

**NATIONAL Assessment Centre Services** (part 1 of 2) **SA10923340005**

Date In: <b>17/03/2023</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>WAH230078007</b>	E-mail (with full name):		
Veh No: <b>8ND 5236S</b>	1-Motor Claim Form		
D.O.A: <b>17/03/2023</b>	1-Motor W/O (with full name):		
QC <b>TP</b> Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'n Report by Fax / Hand to Owner/Victim		

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

TP Particulars: Vch No: **SHF 560Z** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

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

Insured/Driver Liability: ( ) % (Note: Ltd Status (WO): 11: 0-30%, 12: 21-79%, 13: 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: **WAH230078007** (07/03/2023) Done by: **SA10923340005**

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date of Injury: ( )

Location: ( )

Time: ( )

Weather: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

**WAH230078007**

Invoice: Preparation Charge: ( )

1) A/R: Accident Paperwork (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$10/\$15
4) PE: Follow-Through Survey	\$120
5) PE: Follow-Through Survey (Barometer)	\$30
6) TR: Reproduction	\$75
7) NE: Follow-Through Survey	\$140
8) NUC: Additional Services	
9) NE: Courtesy Car / Tel Allowance	\$5
10) NE: Repair Coordination	\$15
11) NE: Post Repair Inspection	\$15
12) NE: DV / Collect Excess Coordination	\$1
13) NE: TP (R) / TP (R) INC	\$10
14) NE: Other	
Invoice Total	<b>\$360</b>
Fee Charged	

Checked by (Engr-In-Charge): ( )

Date: ( )

Signature: ( )



## 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	17/03/2023 16:43 (SGT)
Reported by	Driver
Date of Accident	17/03/2023 11:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS JURONG BEFORE CLEMENTI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND5236S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHEOK PENG
NRIC No	SXXXX534A
Email Address	sltanjanettan@gmail.com
Mobile Phone No	(Phone) +65-92779505
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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	2494

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD23V00127/VPC/R00

#### DRIVER

Name of Driver	ALIMIN BIN ALIAS
NRIC No	SXXXX957D
Date Of Birth	18/04/1960
Occupation	Outdoor

Date Of Driving Pass .....	15/06/1995
Driving experience .....	27 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92779505
Alt. Phone Number .....	-
Email Address .....	sltanjanettan@gmail.com
Address .....	BLK 157 LORONG 1 TOA PAYOH #03-1217
Address complement .....	-
Postcode .....	310157
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Paid Driver
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	LIM CHEOK PENG
Gender .....	Male

#### 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 .....	SHF560Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	ALIMIN BIN ALIAS
Gender .....	Male
Phone No .....	(Phone) +65-92779505
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SND5236S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SND913310005 Vehicle Registration No: SND52865  
Name (as shown in NRIC): ALIMIN BIN ALIAS NRIC/FIN/Passport No: 800009570  
(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 92779505  
Email Address: \_\_\_\_\_  
Date of Accident: \_\_\_\_\_ Time of Accident: 11:15  
Place of Accident: 17/03/2023  
Insurance Company: Pia Insurance Limited Block 11 Road

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To Indicate Policy Number on SAS

\_\_\_\_\_  
Policyholder / Actual Driver's Signature  
Date:

17/03/2023  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date:

## 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.

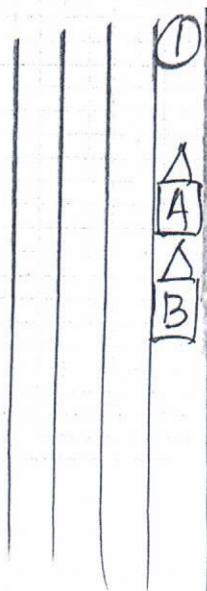
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE towards Jurong Before CLIMAX ROAD



[A] SMD 52365

[B] SHF 5602



Describe Circumstances of the Accident

I WAS DRIVING ALONG PIE TOWARDS JURONG BEFORE  
CLEMENT RD ON LANE 1. THE TRAFFIC WAS SLOW  
DOWN BUT SUDDENLY BEHIND VEHICLE SHF 5602  
HIT TO MY REAR STRONGLY.

Declaration

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  
& Time

Witnessed by Reporting Centre  
Personnel



VEHICLE NO: SND 5326 S

MAKE & MODEL: TOYOTA  
VENICE

AUTO MANUAL

DATE OF ACCIDENT	17/03/2023	*C.C.
TIME OF ACCIDENT	1115 AM / PM	
LOCATION OF ACCIDENT	DIE TOWARDS JALONG BEFORE CLEMENT RD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE	
NAME OF OWNER	LIM CHEOK PENG	
EMAIL	SLTANJANETTAN@GMAIL.COM	Office, MOBILE: 92779505
NRIC	S2511534A	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	<del>YES</del> / NO	
INSURANCE CO.	LIBERTY	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	SD23V00127 / VPC / R00	
NAME OF DRIVER	AS ABOVE / IF NO. ALIMIN BIN ALIAS	
NRIC	S1455957D	
DATE OF BIRTH	18/04/1960	
ANY PASSENGER	YES / NO: 1	
NAME OF PASSENGER	LIM CHEOK PENG	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	15 JUN 1995	
GENDER	Male / <del>Female</del>	
CONTACT NO.	Mobile: 92779505 Office, Home.	
EMAIL	SLTANJANETTAN@GMAIL.COM	
ADDRESS	B1K 157 LORONG 1 TOA PAYOH #03-1217	
DOES DRIVER OWN OTHER VEHICLES?	<del>NO</del> / If yes, Reg No: INSURER: OWNER: S310157	
RELATIONSHIP	<u>Employee</u> / If No. DRIVER	
WEATHER CONDITION	<u>Clear</u> / Raining / Other.	
ROAD SURFACE	<u>Dry</u> / Wet / Other.	
ANY INJURIES	<del>No</del> / If yes, Who? DRIVER	
CONVEYED BY AMBULANCE	<del>No</del> / If yes, Who?	
POLICE REPORT	<del>No</del> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SHF 5602 Any Passenger.	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger.	
VEHICLE D NO.	Any Passenger.	
VEHICLE E NO.	Any Passenger.	
VEHICLE F NO.	Any Passenger.	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
**WORKSHOP:	Ysk Auto Workshop	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	



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>Name of Policyholder:</b> LIM CHEOK PENG		<b>Certificate No.:</b> SD23V00127/ VPC / R00
<b>Date of Issue:</b> 27 Dec 2022	<b>Effective Date of Commencement:</b> 06 Jan 2023 00:00	<b>Date of Expiry:</b> 05 Jan 2024 23:59
<b>Registration No.:</b> SND5236S	<b>Chassis No.:</b> JTNGF3DH608034164	<b>Type of Certificate:</b> 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 S\$1000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	
Name of Producer:	SUN INSURANCE AGENCY PTE LTD (A1386)