

NATIONAL Assessment Centre Services (Ref: 12345) **SN0923290005**

Date In: 09/02/2023 15:33	Job description	Date & Time Completed	Done by
Ref No: NBSA AIG 23001371/4	SAS e-filing		
Veh No: SGT 8443Y	E-mail (within 24hrs, AIG 2hrs)		
D.O.A: 08/02/2023 20:30	1-Motor Claim Form		
OD (TP) / Repairing Only	1-Motor W/O (within 24hrs, AIG 2hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **SLH 9609B** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Hst Status (WO): N: 0-20%, P: 21-72%, F: 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 Turn: () Action: ()

NA2300409

Important Particulars:	Invoice Preparation Checklist		Ass't
Owner/Owner:	1) AR: Accident Reporting (330)		
Contact No:	2) DA: Damage Assessment (3100)	INC (365)	
Damaged Portion: ()	3) TP: Towing Fee	\$10/\$45	
	4) PT: Follow-Through Survey	\$145	
	5) FT: Follow-Through Survey (Resurvey)	\$50	
	6) TR: Re-inspection	\$75	
	7) NI: NI/DA + SMPT Survey	\$145	
	8) NIUC: Additional Services		
	9) DM: ()		
	*NI: Courtesy Car / Tol Allowance	\$5	
	*NI: Repair Costs Deduct	\$15	
	*NI: Post Repair Inspection	\$25	
	*NI: DV / Collect Excess Coordination	\$5	
	*TP (NI): TP (Non-INC) against INC	\$10	
	*TP (NI) Move	10	
	Invoice Date:	Fee Charged	
	Invoice Total:		

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	09/02/2023 15:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/02/2023 20:30 (SGT)
Exact Location of Accident	613 Tampines North Dr. 1, Singapore
Additional Location Information	MULTI STOREY CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8443Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH SI LOONG GABRIEL
NRIC No	SXXXX309H
Email Address	gabriel.isgg@gmail.com
Mobile Phone No	(Phone) +65-91889130
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
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	1496

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI00V07540/VPE/R03

DRIVER

Name of Driver	GOH SI LOONG GABRIEL
NRIC No	SXXXX309H
Date Of Birth	03/04/1988
Occupation	Indoor

Date Of Driving Pass	22/03/2007
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91889130
Alt. Phone Number	-
Email Address	gabriel.isgg@gmail.com
Address	BLK 613B TAMPINES NORTH DRIVE 1 #04-212
Address complement	-
Postcode	522613
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	-

PASSENGER 1

Name	CHANTELLE
Gender	Female

PASSENGER 2

Name	AYE MYAT MON
Gender	Female

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 SKETCH (TYPE OF COLLISION IS HEAD TO SIDE)

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	SLH9609B
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	GOH SI LOONG GABRIEL
Gender	Male
Phone No	(Phone) +65-91889130
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJG8443Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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 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:

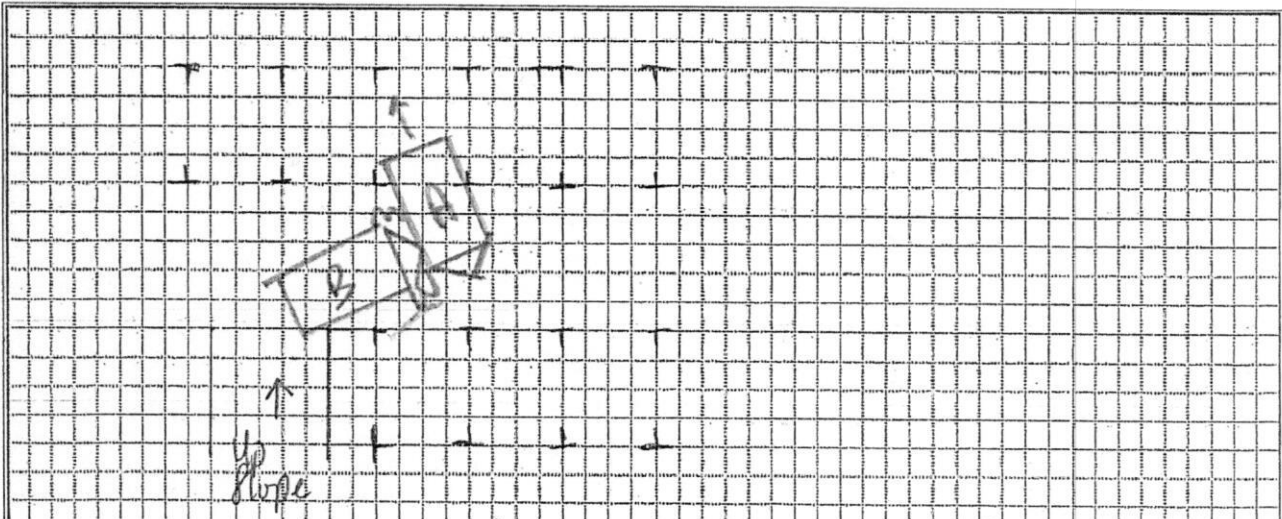
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



613 Tampines North Dr 1
(multi-story carpark)


A = SJG8443 Y
B = SLH9609 B


Describe Circumstance of the Accident

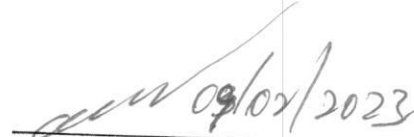
I WAS PARKING MY CAR AT BLOCK 631 TAMPINES NORTH DR 1 MULTI STOREY CARPARK.
I FOUND A LOT AND THE TRAFFIC WAS CLEAR. AS SUCH, I BEGIN TO PARK MY CAR. OUT
OF SUDDEN, VEHICLE (B) CAME UP FROM THE SLOPE AND COLLIDED ONTO MY VEHICLE
FRONT RIGHT PORTION. WE THEN CAME DOWN TO EXCHANGE PARTICULARS AND FOUND
OUT THAT VEHICLE (B) WANTED TO BRAKE HOWEVER SHE STEPPED ONTO THE
ACCELERATOR INSTEAD.

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


Witnessed by Reporting Centre Personnel

Date of Accident : 08/02/2023 Accident Time: 2030 (24-HR-FORMAT)
Accident Place : 613 Tampines North Dr 1 (multi storey carpark)
Vehicle Reg. No (Car plate No.) : SJH84434 CC : Vehicle Make/Model: Mazda 2
Insurance Company : Liberty Insurance Policy No. SJ22V07540/VPE/R03
Name of Registered Owner : Company / Individual Goh Si Loo & GABRIEL
ID of Registered Owner : Co Reg No: Owner's NRIC No: S8811309H
OWNER EMAIL ADDRESS: gabriel.1sgg@gmail.com : Co Contact No: Owner's Contact No: 91889130
DRIVER'S Name : Goh Si Loo & GABRIEL DRIVER'S NRIC No: S8811309H
DRIVER'S Date of Birth : 03/04/1988 DRIVER'S License Pass Date 22/03/2007
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self
DRIVER'S Address : 613B Tampines North Dr 1 #04-212, S(522613)
DRIVER'S Contact No./ Alt No. : 1) 91889130 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : gabriel.1sgg@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): 3 Name & Gender: Chantelle (F)
Was the accident reported to the police? YES \ NO Aye Myat Mon (F)
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 injuries, if yes (name of the injured person) Goh Si Loo & GABRIEL

Other Party Driver's Particulars (if any)

Vehicle Reg No: SLH9609B	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

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:

GOH SI LOONG GABRIEL

Date of Issue:

07 Jun 2022

Registration No.:

SJG8443Y

Effective Date of Commencement:

18 Jul 2022 00:00

Chassis No.:

JMODE10Y180120426

Certificate No.:

SI22V07540/ VPE / R03

Date of Expiry:

17 Jul 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.

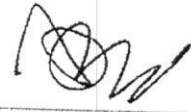
B) Use for racing, pace-making, reliability trials or speed-testing.

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, Buy Up Excess (from \$600 to \$1,600)

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$1600, Section I - Unnamed Drivers S\$2100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

HONG LEONG FINANCE LTD

Name of Producer:

PRESTIGE RISK MANAGEMENT PTE. LTD. (A1531-1)

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