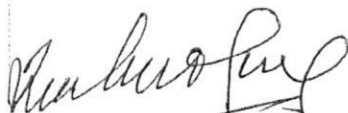


Describe Circumstances of the Accident

REFER TO POLICE REPORT NO. T/2022/203/2047

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 & Time

  
05/12/2022  
Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20221203/2047

1 of 3

Report No. T/20221203/2047

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/12/2022 15:26		Vide Report No.: E/20221203/0054		Station Diary No.: 26	
<b>Informant's Particulars</b>					
Name of Informant: LIM CHEOK PENG			Address: 24 YARWOOD AVENUE SINGAPORE 587996		
ID Type / ID No.: NRIC NO / S2511534A			Contact No.: Home/Office: Mobile: 96661889		
Nationality: SINGAPORE CITIZEN			Email: cheokpeng08@gmail.com		
Sex: Male	Age: 76	Date of Birth: 08/11/1946	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DOCTOR			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2022 05:35	Type of Location: X-Junction
Location:  BUKIT TIMAH ROAD				
Lamp Post Number: 133/1				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDZ312R	Car				Seriously Damaged	0
SNC1068S	Car				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20221203/2047

2 of 3

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20221203/2047

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LIM CHEOK PENG	ID No.	S2511534A
Related Vehicle	NIL	Contact No.	96661889
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 03/12/2022, at around 5.35am, I was driving along Dunearn Road and made a right turn onto Kheam Hock Road. At the junction of Bukit Timah Road and Kheam Hock Road, the traffic light turned green in my favour and I drove forward. Suddenly, a white car appeared in front of my vehicle and I collided into his right driver's seat area, near the wheel. A passer-by called ambulance as there was a lot of smoke coming from the car. Ambulance and police soon arrived at scene and there were no injuries. I was given a case card with incident number E/20221203/0054 under IO Yeo Kia Huat. I have an in-car camera and have managed to recover the SD card which I will hand over to IO Yeo Kia Huat after I lodge this report.





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No. 1800-4629999



T/20221205/2039

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Report No. T/20221205/2039

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

E/

SGT 3 JOEL EE CHYE TECK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / CIT /

SGT 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

NP168

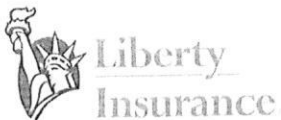
Signature Of Informant:

Date/Time:

05/12/2022 12:48

Classification Of Case:

VEHICLE NO: SNC 10685		MAKE & MODEL: RANGE ROVER		(AUTO) MANUAL	
DATE OF ACCIDENT		03/12/2022		C.C. 2.0	
TIME OF ACCIDENT		0530 AM / PM			
LOCATION OF ACCIDENT		KHEAM HOCK RD TOWARDS Bukit Timah Rd			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE			
NAME OF OWNER		LIM CHEOK PENG			
MAIL: cheekpeng08@gmail.com		Office:		MOBILE: 96661889	
NRIC		S2511534A			
CLAIM TYPE		OD / <u>THIRD PARTY</u> / REPORTING ONLY			
LEET POLICY:		YES / NO ?			
INSURANCE CO.		LIBERTY INSURANCE			
TYPE OF COVERAGE		<u>Comprehensive</u> / Third Party / Third Party Fire & Theft			
POLICY NO.		SI22V11506/VPE/P00			
NAME OF DRIVER		<u>(AS ABOVE)</u> / IF NO:			
NRIC		S2511534A			
DATE OF BIRTH		08/11/1946			
ANY PASSENGER		YES / <u>NO</u> :			
NAME OF PASSENGER		0			
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / <u>Indoor</u>			
DATE OF DRIVING PASS		11 JUL 1985			
GENDER		Male / <u>Female</u>			
CONTACT NO.		Mobile: 96661889		Office: Home:	
EMAIL:		cheekpeng08@gmail.com			
ADDRESS		24 YARNWOOD AVENUE SINGAPORE 587996			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes, Reg No.		INSURER: OWNER	
RELATIONSHIP		Employee / If No: <u>OWNER</u>			
WEATHER CONDITION		Clear / <u>Raining</u> / Other:			
ROAD SURFACE		Dry / <u>Wet</u> / Other:			
ANY INJURIES		<u>No</u> / If yes, Who?			
CONTACT NO.					
POLICE REPORT		No / <u>If yes</u> Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES, WHO?			
VEHICLE B NO.		SDZ 312 R		Any Passenger:	
NAME					
CONTACT NO.					
VEHICLE C NO.		Any Passenger:			
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		<u>YES</u> / NO			
WAS THERE ANY AUDIO RECORDED?		<u>YES</u> / NO			
SCENE ACCIDENT PHOTOS TAKEN?		<u>YES</u> / NO			
**WORKSHOP:		Ysk Auto WORKSHOP			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		<u>YES</u> / NO			



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:**

LIM CHEOK PENG

**Date of Issue:**

26 Aug 2022

**Registration No.:**

SNC1068S

**Effective Date of Commencement:**

28 Sep 2022 00:00

**Chassis No.:**

SALYA2AX0MA321357

**Certificate No.:**

SI22V11506/ VPE / R00

**Date of Expiry:**

27 Sep 2023 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, Add. Named Driver Charges

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

Name of Producer:

SUN INSURANCE AGENCY PTE LTD (A1386-2)

SCSL/B2BAAMT/SI22V11506/26-Aug-2022/MotorCI/v1.0

**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: SNO922C50004 Vehicle Registration No: SX/C1068S  
 Name (as shown in NRIC): LM CHEOK PEK NRIC/FIN/Passport No: SXXXX534A  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 96661889  
 Email Address: \_\_\_\_\_  
 Date of Accident: 08/12/2022 Time of Accident: 05:30  
 Place of Accident: KHEAM HOE RD TOWARDS BUKIT TIMAH RD  
 Insurance Company: LIBERTY

**(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:

POLICY NUMBER TO SI22N11506/VPE/200

Policyholder / Actual Driver's Signature  
Date:

08/12/2022  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date:

**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: SN0922C5000K Vehicle Registration No: SN0C 1068S  
 Name (as shown in NRIC): Lim Chiew Peng NRIC/FIN/Passport No: SXXXX5341  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 96661889  
 Email Address: \_\_\_\_\_  
 Date of Accident: 08/12/2022 Time of Accident: 05:30  
 Place of Accident: Kilom Hoac Road  
 Insurance Company: LIAMITY

**(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:

To Include Page 3 Police Report  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

5/12/2022  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: