

# NATIONAL Assessment Centre Services

Date In 19/01/2023	Job description	Date & Time Completed	Done by
Ref NO NA/LIP23000630/W	SAS e-filing		
Veh NO SNJ 614K	E-mail (within 8hrs. Aft 2hrs)		
DOA 18/01/2023	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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:	Veh No: FX 7094 K	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
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

NA2300198		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars				1st Bill	Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);			
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:		3) TF: Towing Fee	\$40/\$45		
C Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey	\$120		
		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		
Auditors' Comments :-					



## 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	19/01/2023 11:33 (SGT)
Reported by	Driver
Date of Accident	18/01/2023 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ614K
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Liang Long Marine Pte Ltd
Company Reg No	2XXXXX701C
Email Address	lianglong64@singnet.com.sg
Mobile Phone No	(Phone) +65-96269934
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	Corolla Cross
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	1998

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V18077/VPE/R00

#### DRIVER

Name of Driver	Ng Poh Hong
NRIC No	SXXXX710D
Date Of Birth	29/04/1964
Occupation	Indoor

Date Of Driving Pass .....	17/07/2014
Driving experience .....	8 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96269934
Alt. Phone Number .....	-
Email Address .....	lianglong64@singnet.com.sg
Address .....	Blk 533 Bedok North Street 3
Address complement .....	#12-778
Postcode .....	460533
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Owner
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 .....	Side Swipe
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? .....	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

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 .....	Yes, with workshop

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FX7094K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	Nur'ain Binte Fazali



NRIC No .....  
Contact Number .....  
Address .....  
Address complement .....  
Postcode .....  
Insurance Company Name .....  
Nature Of Damage .....  
Details of property damaged in accident .....  
No. Of Passenger (Including Driver) .....

TXXXX202E  
(Phone) +65-89244847

-  
-  
-  
-  
-  
-

VEHICLE NO: SNJ614K

MAKE &amp; MODEL : Toyota Cross

AUTO / MANUAL

DATE OF ACCIDENT	18 / 01 / 2023	*C.C: 1998CC
TIME OF ACCIDENT	1700	AM / PM
LOCATION OF ACCIDENT	PIE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
<b>NAME OF OWNER</b>	Liang Cong Marine Pte Ltd	Email: lianglong64@singnet.com.sg
TELP NO	Mobile: 9626 9934	Office: Home:
NRIC	200618701C	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	Liberty	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	SD22V18077 / VPE / R00	
<b>NAME OF DRIVER</b>	AS ABOVE / IF NO: Ng Poh Hong	
NRIC	S1670710D	
DATE OF BIRTH	29 / 04 / 1964	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor Both	
DATE OF DRIVING PASS	17 / Jul / 2014	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 9626 9934	Office: Home:
EMAIL:	lianglong64@singnet.com.sg	
ADDRESS	Blk 533 Bedok North Street 3 #12-778 S(460533)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes : Reg No.	INSURER:
RELATIONSHIP	Employee / If No: Owner	
WEATHER CONDITION	<u>Clear</u> / Raining / Other :	
ROAD SURFACE	<u>Dry</u> / Wet / Other :	
ANY INJURIES	No / If yes : <b>Who</b> ?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes : Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES: WHO?
VEHICLE B NO.	EX 7094K	Any Passenger : NO
NAME	Nur'ain Binte Fazali (T0329202E)	
CONTACT NO.	8924 4847	
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> / <u>NO</u>
SCENE ACCIDENT PHOTOS TAKEN?		<u>YES</u> / NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO

HUA MENG



## SKETCH PLAN

### IMPORTANT NOTICE

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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.



*Polhine*

*Ant*

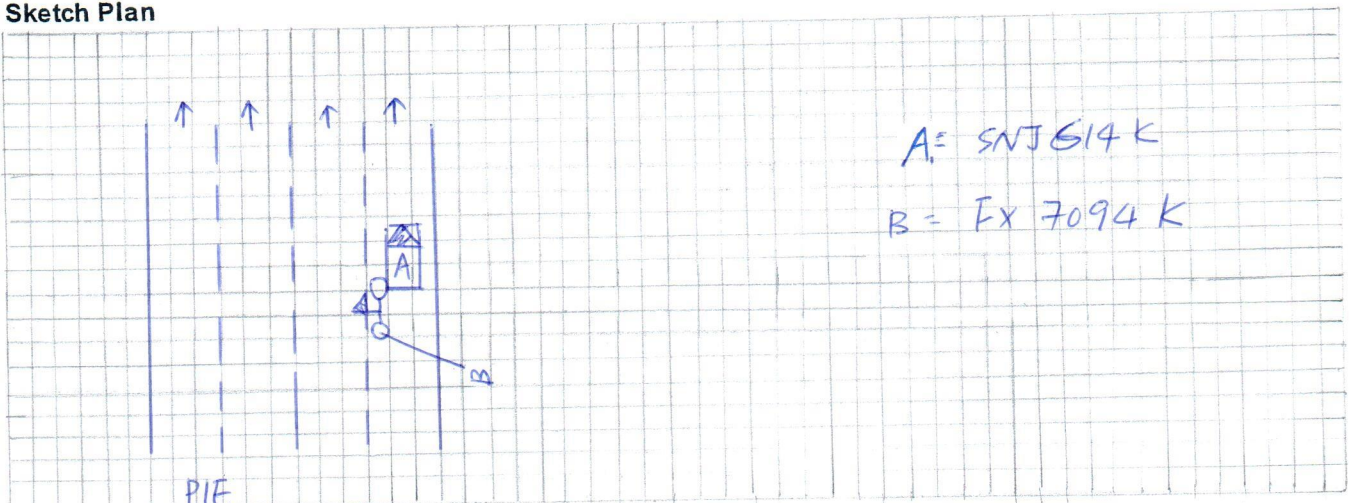
19/01/2023

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

I was driving along PIE on 18-01-2023 at about 1700 hours.  
Vehicle in front slow down and I follow suit. Out of sudden, I felt  
an impact from my rear. The motorbike FX 7094K was hit onto  
rear left portion of my vehicle.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

*Bohlan*

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

*Carl*

19/01/2023

Witnessed by Reporting Centre  
Personnel

# 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>Name of Policyholder:</b> LIANG LONG MARINE PTE LTD		<b>Certificate No.:</b> SD22V18077/ VPE / R00
<b>Date of Issue:</b> 23 Dec 2022	<b>Effective Date of Commencement:</b> 20 Dec 2022 00:00	<b>Date of Expiry:</b> 19 Dec 2023 23:59
<b>Registration No.:</b> SNJ614K	<b>Chassis No.:</b> ZVG111007401	<b>Type of Certificate:</b> MX4

**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.

**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
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$1000, Additional Excess for Young, Elderly & Inexperienced Drivers S \$3000, Windscreen Excess S\$100
Name of Finance Company:	TOKYO CENTURY LEASING (S) PTE LTD
Name of Producer:	CAR TIMES INSURANCE AGENCY PTE LTD (A1200)