

**NATIONAL Assessment Centre Services** (Call 1-800-451-1000) **SN092231000**

Date In: <b>2/03/2023 11:57</b>	Job description	Date & Time Completed	Done by
Ref No: <b>X120/LIP/2302917/V</b>	SAS e-Milling		
Yeh No: <b>SB-785X</b>	E-mail (within 24H, A/C 24H)		
D.O.A: <b>19/08/2023 18:35</b>	1-Motor Claim Form		
QC: <b>TP</b> Reporting Only	1-Motor W/O (within 24 hrs, 27 days)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/W/Man		

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

TP Particulars: Yeh No: **SMD 62407** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

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

Insured/Driver Liability: ( ) % (Note: 1st Status (WO): N: 0-20%, P: 21-79%, 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 1st for 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 ( )	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ( )		
3) Upload Recovery Photo (Repair Cost > \$3000) ( )		

Injury: ( )

Other Remarks: ( )

Invoice / Preparation Chg / Other	Amount	Remarks
1) A/C: Accident Paperwork (\$30)		
2) DA: Damage Assessment (\$1000) INC (\$56)		
3) TP: Towing Fee \$10/\$25		
4) FC: Follow-Through Survey \$12		
5) FT: Follow-Through Survey (Barrow) \$30		
6) TR: Rep/Speeder \$75		
7) NI: New DA + SMART Survey \$140		
8) NTUC Additional Services		
9) G/L		
*NI: Courtesy Car / Tel Allowance	\$5	
*NI: Repair Coordination	\$15	
*NI: Post Repair Inspection	\$30	
*TP: DY / Collect Excess Coordination	\$1	
*TP: (11) TP (INC) regional INC	\$20	
*TP: (12) TP (INC) regional INC	\$10	
10) L/S		
Invoice Total		
Fee Charged		

# 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 17:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/03/2023 18:35 (SGT)
Exact Location of Accident	Johor Causeway, Johor Causeway, Singapore
Additional Location Information	TOWARDS WOODLANDS CHECKPOINT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7135X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEN YEE WEI, NICOLE
NRIC No	SXXXX804D
Email Address	edwintoh68@gmail.com
Mobile Phone No	(Phone) +65-92768080
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Vitara
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 hire
Transmission	Auto
CC	1586

## INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V09318/VPL/R00

## DRIVER

Name of Driver	TOH KAI LENG (ZHUO KAILONG)
NRIC No	SXXXX186F
Date Of Birth	08/06/1976
Occupation	Indoor

Date Of Driving Pass .....	31/03/1995
Driving experience .....	28 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-92768080
Alt. Phone Number .....	-
Email Address .....	edwintoh68@gmail.com
Address .....	BLK 219 SERANGOON AVENUE 4 #10-218
Address complement .....	-
Postcode .....	550219
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 .....	CHEN YEE WEI, NICOLE
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/20230320/7084

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 .....	SMD6240J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YE WIN
Contact Number .....	(Phone) +65-82012488
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 .....	TOH KAI LENG (ZHUO KAILONG)
Gender .....	Male
Phone No .....	(Phone) +65-92768080
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLB7135X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

#### INJURED 2

Name of injured person .....	CHEN YEE WEI, NICOLE
Gender .....	Female
Phone No .....	(Phone) +65-92768080
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLB7135X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

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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

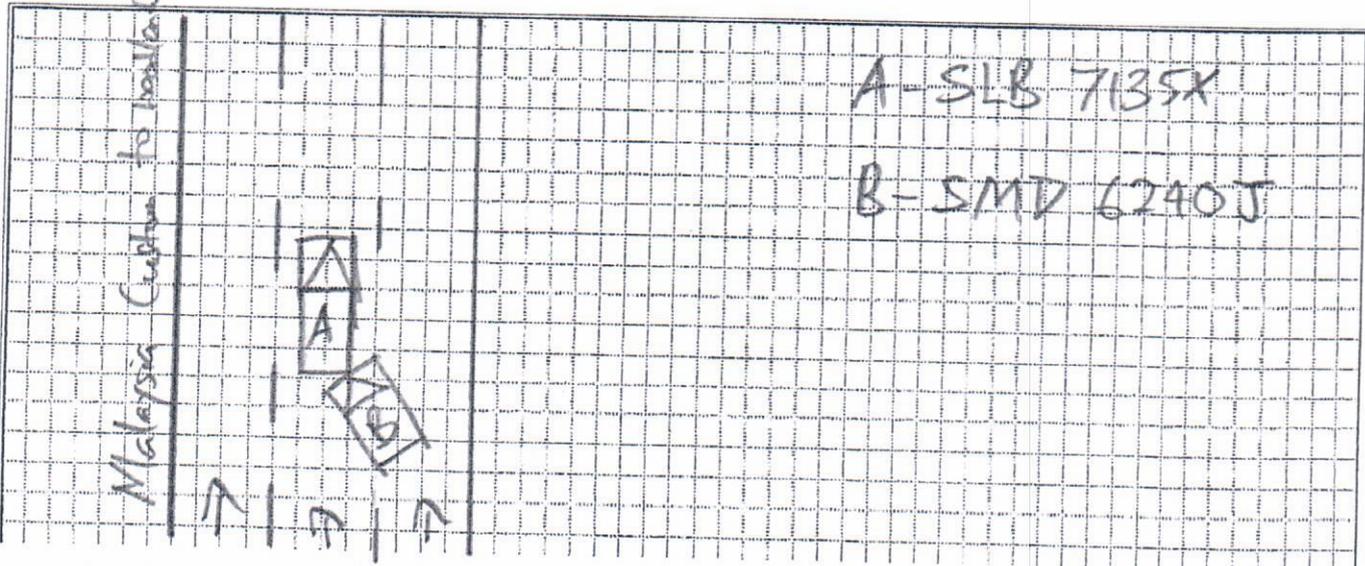
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

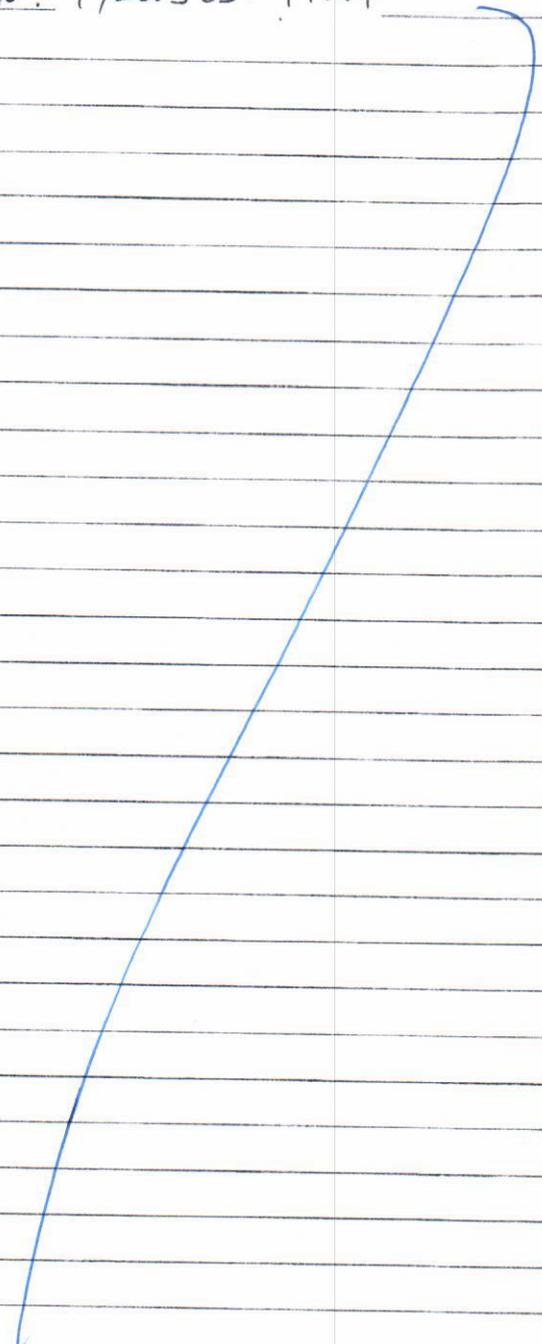
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report NO: T/2023 0320/7084



Declaration

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

A handwritten signature in black ink, appearing to be 'M. S.', written over a horizontal line.

Policyholder's Signature / Date & Time

A handwritten signature in black ink, appearing to be 'V. S.', written over a horizontal line.

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

A handwritten signature in blue ink, appearing to be 'S. S.', followed by the date '21/03/2023', written over a horizontal line.

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20230320/7084

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

2 of 3

Report No. T/20230320/7084

**CONTINUATION OF REPORT**

Driver			
Name	TOH KAI LENG	ID No.	S7617186F
Related Vehicle	SLB7135X (Car)	Contact No.	92788080
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was travelling straight along Johor bahru checkpoint towards woodlands. My vehicle was stationary when suddenly I felt a huge impact from the rear of my vehicle. When I alighted my vehicle I saw SMD 6240 J had collided onto my vehicle. I felt pain and went to see a doctor at Medical union clinic and was given 3 days mc.



**SINGAPORE  
POLICE FORCE**



T/20230320/7084

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

3 of 3

Report No. T/20230320/7084

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
20/03/2023 17:49

Classification Of Case:

VEHICLE NO: SLB 7135X

MAKE &amp; MODEL: Suzuki Vitara

AUTOMATIC/MANUAL

DATE OF ACCIDENT	19 / 03 / 2023	C.C. 1,600
TIME OF ACCIDENT	1835 hrs AM/PM	
LOCATION OF ACCIDENT	Malaysia Customs towards roadlands.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Chen Yee Wei, Nicole.	
EMAIL	EDNINTOH68@gmail.com	OFFICE: — MOBILE: 9276 8080
NRIC	S8102804D	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO	
INCURANCE CO.	Liberty	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	SP22VO9318/VPL/ROD	
NAME OF DRIVER	AS ABOVE / IF NO: Toh Kai Leng (Zhao Kailong)	
NRIC	S7617186F	
DATE OF BIRTH	08 / 06 / 1976	
ANY PASSENGER	YES / NO: 01	
NAME OF PASSENGER	Chen Yee Wei, Nicole - (F)	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	31 / 03 / 1995	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 9278 8080 Office: — Home: —	
EMAIL	EDNINTOH68@gmail.com	
ADDRESS	Blk 219 Serangoon Avenue A #10-218 (S) 550219	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No: Friends -	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If YES Who? Driver, passenger	
CONTACT NO.	9276 8080	
POLICE REPORT	No / If YES Where?	
NOTICE OF INTENDED PROSECUTION?	NO / If yes, Who?	
VEHICLE B NO.	SMD 6240J Any Passenger:	
NAME	Ye Hin	
CONTACT NO.	82012488	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS	Nil	
WITNESS CONTACT NO.	Nil	
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER/ OWNER/ BOTH	
Original Language Used	English/ Mandarin/ Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	



**Liberty  
Insurance.**

**1800-LIBERTY**  
**[1800-5423789]**  
**AUTO ASSISTANCE HOTLINE**

**24 HR**  
**ACCIDENT RESPONSE**  
**ROADSIDE ASSISTANCE**  
**FLOOD ASSISTANCE**

**Liberty Insurance Pte Ltd**  
 Registration no 199002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 069428  
 Tel: (65) 6221 8611  
 Website: <http://www.libertyinsurance.com.sg>

**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>	SD22V09318 /VPL /R00
<b>From</b>	MZ400B
<b>Date Of Issue</b>	14-JUL-2022
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLB7135X
<b>2.Chassis number of Vehicle:</b>	TSMLYE21S00200831
<b>3.Name of Policyholder:</b>	CHEN YEE WEI NICOLE
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	16-JUL-2022 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	15-JUL-2023 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
<b>For Private Hire Vehicle (PHV) Usage :</b>	TOH KAI LENG
<b>For Social, domestic &amp; pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.</b>	
<p>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.</p> <p>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 canceled at the time of the accident loss or damage.</p>	
<b>7.Limitations as to use*:</b>	
<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.          B) Use for social, domestic and pleasure purposes.</p>	
<b>8.Policy does not cover:</b>	
<p>A) Use for racing, pace-making, reliability trials or speed-testing.          B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>	
<p>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>	
<p>For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>          Approved Insurers</p> 	
<p>_____          Authorised Signature</p>	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	DICKSON CAPITAL PTE LTD
<b>PRODUCER NAME:</b>	DICKSON INSURANCE AGENCY PTE. LTD.

PLSL/-/14-JUL-22

S1\_CL\_T1\_T3\_OE\_Template6\_Ver1. 14-JUL-22