

	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 NC Qaly (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idac DA - SMPT Survey \$160		
8) NTUC Additional Services		
Q1*		
* N5: Courtesy Car - 2 days @ \$25		
* N8: Repair of 1st bumper \$10		
* N7: Repair of 1st bumper \$25		



## 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	15/02/2023 15:03 (SGT)
Reported by	Driver
Date of Accident	14/02/2023 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KILLINEY ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK2544C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIUM FOODSTUFF PTE LTD
Company Reg No	2XXXXX849K
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-89458681
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Commercial vehicle
Transmission	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V12904/VCV/R05

#### DRIVER

Name of Driver	CHENG WEI
Passport No/FIN	GXXXX672U
Date Of Birth	25/03/1978
Occupation	Outdoor

Date Of Driving Pass .....	23/09/2016
Driving experience .....	6 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89458681
Alt. Phone Number .....	-
Email Address .....	jmartauto@gmail.com
Address .....	787C WOODLANDS CRESCENT
Address complement .....	# 07-58
Postcode .....	733787
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 .....	Collided into Parked Vehicle
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) .....	0
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 .....	Commonwealth Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004749999
Alt. Police Station Phone No .....	(Fax) +65-64715297
Police Station Address .....	Blk 111 Commonwealth Crescent (Annex) #01-288A Singapore 140111
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230214/2037

#### 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 .....	YP9125J
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-



## 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 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 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

*[Signature]*

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

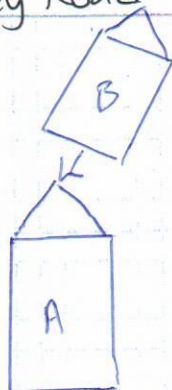
*[Signature]*

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

*[Signature]* 15/2/2023

Sketch Plan

Killiney Road



Killiney Rd

DOA: 14/2/23

A: GBK 2544C

B: YP 9125J

Describe Circumstance of the Accident

Refer to Police Report

- T/20230214/2037-

Declaration

I/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]*

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

*[Signature]* 15/02/2023





# SINGAPORE POLICE FORCE



T/20230214/2037

1 of 3

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

Report No. T/20230214/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/02/2023 14:18	Vide Report No.:	Station Diary No.: 18
--------------------------------------------	------------------	--------------------------

**Informant's Particulars**

Name of Informant: CHENG WEI			Address: 787C WOODLANDS CRESCENT #07-58 SINGAPORE 733787		
ID Type / ID No.: FIN NO / G2857672U			Contact No.: Home Office: Mobile: 89458681		
Nationality: CHINESE			Email:		
Sex: Male	Age: 44	Date of Birth: 25/03/1978	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: DELIVERY MAN			Driving Licence Information: Class		Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/02/2023 12:30	Type of Location: Car Park
Location:  KILLINEY ROAD			
Weather: Sunny	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBK2544C	Lorry				Slightly Damaged	0
YP9125	Lorry					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230214/2037

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

2 of 3

Report No. T/20230214/2037

**CONTINUATION OF REPORT**

Driver			
Name	CHENG WEI	ID No.	G2857672U
Related Vehicle	NIL	Contact No.	89458681
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 14/02/2023, at about 1230hrs, after unloading my goods at the said location, I went back to my company lorry, vehicle no. GBK2544C, I saw a dent the front of my lorry and the left side mirror of the lorry broke. After that, I went to the security post to inform and requested to view CCTV, CCTV captured that the other lorry, vehicle no.: YP91255, while trying to reverse hit onto my car. However, the driver drove off. I requested CCTV footage from the security; however, the security inform that they are unable to provide the footage to the public. I informed my supervisor, and he informed me to contact the insurance company. The staff of the insurance company informed me to lodge a police report. There is no one injured or conveyed to the hospital.





**SINGAPORE  
POLICE FORCE**



T/20230214/2037

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

3 of 3

Report No. T/20230214/2037

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

D/

SGT 2 URIEL NG TZI TNG

Signature Of Interpreter:

URIEL NG / S9822743A

Officer In Charge Of Case:

TP / HRT /

SR STAFF SGT RASHIDAH BINTE AZMAN

Contact No.: 65476902

Signature Of Informant:

Date/Time

14/02/2023 14:18

Classification Of Case:

NP168

# Pte Car / Commercial Vehicle / Pte Hire

Date of Accident : 14/2/23		Time of Accident : 12:30pm	
Exact Location of Accident : Killing Rd			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Dry / Wet	
Owner's Name : Premium Foodstuff PL		Pte Use / Work	
Driver's Name : Cheng Wei		NRIC : 200301841K	HP :
DOB : 25/3/1978		NRIC : G2857672V	HP : 89458681
Driving Licence Passing Date : 23/9/2016		Occupation : Indoor / Outdoor	
Address : 787C Woodlands Crescent #01-58 (733787)			
Relationship Of Driver with Insured : Employee		Email : jmartauto@gmail.com	
Vehicle Number : GBK 2544 C		Make & Model : Toyota	
Insurance Company : Liberty		Policy No : SD22V12904/VCV/R05	Coverage :
Any passengers inside vehicle involved ( YES / NO ) If yes, Vehicle Number & How many pax			
A : 0	B : 1 + 1	C :	D :
Vehicle A Passenger Name :			Male / Female
Anyone Injured :		Convey By Ambulance: Yes / No	
<input checked="" type="radio"/> NO		<input type="radio"/> YES Name / NRIC / Which Vehicle :	
Was The Accident Reported To The Police ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Which Police Station :	
Does The Driver Own Any Other Vehicle ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number : Insurer :	
Was Any Foreign Vehicle Involved ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number & Category :	
Was There Any Video Captured By Car Camera ? <input checked="" type="radio"/> NO <input type="radio"/> YES			

## Third Party's Particular

Vehicle B's Number : 4P 9125 J		Make & Model :	
Driver's Name :		NRIC :	HP :
Vehicle C's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :


## Witness's Particular

Name :	NRIC :	HP :
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## 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>	<b>SD22V12904 /NCV /R05</b>
<b>Form</b>	<b>MZ300A</b>
<b>Date Of Issue</b>	<b>14-SEP-2022</b>
<b>1.Index Mark and Registration No. of Vehicle:</b>	<b>GBK2544C</b>
<b>2.Chassis number of Vehicle:</b>	<b>JTFAT35Y80K214533</b>
<b>3.Name of Policyholder:</b>	<b>PREMIUM FOODSTUFF PTE. LTD.</b>
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	<b>12-SEP-2022 00:00 AM</b>
<b>5.Date of Expiry of Insurance:</b>	<b>11-SEP-2023 23:59 PM</b>
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
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.	
<b>7.Limitations as to use*:</b>	
A) Use in connection with the Policyholder's business.	
B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.	
C) Use for social, domestic and pleasure purposes.	
<b>8.The Policy does not cover:</b>	
A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.	
B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.	
*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, Third Party Working Risk
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I S\$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$1000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY

PLVCH/14-SEP-22

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14-SEP-22