

NATIONAL Assessment Centre Services (Call 1-800-555-5555) **SMC923280004**

Date In: 28/07/2023 14:46	Job description	Date & Time Completed	Done by
Ref No: NB8/LP23002159/Y	SAS e-filing		
Veh No: S6V-7108U	E-mail (withh 3hrs, A/C 2hrs)		
D.O.A: 27/07/2023 16:20	1-Motor Claim Form		
OD: TP Repairing Only	1-Motor W/O (withh 3hrs, A/C 2hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

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

TP Particulars: Vch No: **SKZ 9459J** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Bst Status (WO): N: 0-30%, F: 21-70%, 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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC Non-Inc: 0783, 0014)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: ()

Date/Time: ()

Action: ()

NA2300608

Insurance Particulars:	Invoice Preparation Charge	
Owner/Owner:	1) A/L: Accident Passengers (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)
Assigned Portion: Full	3) TP: Towing Fee (\$10/\$40)	
	4) PE: Follow-Through Survey (\$15)	
	5) PT: Follow-Through Survey (Basarby) (\$5)	
	6) TR: Re/Survey (\$25)	
	7) NI: New DA + SMRT Survey (\$140)	
	8) NTUC Additional Services	
	9) NI: Courtesy Car / Tot Allowance (\$5)	
	10) NI: Repair Coordination (\$15)	
	11) NI: Post Repair Inspection (\$25)	
	12) NI: DV / Collect Excess Coordination (\$1)	
	13) NI: (TP) (Non-INC) against INC (\$20)	
	14) NI: (TP) (Non-INC) against INC (\$20)	
	15) NI: (TP) (Non-INC) against INC (\$20)	
	16) NI: (TP) (Non-INC) against INC (\$20)	
	17) NI: (TP) (Non-INC) against INC (\$20)	
	18) NI: (TP) (Non-INC) against INC (\$20)	
	19) NI: (TP) (Non-INC) against INC (\$20)	
	20) NI: (TP) (Non-INC) against INC (\$20)	
	21) NI: (TP) (Non-INC) against INC (\$20)	
	22) NI: (TP) (Non-INC) against INC (\$20)	
	23) NI: (TP) (Non-INC) against INC (\$20)	
	24) NI: (TP) (Non-INC) against INC (\$20)	
	25) NI: (TP) (Non-INC) against INC (\$20)	
	26) NI: (TP) (Non-INC) against INC (\$20)	
	27) NI: (TP) (Non-INC) against INC (\$20)	
	28) NI: (TP) (Non-INC) against INC (\$20)	
	29) NI: (TP) (Non-INC) against INC (\$20)	
	30) NI: (TP) (Non-INC) against INC (\$20)	
	31) NI: (TP) (Non-INC) against INC (\$20)	
	32) NI: (TP) (Non-INC) against INC (\$20)	
	33) NI: (TP) (Non-INC) against INC (\$20)	
	34) NI: (TP) (Non-INC) against INC (\$20)	
	35) NI: (TP) (Non-INC) against INC (\$20)	
	36) NI: (TP) (Non-INC) against INC (\$20)	
	37) NI: (TP) (Non-INC) against INC (\$20)	
	38) NI: (TP) (Non-INC) against INC (\$20)	
	39) NI: (TP) (Non-INC) against INC (\$20)	
	40) NI: (TP) (Non-INC) against INC (\$20)	
	41) NI: (TP) (Non-INC) against INC (\$20)	
	42) NI: (TP) (Non-INC) against INC (\$20)	
	43) NI: (TP) (Non-INC) against INC (\$20)	
	44) NI: (TP) (Non-INC) against INC (\$20)	
	45) NI: (TP) (Non-INC) against INC (\$20)	
	46) NI: (TP) (Non-INC) against INC (\$20)	
	47) NI: (TP) (Non-INC) against INC (\$20)	
	48) NI: (TP) (Non-INC) against INC (\$20)	
	49) NI: (TP) (Non-INC) against INC (\$20)	
	50) NI: (TP) (Non-INC) against INC (\$20)	
	51) NI: (TP) (Non-INC) against INC (\$20)	
	52) NI: (TP) (Non-INC) against INC (\$20)	
	53) NI: (TP) (Non-INC) against INC (\$20)	
	54) NI: (TP) (Non-INC) against INC (\$20)	
	55) NI: (TP) (Non-INC) against INC (\$20)	
	56) NI: (TP) (Non-INC) against INC (\$20)	
	57) NI: (TP) (Non-INC) against INC (\$20)	
	58) NI: (TP) (Non-INC) against INC (\$20)	
	59) NI: (TP) (Non-INC) against INC (\$20)	
	60) NI: (TP) (Non-INC) against INC (\$20)	
	61) NI: (TP) (Non-INC) against INC (\$20)	
	62) NI: (TP) (Non-INC) against INC (\$20)	
	63) NI: (TP) (Non-INC) against INC (\$20)	
	64) NI: (TP) (Non-INC) against INC (\$20)	
	65) NI: (TP) (Non-INC) against INC (\$20)	
	66) NI: (TP) (Non-INC) against INC (\$20)	
	67) NI: (TP) (Non-INC) against INC (\$20)	
	68) NI: (TP) (Non-INC) against INC (\$20)	
	69) NI: (TP) (Non-INC) against INC (\$20)	
	70) NI: (TP) (Non-INC) against INC (\$20)	
	71) NI: (TP) (Non-INC) against INC (\$20)	
	72) NI: (TP) (Non-INC) against INC (\$20)	
	73) NI: (TP) (Non-INC) against INC (\$20)	
	74) NI: (TP) (Non-INC) against INC (\$20)	
	75) NI: (TP) (Non-INC) against INC (\$20)	
	76) NI: (TP) (Non-INC) against INC (\$20)	
	77) NI: (TP) (Non-INC) against INC (\$20)	
	78) NI: (TP) (Non-INC) against INC (\$20)	
	79) NI: (TP) (Non-INC) against INC (\$20)	
	80) NI: (TP) (Non-INC) against INC (\$20)	
	81) NI: (TP) (Non-INC) against INC (\$20)	
	82) NI: (TP) (Non-INC) against INC (\$20)	
	83) NI: (TP) (Non-INC) against INC (\$20)	
	84) NI: (TP) (Non-INC) against INC (\$20)	
	85) NI: (TP) (Non-INC) against INC (\$20)	
	86) NI: (TP) (Non-INC) against INC (\$20)	
	87) NI: (TP) (Non-INC) against INC (\$20)	
	88) NI: (TP) (Non-INC) against INC (\$20)	
	89) NI: (TP) (Non-INC) against INC (\$20)	
	90) NI: (TP) (Non-INC) against INC (\$20)	
	91) NI: (TP) (Non-INC) against INC (\$20)	
	92) NI: (TP) (Non-INC) against INC (\$20)	
	93) NI: (TP) (Non-INC) against INC (\$20)	
	94) NI: (TP) (Non-INC) against INC (\$20)	
	95) NI: (TP) (Non-INC) against INC (\$20)	
	96) NI: (TP) (Non-INC) against INC (\$20)	
	97) NI: (TP) (Non-INC) against INC (\$20)	
	98) NI: (TP) (Non-INC) against INC (\$20)	
	99) NI: (TP) (Non-INC) against INC (\$20)	
	100) NI: (TP) (Non-INC) against INC (\$20)	

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	28/02/2023 14:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/02/2023 16:20 (SGT)
Exact Location of Accident	West Coast Rd, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7108U
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEE JAN MENG (XU ZENGMING)
NRIC No	SXXXX976D
Email Address	benny@pansing.com
Mobile Phone No	(Phone) +65-94876054
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V09190/VPC/R04

DRIVER

Name of Driver	CHEE JAN MENG (XU ZENGMING)
NRIC No	SXXXX976D
Date Of Birth	22/02/1973
Occupation	Outdoor

Date Of Driving Pass	27/04/1995
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94876054
Alt. Phone Number	-
Email Address	benny@pansing.com
Address	BLK 28 TELOK BLANGAH RISE #09-203
Address complement	-
Postcode	090028
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 - 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 SKETCH PLAN

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	SKZ9459J
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JIMMY
Contact Number	(Phone) +65-93802042

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

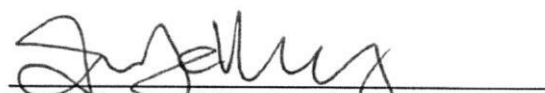
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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 :

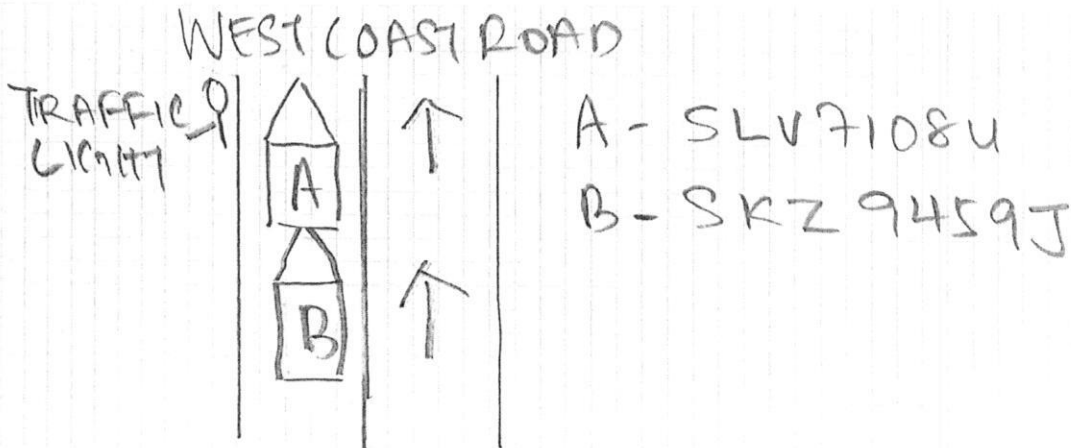
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


Policyholder's Signature / Date &
Time 28/02/23 @ 1305HR
Sketch Plan


Driver's Signature (If driver is not the policyholder) / Date
& Time 28/02/23 @ 1305HR


Witnessed by Reporting Centre
Personnel 28/02/2023

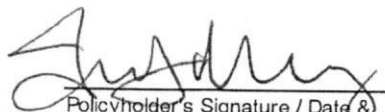


Describe Circumstances of the Accident

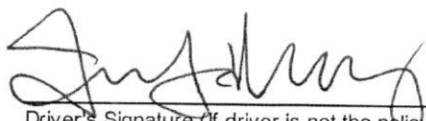
ON 27/02/2023 @ ABOUT 1620HRS I WAS DRIVING ALONG WEST COAST ROAD TOWARDS CITY, MY VEHICLE WAS STATIONARY WHILE WAITING FOR TRAFFIC LIGHT TO TURN GREEN, SUDDENLY, VEHICLE SKZ 9459J HIT THE REAR OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

28/02/23 @ 1305Hr


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

28/02/23 @ 1305Hr


28/02/2023
Witnessed by Reporting Centre
Personnel

Date of Accident : 27/02/2023 Accident Time: 1620HRS (24-HR-Format)
Accident Place : WEST COAST ROAD TOWARDS CITY
Vehicle. No. (Car Plate No.) : SLV71084 Make/Model: MAZDA3 4RD 1.5L
Insurance Company : LIBERTY Policy No: S122V09190/VPC/R04
Owner or Company Name /IC No. : CHEE JAN MENG (XU ZENGMIN)
(S73079760)
Owner or Company Contact No. : _____ Owner's Hp 94876054 Company Tel _____
DRIVER'S Name / IC No. : _____
DRIVER'S Date Of Birth : 22/02/1973 DRIVER'S License Pass Date 27/04/1995
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
DRIVER'S Address : BLK 28 TELOK BLANHAH RISE
#09-203.S'PORE 090028
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : benny@pansing.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): —NIL—
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 Injury (If YES, Pls state): —NIL—

Other Party Driver's Particular (if any)

Vehicle. No: <u>SKZ9459J</u>	Vehicle. No: _____
Vehicle Make/Model: <u>TOYOTA WISH</u>	Vehicle Make/Model: _____
Name Driver: <u>Jimmy</u>	Name Driver: _____
IC No. Driver/Contact: <u>93802042</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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:

CHEE JAN MENG(XU ZENGMING)

Certificate No.:

SI22V09190/ VPC / R04

Date of Issue:

08 Jul 2022

Effective Date of Commencement:

12 Jul 2022 00:00

Date of Expiry:

11 Jul 2023 23:59

Registration No.:

SLV7108U

Chassis No.:

JM6BN22A8H0168913

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

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, 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:

SC ALLIANCE PTE LTD (A1260-4)