

# NA2300396

Date In 08/02/2023  
 Ref No NA2300396/d4  
 Vch No SKH102  
 DOA 07/02/2023 23:30  
 (03) TP/Reporting Only

TP Insurer:

Preferred Wisp / INC Assign Wksp / QW: (

P Particulars:

Vch No:

GBE 5280 A

Tel:

Fax:

Owner / Driver: (

INC ( ) / Non-INC ( )

Policy No: (

Tel:

Confirmed by: (

Period: (

Cover Type: (

Insured / Driver Liability: (

Date:

Times:

Year of Registration: (

%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Excess: (\$

Warranty: YES ( ) / NO ( )  
 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)

Apply for Transport Allowance ( ) / Courtesy Car ( )

Date & Time Completed:

Done by

QC Check / Post Repair Inspection ( )

Upload Resurvey Photo [Repair Cost > \$3000] ( )

Survey:

Time: Actions:

NA2300396

Particulars:

Owner:

No:

Portion:

Checked by (Engr-In-Charge):

Comments:

## Invoice Preparation Checklist

Amnt (\$)

Amnt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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) NI: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

\* NS: Courtesy Car / Trip Allowance \$5

\* NI: Upon Co-ordination \$10

\* NI: Post Repair Inspection \$5

\* NB: DW / Collect Repair Coordination \$5

## 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	08/02/2023 16:30 (SGT)
Reported by	Driver
Date of Accident	07/02/2023 23:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVENUE 9 & TAMPINES AVENUE 10 JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH10Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LI SHI
NRIC No	SXXXX953C
Email Address	clementbr88@gmail.com
Mobile Phone No	(Phone) +65-91002377
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Amg
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	3982

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V15421/VPC/R00

#### DRIVER

Name of Driver	CLEMENT TAN HAO FENG
NRIC No	SXXXX196C
Date Of Birth	28/03/1995
Occupation	Indoor

Date Of Driving Pass .....	20/10/2014
Driving experience .....	8 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84364781
Alt. Phone Number .....	-
Email Address .....	clementbr88@gmail.com
Address .....	52 HIGHGATE CRESCENT
Address complement .....	-
Postcode .....	598833
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 .....	GBE5280A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	CHENG RUI
Passport No/FIN .....	GXXXX637L

Contact Number ..... (Phone) +65-98606644  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## IMPORTANT NOTICE

## SKETCH PLAN

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

on behalf

8/2/2023

Policyholder's Signature / Date & Time

8/2/2023

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

8/2/2023

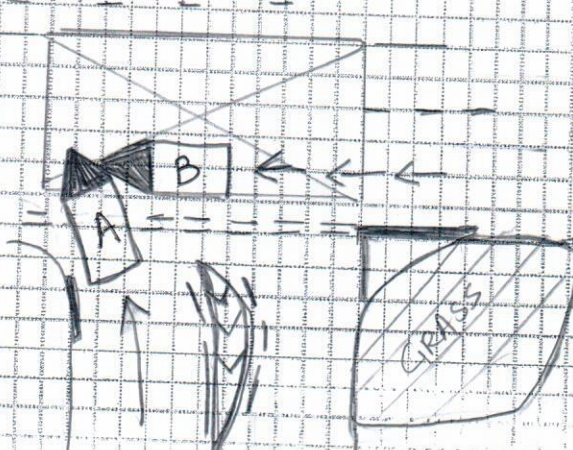
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

Tampines Ave 9 & Tampines Ave 10 junction.

A - SKH 102

B - GBE 5280A



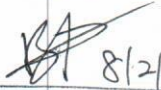
Describe Circumstance of the Accident


I was heading towards the filter lane when I saw a van travelling at high speed. The next moment the van hit my vehicle right rear door.

Declaration

I/We declare the foregoing particulars are true in every respect.

on behalf

 8/2/2023  
Policyholder's Signature / Date & Time

 8/2/2023  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 8/2/2023  
Witnessed by Reporting Centre Person  
(Name as in NRIC/ID card)

## Replace Vehicle Number

### Thank You!

You have successfully replaced vehicle number SNC6777X with SKH10Z  
You are required to change the physical number plates on your vehicle to display the newly assigned vehicle number by 07 Nov 2022. Please print and produce this page at the workshop when you change your vehicle number plates.

#### Vehicle Details After Replacement

Vehicle No:

SKH10Z

Model:

AMG S63 L AUTO

Chassis No:

WDD2221872A394443

Engine No.:

17798060049314

Save as PDF

OK →

Print

# ACCIDENT STATEMENT

ACCIDENT DATE: 07/02/2023 (DD/MM/YYYY), TIME: 23.30 (HH:MM)

LOCATION: Tampines Ave 9 & Tampines Ave 10 junction.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH10Z (SNC6777X)  
 b) INSURANCE COMPANY: Liberty  
 c) POLICY NUMBER: SD 22 V15421/VPC/R00  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: S63 AUTO / MANUAL  
 f) TYPE: (SAIDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: LI SHI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7678953C CONTACT: 9100 2377  
 c) ADDRESS: 5 Palm Drive, S456464

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Clement Tan Hao Feng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9511196C CONTACT: 8436 4781  
 c) ADDRESS: 52 HighGate Crescent, S598833

\* d) DATE OF BIRTH: 28/03/1995 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 20/10/2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS  
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO)  
 7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE 5280A MODEL:  
 b) DRIVER'S NAME: Cheng Rui  
 c) NRIC/FIN/PASSPORT: 98072637L CONTACT: 9860 6644

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = Clementbr88@gmail.com

Address = No.

# 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:**

L SHI

**Date of Issue:**

02 Nov 2022

**Registration No.:**

SNC6777X

**Effective Date of Commencement:**

10 Nov 2022 00:00

**Chassis No.:**

AMG S63 L AUTO

**Certificate No.:**

SD22V15421/ VPC / R00

**Date of Expiry:**

09 Nov 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.

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, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers: S\$3000, Section I - Unnamed Drivers: S\$3500, Additional Excess for Young, Elderly & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100

Name of Finance Company:

Name of Producer:

CUSTOMER SERVICES CENTRE (D9999-CSC)