

NATIONAL Assessment Centre Services			
Date In 16/01/2023	Job description	Date & Time Completed	Done by
REFNO NA/HP23000522/d4	SAS e-filing		
VehNO SKA 6565L	E-mail (within 8hrs. AP 2hrs)		
DOA 15/01/2023 17:05	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		
Preferred Wksp / INC Assign Wksp / QW: (			
		Tel:	Fax:

TP Particulars:	Veh No: GB4 9505K	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 repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
( ) Apply for Transport Allowance ( ) / Courtesy Car ( )		
( ) QC Check / Post Repair Inspection ( )		
( ) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA2300165		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Insurant's Particulars:-				1st Bill	Add Bill
Owner/Owner:		1) AR : Accident Reporting (\$30);			
Contact No:		2) DA : Damage Assessment (\$100); INC (\$80)			
Charged Portion:		3) TP : Towing Fee \$40/\$45			
Checked by (Engr-In-Charge):		4) FT : Follow-Through Survey \$120			
Inspectors' Comments:-		5) FT : Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR : Re-inspection \$75			
		7) N1 : Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		ON*			
		* N5: Courtesy Car / Tpt Allowance \$5			
		* N6: Repair Co-ordination \$10			
		* N7: Post Repair Inspection \$25			
		* N8: DV / Collect Excess Coordination \$5			
		TP (N11) : TP (Non INC) against INC \$20			



# 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	16/01/2023 19:27 (SGT)
Reported by	Both
Date of Accident	15/01/2023 17:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG CENTRAL CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA6565L
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EE CHIN WANN
NRIC No	SXXXX786A
Email Address	eechinwann@hotmail.com
Mobile Phone No	(Phone) +65-96384400
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2356

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V14918/VPC2/R01

### DRIVER

Name of Driver	EE CHIN WANN
NRIC No	SXXXX786A

Date Of Driving Pass .....	07/04/2003
Driving experience .....	19 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96384400
Alt. Phone Number .....	-
Email Address .....	eechinwann@hotmail.com
Address .....	NO.5 SENGKANG EAST AVENUE
Address complement .....	# 04-14
Postcode .....	544740
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 .....	GBH9505K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle



Contact Number .....	(Phone) +65-87763711
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' 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

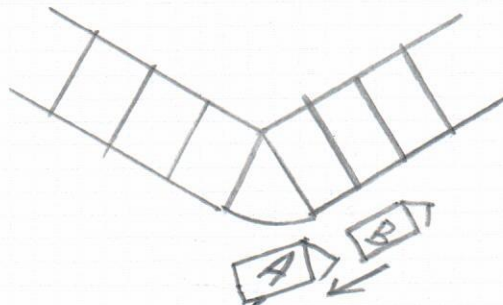
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A - 8KA6565L  
B - 61B419503K


HUBIANJIA CENTRAL CAR PARK

**Describe Circumstances of the Accident**

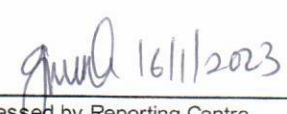
MY VAN WAS STATIONARY VAN REVERSED AND HIT ONLY  
MY VAN FRONT PORTION.

**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

 16/1/2023  
Witnessed by Reporting Centre  
Personnel





# HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivespl@gmail.com

VEHICLE NO: 81CA 6565L MAKE/MODEL: H1 ADD

DATE OF ACCIDENT 15/01/2023 TIME 17 HR 05 MIN PM

LOCATION OF ACCIDENT HOOGWAY CENTRAL CAR PARK

EXACT PURPOSE USE DURING ACCIDENT GOING HOME

## CAR OWNER

NAME OF CAR OWNER EE CHIN WAAN

CONTACT NO 9638 2400 9938 KIMCHI @ GMAIL.COM

NRIC 87574786A

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY LIBERTY

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO \_\_\_\_\_

ACCIDENT DRIVER ☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER As Above

NRIC 87574786A NO OF PASSENGER/S 0 ONLY DRIVER

DATE OF BIRTH \_\_\_\_\_

OCCUPATION \_\_\_\_\_ ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS 07/04/2003 ☒ MALE ☐ FEMALE

GENDER \_\_\_\_\_

CONTACT NO As Above

ADDRESS NO 5 SENGKANG EAST AVE #04-14 (S) 544140

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO \_\_\_\_\_

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: OWNER

WEATHER CONDITION ☐ CLEAR ☒ RAINING OTHER: \_\_\_\_\_

ROAD SURFACE ☐ DRY ☒ WET OTHER: \_\_\_\_\_

ANY INJURIES ☒ NO/ IF YES- NAME: \_\_\_\_\_

CONTACT NO \_\_\_\_\_

POLICE REPORT ☒ NO/ IF YES- LOCATION: \_\_\_\_\_

VIDEO FOOTAGE ☒ NO/ YES

## 3RD PARTY INFO

VEHICLE B NO 81BA 9505K NO OF PASSENGER/S 2

NAME MIKY

CONTACT NO 87763711

VEHICLE C NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_

VEHICLE D NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_

VEHICLE E NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_

VEHICLE F NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_

ANY WITNESS \_\_\_\_\_

WITNESS CONTACT NO \_\_\_\_\_

eechinwaan@hotmail.com




Liberty  
Insurance



**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

<b>Certificate No</b>	SD22V14918 /VPC2 /R01
<b>Form</b>	MX1
<b>Date of Issue</b>	21-OCT-2022
<b>1.Index Mark and Registration No. of Vehicle:</b>	SKA6565L
<b>2.Chassis number of Vehicle:</b>	JHMRC1890FC204165
<b>3.Name of Policyholder:</b>	EE CHIN WANN
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	02-NOV-2022 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	01-NOV-2024 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
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.	
<b>7.Limitations as to use*:</b>	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
<b>8.The Policy does not cover:</b>	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, NCD Protection
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I S\$1000, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	OCBC BANK LTD
<b>PRODUCER NAME:</b>	KAH MOTOR COMPANY SDN BERHAD

PLCS/PLCS/21/10/2022

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21/10/2022