

NATIONAL Assessment Centre Services (Call 1 800 661 5409) **SM092336008**

Date In: 21/08/2013 15:02	Job description	Date & Time Completed	Done by
Ref No: XIA2300P21/2300P22	SAS e-Billing		
Veh No: SJJ 7413E	E-mail (with In, NIC In)		
D.O.A: 20/03/2013 11:35	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (With: OD In, or In)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assgn Wksp / CW: () Toll: () Fax: ()

TP Particulars: () Veh No: **SJJ 9988E1** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Title: ()

Insured/Driver Liability: () % (Note: 1st Status (WO): 1: 0-30%, 2: 31-70%, 3: 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 info of repair.

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

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

Remarks: ()

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

Injury: ()

Date of Birth: ()

Sex: ()

Height: ()

Weight: ()

Eye Color: ()

Hair Color: ()

Signature: ()

XIA2300P21 / XIA2300P22	Invoice / Repair / Other	Amount
1) Acc. Paperwork (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$56)	
3) TP: Towing Fee	\$10/\$20	
4) PE: Follow-Through Survey	\$12	
5) PE: Follow-Through Survey (Resurvey)	\$30	
6) TR: Assessment	\$75	
7) NI: NI DA + QRPT Survey	\$140	
8) NIUC Additional Services		
GR:		
*NI: Courtesy Car / Tel Allowance	\$5	
*NI: Repair Coordination	\$15	
*NI: Post Repair Inspection	\$33	
*NI: DV / Collect Excess Coordination	\$1	
TP (NIC) / TP (Non-INC) against INC	\$20	
TP: NIUC (1st Motor)	100	
Invoice Total		
TP Charges		

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	21/03/2023 15:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/03/2023 11:35 (SGT)
Exact Location of Accident	Telok Blangah Rd, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ7412E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU TING HUAT
NRIC No	SXXXX379A
Email Address	kaseng_353@hotmail.com
Mobile Phone No	(Phone) +65-91007868
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6 (ME-2)
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 hire
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	C0138361

DRIVER

Name of Driver	LAU TING HUAT
NRIC No	SXXXX379A
Date Of Birth	09/04/1962
Occupation	Outdoor

Date Of Driving Pass	29/06/2012
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91007868
Alt. Phone Number	-
Email Address	kaseng_353@hotmail.com
Address	BLK 301 ANG MO KIO AVENUE 3 #03-1800
Address complement	-
Postcode	560301
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?	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	MS LIM
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230321/7031

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	SJJ9988U
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	LAU TING HUAT
Gender	Male
Phone No	(Phone) +65-91007868
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNJ7412E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

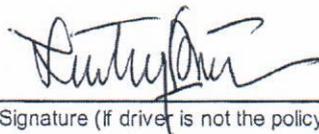
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

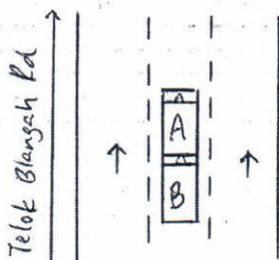
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 21/08/2013
Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A - SNJ7412E

Veh B - SJJ9988U

Describe Circumstances of the Accident

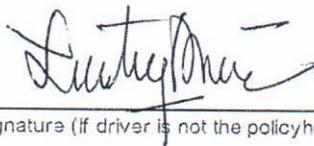
Refer to Police Report : T/20230321/7031

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


21/03/2023

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230321/7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230321/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2023 12:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAU TING HUAT			Address: 301 ANG MO KIO AVENUE 3 #03-1800 SINGAPORE 560301		
ID Type / ID No.: NRIC NO / S2631379A			Contact No.: Home/Office:		Mobile: 91007868
Nationality: SINGAPORE CITIZEN			Email: LAUTINGHUAT@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 09/04/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2023 11:45	Type of Location:	
Location: TELOK BLANGAH ROAD					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNJ7412E	Car					0

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	LAU TING HUAT	ID No.	S2631379A
Related Vehicle	SNJ7412E (Car)	Contact No.	91007868
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was driving my vehicle, SNJ7412E, along Telok Blangah Road towards City direction.

Due to traffic conditions, I was gradually slowing down.

Moments after coming to a stop, a massive impact slammed into the rear of my vehicle causing my vehicle to jerk violently forward.

My body lurched forward before my left arm jammed against the steering wheel as a result. Upon alighting, I realised that SJJ9988U had crashed into the rear of my vehicle.

I was ferrying a female passenger by the name of Miss Lim when the accident happened.

Later the same day, I started feeling aches in my neck, shoulders, left arm and lower back areas.

I sought treatment at Loh & Loh Clinic near my place and was given 3 days MC for injuries caused by the accident.

I am unsure if my passenger was injured due to the accident.



**SINGAPORE
POLICE FORCE**



T/20230321/7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230321/7031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Signature Of Interpreter:
Not applicable

Date/Time:
21/03/2023 12:49

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168

Date of Accident : 20/03/23 Accident Time: 1135 (24-HR-FORMAT)
 Accident Place : Telok Blangah Road Towards City
 Vehicle Reg. No (Car plate No.) : SNJ7412E Vehicle Make/Model: BYD E6 (ME-2)
 Insurance Company : Liberty Policy No. C0158361
 Name of Registered Owner : Company/ Individual Lau Ting Huat
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S2631379A
 : Co Contact No: _____ Owner's Contact No: 9100 7868
 DRIVER'S Name : Lau Ting Huat DRIVER'S NRIC No: S2631379A
 DRIVER'S Date of Birth : 09/04/1962 DRIVER'S License Pass Date 27/06/2012
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : Blk 301 Ang Mo Kio Ave 3 #03-1800 S570301
 DRIVER'S Contact No./ Alt No. : 1) 9100 7868 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : Kaseng_353@hotmail.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): 02 Passenger Name: Ms Lim Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____
 Injured Name: _____
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SJJ9988U</u>	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: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	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: _____

Name of Producer:

CAR TIMES INSURANCE AGENCY PTE LTD (A1200)

Date of Issue:

20 Feb 2023

Cover Note No.:

C0138361

Quotation/ Proposal/ Policy No.:

EMAIL LIMOUSINE (PRIVATE HIRE SERVICES)

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

S\$3,951.53

Name of Insured:

LAU TING HUAT

Period of Insurance:

From: 22 Feb 2023 00:00

To: 21 Feb 2024 23:59

Registration No.:



Make and Model:

BYD E6 (ME-2)

Type of Body:

HATCHBACK

Capacity/Tonnage:

Year of Manufacture/Registration:

2022/2023

Chassis No.:

LC0CE4DC0N0412765

Engine No.:

-

Sum Insured:

MARKET VALUE AT TIME OF LOSS

Name of Finance Company:

CAR TIMES CAPITAL PTE LTD

Type of Plan:

Comprehensive

Excess:

S\$3,500 SECTION I, S\$3,000 SECTION II (WITHIN SINGAPORE)
S\$7,000 SECTION I, S\$6,000 SECTION II (OUTSIDE SINGAPORE)
\$100 WINDSCREEN EXCESS (WINDSCREEN WILL BE AUTOMATICALLY REINSTATED FREE OF CHARGE) - COMPREHENSIVE.
FOR PRIVATE HIRE SERVICES: RESTRICTED TO LAU TING HUAT ONLY (GEOGRAPHICAL AREA: SINGAPORE ONLY).
FOR SOCIAL, DOMESTICS AND LEISURE PURPOSES, DRIVERS MUST BE BETWEEN 25 AND 69 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE.
CLAIMS RELATED REPAIRS OF THE VEHICLE CAN ONLY BE CARRIED OUT AT OUR LIBERTY'S AUTHORIZED WORKSHOPS (COMPREHENSIVE).



The Motor Vehicle (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 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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.

Not valid unless counter-signed by authorized person.



Date: 20 Feb 2023 16:06

For and on behalf of

LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.