

Assessment Centre Services

Date In 16/02/2023
 Ref No NA/LP23001773/d4
 Vch No GBJ 4460C
 DOA 15/02/2023 17:15
 OD/TP/Reporting Only

| Description | Date & Time Completed | Done by |
|--|-----------------------|---------|
| SAS e-filing | | |
| E-mail (within 2hrs. Aft 2hrs) | | |
| I-Motor Claim Form | | |
| I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| I-Photo Uploaded | | |
| Assessment/Survey Report | | |
| Ass't Report by Fax/Hand to Owner/Wksp | | |

Particulars: Vch No: **GBD 2686M** Tel: Fax:
 Owner/Driver: () INC () / Non-INC ()
 Policy No: () Tel: ()
 Confirmed by: () Cover Type: ()
 Insured/Driver Liability: () Dates: Time:
 Year of Registration: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 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.
 Towed-In () / Towed-in (); Invoice: YES () / NO (); Towing Co. ()

| Description | Date & Time Completed | Done by |
|--|-----------------------|---------|
| Apply for Transport Allowance () / Courtesy Car () | | |
| Check / Post Repair Inspection () | | |
| Load Resurvey Photo [Repair Cost > \$3000] () | | |

| Time | Actions |
|------|---------|
| | |
| | |
| | |

NA2300497

| Particulars | Invoiced Preparation Checklist | Amnt (\$) Est. Bill | Amnt (\$) Add Bill |
|-------------------------------|--|------------------------|-----------------------|
| Owner: | 1) AR: Accident Reporting (\$30); | | |
| No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| Booked by (to go in-c) (reg): | 4) FT: Follow-Through Survey \$120 | | |
| Comments: | 5) FT: Follow-Through Survey (Resurvey) 530 For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection 575 | | |
| | 7) NI: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | ON: | | |
| | * N3: Courtesy Car / Tpt Allowance 55 | | |
| | * N6: Repair Obstruction 510 | | |
| | * N7: Post Repair Inspection 510 | | |

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 | 16/02/2023 16:57 (SGT) |
| Reported by | Driver |
| Date of Accident | 15/02/2023 17:15 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | MOULMEIN FLYOVER |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ4460C

INSURED/POLICYHOLDER

| | |
|--------------------------------|---------------------------|
| Is company? | Yes |
| Name Of Registered Owner | EXIM & MFR ENTERPRISE |
| Company Reg No | 2XXXX500L |
| Email Address | thomas_wong@eximfr.com.sg |
| Mobile Phone No | (Phone) +65-67430033 |
| 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 - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 2982 |

INSURANCE COMPANY

| | |
|---|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SI22V05027/VCV/R02 |

DRIVER

| | |
|----------------------|---------------------|
| Name of Driver | ROSLI BIN ABU BAKAR |
| NRIC No | SXXXX937B |
| Date Of Birth | 07/01/1964 |
| Occupation | Outdoor |

| | |
|--|---------------------------------|
| Date Of Driving Pass | 23/03/1984 |
| Driving experience | 38 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91717886 |
| Alt. Phone Number | - |
| Email Address | thomas_wong@eximfr.com.sg |
| Address | APT BLK 631 CHOA CHU KANG NORTH |
| Address complement | # 03-233 |
| Postcode | 680631 |
| 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 | Collision - Head to Rear |
| 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 | GBD2686M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | TAY CHONG YAM |
| NRIC No | SXXXX110B |

Contact Number (Phone) +65-97851044
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.



[Signature] 16/2/23

[Signature] 16/2/2023

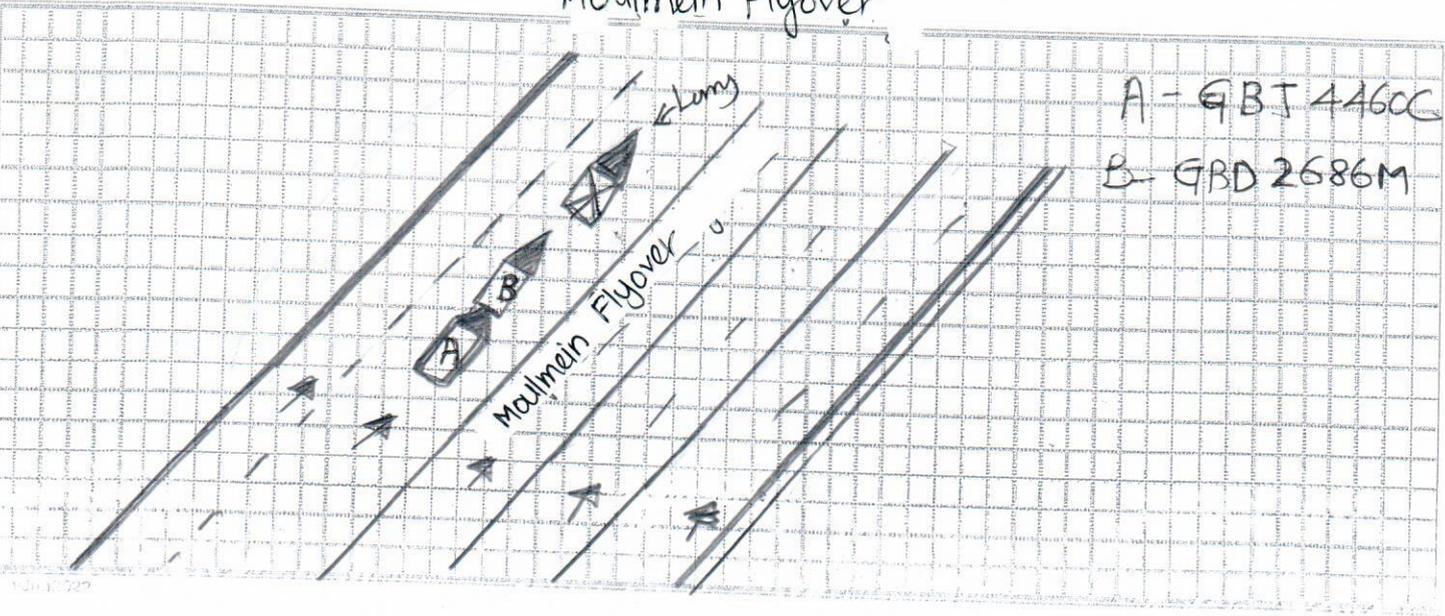
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Moulmein Flyover



A - GBJ 4460C
B - GBD 2686M

Describe Circumstance of the Accident

on the above stated date and time I was on my way to work place after a delivery. I was travelling at Moulmein Flyover, Flyover. The traffic was heavy. All the vehicles moved slowly. As I was driving the vehicles in front of me was moving with the traffic flow as well. vehicle B was moving in front of me and in front of vehicle B was a lorry. The lorry suddenly jam brake, vehicle B follow suit and manage to Brake on time. On that time I happen to see my side mirror and like within seconds when vehicle B jam Brake after the lorry braked, I couldn't brake on time, so I hit vehicle B rear portion of the Vehicle.

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Person's Name (Name as in NRIC/ID card)

[Signature] 16/2/23

[Signature] 16/2/2023

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 02 / 2023) (DD/MM/YYYY), TIME: (17 : 15) (HH:MM)

LOCATION: Moulmein Flyover

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8J4460C
- b) INSURANCE COMPANY: Liberty
- c) POLICY NUMBER: SI22V05027/vcv/p02
- d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: _____ : Auto / MANUAL
- f) TYPE: (SAIDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / (MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: working time
- 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: EXIM & MFR ENTERPRISE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 28993500L CONTACT: 6743 0033
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Rosli Bin Abu Bakar (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1656937B CONTACT: 91717886
- c) ADDRESS: APT Blk 631 Choa Chu Kang North 6 # 03-233
8680631

*d) DATE OF BIRTH: (07 / 01 / 1964) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 23/03/1984
- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
- 5. a) WEATHER CONDITION: (DRY / 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: G8D 2686 M MODEL: _____
- b) DRIVER'S NAME: Tay Chong Yam
- c) NRIC/FIN/PASSPORT: S8988110B CONTACT: 9785 1044

9. THIRD PARTY VEHICLE

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

email = thomas_wong@eximfr.com.sg

date = _____

notes = NO

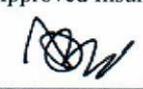
No. of passenger
(including driver)
(1)

No. of passenger
(including driver)
()

No. of passenger
(including driver)
()

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
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

| | |
|--|---|
| Certificate No | SI22V05027 /VCV /R02 |
| Form | MZ300A |
| Date of Issue: | 14-Apr-2022 |
| 1.Index Mark and Registration No. of Vehicle: | GBJ4460C |
| 2.Chassis number of Vehicle: | JTFAT35Y00K213053 |
| 3.Name of Policyholder: | EXIM & MFR ENTERPRISE |
| 4.Effective date of Commencement of Insurance for the purposes of the Act: | 25-APR-2022 00:00 |
| 5.Date of Expiry of Insurance: | 24-APR-2023 23:59 |
| 6.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. |
| 7.Limitations as to use*: | 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. |
| 8.The Policy does not cover: | 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. | |
| <p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <hr/> <p>Authorised Signature</p> | |

For Information only:

| | |
|--------------------|--|
| COVERAGE: | Comprehensive, Unlimited Windscreen |
| SUM INSURED (S\$): | MARKET VALUE AT THE TIME OF LOSS |
| EXCESS (S\$): | Section I \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00 |
| FINANCE COMPANY: | COE AUTO TRADING |
| PRODUCER NAME: | NG KAR HUI ANGELA |