

NATIONAL Assessment Centre Services

(Ref: 1 Jan 2022)

NA 2203389

Date In: 05/12/2022 16:47	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/LIP20/237/4	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SGR 600K	I-Motor Claim Form		
D.O.A: 02/12/2022 18:58	I-Motor W/O (white: OD 2hrs, TP 1hr)		
OO: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: Vch No: SMK 3946 P	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 0616)	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: ()

NA 2203389	Invoice Preparation Checklist
1) AR: Accident Reporting (\$30)	INC (\$55)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$130
4) PT: Follow-Through Survey	\$30
5) FT: Follow-Through Survey (Resurvey)	\$75
6) TR: Re-inspection	\$140
7) NI: Inc DA + SMRT Survey	
8) NTUC Additional Services	
9) QW	
*NS: Courtesy Car / Tot Allowance	\$5
*NR: Repair Coordination	\$10
*NT: Post Repair Inspection	\$25
*ND: DV / Collect Excess Coordination	\$1
*TP (NI): TP (Non-INC) against INC	\$30
*P12: 12mo Mobile	10
Invoice dated	Fee Charged
Invoice total	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	05/12/2022 16:51 (SGT)
Reported by	Driver
Date of Accident	02/12/2022 18:55 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS SLE (BEFORE PUNGGOL ROAD EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ600K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIN THAI HIN MOTOR & CREDIT PTE LTD
Company Reg No	1XXXXX668N
Email Address	mysincerelead@gmail.com
Mobile Phone No	(Phone) +65-98168689
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla200
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	Motor trade
Transmission	Auto
CC	1332

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V02293/VTN/R09

DRIVER

Name of Driver	LAM SIM TZE JEREMY
NRIC No	SXXXX906H
Date Of Birth	21/07/1990
Occupation	Indoor

Date Of Driving Pass	04/03/2010
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97919321
Alt. Phone Number	-
Email Address	mysincerelead@gmail.com
Address	BLK 707 JURONG WEST STREET 71 #06-48
Address complement	-
Postcode	640707
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	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?	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221204/7020

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	SMK3946P
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LAM SIM TZE JEREMY
Gender	Male
Phone No	(Phone) +65-97919321
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJQ600K
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' 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.

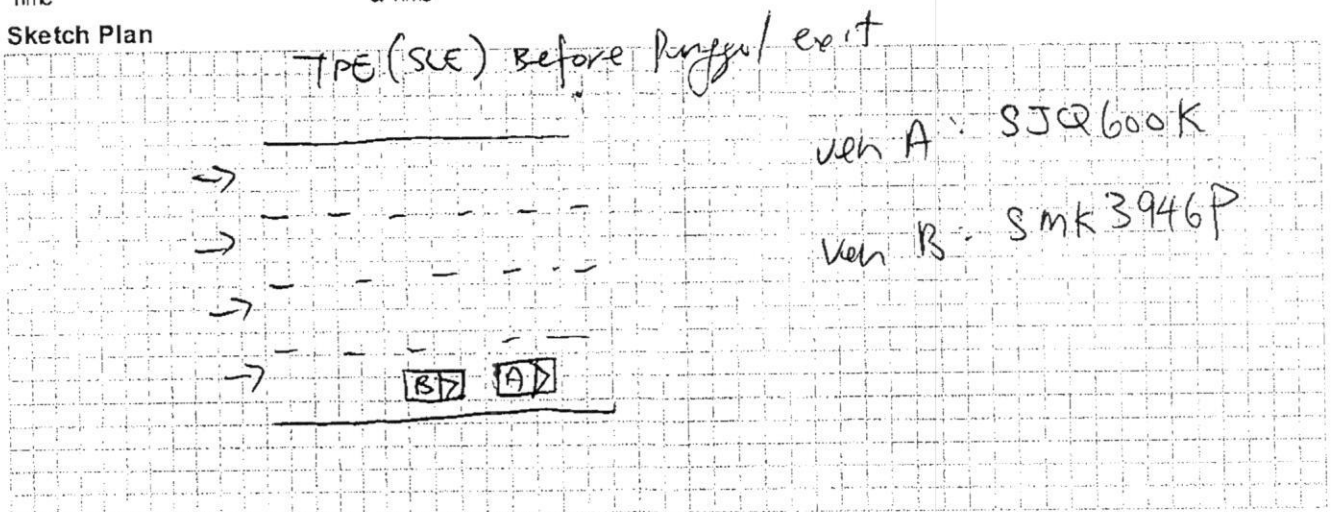


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

* pls refer to police report. 7/2022/204/7020

Declaration

We declare the foregoing particulars are true in every respect.



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



SINGAPORE POLICE FORCE



T/20221204/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20221204/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2022 15:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAM SIN TZE, JEREMY		Address: 707 JURONG WEST STREET 71 #06-48 SINGAPORE 640707			
ID Type / ID No.: NRIC NO / S9027906H		Contact No.: Home/Office:		Mobile: 97919321	
Nationality: SINGAPORE CITIZEN		Email: JLAM933@GMAIL.COM			
Sex: Male	Age: 32	Date of Birth: 21/07/1990		Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Sales		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2022 18:55	Type of Location:
Location: TPE				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJQ600K	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221204/7020

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221204/7020

CONTINUATION OF REPORT

Driver			
Name	LAM SIN TZE, JEREMY	ID No.	S9027906H
Related Vehicle	SJQ600K (Car)	Contact No.	97919321
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SJQ600K was travelling straight on lane 1 of TPE towards SLE.
As the vehicle in front stopped I gradually follow suit.
Suddenly vehicle SMK3946P came from behind and hit onto my vehicle's rear portion.
The impact was hard.
After a while I start to feel pain on my neck, shoulder and back areas.
I ignored the pain and went back.
Today the pain on my body worsen and I proceeded to Unihealth 24-Hr Clinic Jurong East to seek treatment and I was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20221204/7020

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Report No. T/20221204/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
04/12/2022 15:00

Classification Of Case:

Date of Accident : 2/12/2022 Accident Time: 1855 HR. (24-HR-Format)
Accident Place : TPE → PLE (Before Punggol Rd Exit)
Vehicle No. (Car Plate No.) : SJQ 600K Make/Model: CLIA 200 AMG.
Insurance Company : Aviva Liberty Policy No: SD22V 02293/VTN/R09
Owner or Company Name / IC No. : Sin Thai Hin Motor & Credit Pte Ltd.
UEN: 198801668N
Owner or Company Contact No. : 98168689- Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Lam Sin Tze Jeremy S90279064.
DRIVER'S Date Of Birth : 21/07/1990 DRIVER'S License Pass Date 04/03/2010
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee Others: _____
DRIVER'S Address : BLK 707 Jurong West St 71 #06-48 S(640707)
DRIVER'S Contact No./ Alt No. : (1) 9791 9321 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : my.sincere.lead@gmail.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): 01
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>SMK 3946 P</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

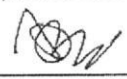
* NEW - Passenger's name & gender:



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
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD22V02293 /VTN /R09
Form	MZ9
Date Of Issue	22-APR-2022
1.Index Mark and Registration No. of Vehicle:	NAMED DRIVER/S AS BELOW
2.Chassis number of Vehicle:	
3.Name of Policyholder:	SIN THAI HIN MOTOR & CREDIT PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	21-APR-2022 00:00 AM
5.Date of Expiry of Insurance:	16-FEB-2023 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
<p>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.</p> <p>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.</p> <p>7.Limitations as to use*: Use only for Motor Trade purposes.</p> <p>8.Policy does not cover: The policy does not cover use for hire or reward, racing, pace-making, reliability trials or speed-testing. N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.</p> <p>*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.</p> <p>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.</p> <p style="text-align: right;">For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p style="text-align: right;"> _____ Authorised Signature</p>	
<p>For Information only:</p> <p>COVERAGE : Third Party Only, Geographical Area: Singapore only.</p> <p>SUM INSURED:</p> <p>EXCESS: Section II (each and every claim) S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers (All Claims) S\$3000</p> <p>FINANCE COMPANY:</p> <p>PRODUCER NAME: PWS GLOBAL RISKS PTE LTD</p>	

PLFM/PLFM/22-APR-22

S1_CI_T1_T3_OE_Template2-Ver1.

22-APR-22