

NATIONAL Assessment Centre Services

(part 1 of 2)

SN09233P0006

Date In: 21/03/2023 16:14	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/ILP 280031354	E-mail (attach this, AIC this)		
Veh No: GB 2332J	1-Motor Claim Form		
D.O.A: 21/03/2023 15:00	1-Motor W/O (W/inter: OD this, 2nd time)		
OD: TP Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vision		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Yeh No: GBM 1769S	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	% (Note: Inc Status (WO): N: 0-30%, P: 31-70%, F: 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 to be: 0783, 0016)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Date of Incident: ()

Location: ()

Witness: ()

Police Report: ()

Insurance Claim: ()

Other: ()

NA2300888	Invoice Preparation Charge:	
1) All: Accident Processing (\$300)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee	\$10/\$45	
4) PE: Follow-Through Survey	\$120	
5) PE: Follow-Through Survey (Barter)	\$50	
6) TR: Ref/Speeder	\$75	
7) NI: New DA + SMRT Survey	\$140	
8) NTUC Additional Services		
9) Other:		
10) NI: New DA + SMRT Survey	\$140	
11) NI: New DA + SMRT Survey	\$140	
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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	27/03/2023 16:11 (SGT)
Reported by	Actual Driver
Date of Accident	24/03/2023 15:00 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE CHUA CHU KANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU3232J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WONG FONG ENGINEERING WORKS (1988) PTE LTD
Company Reg No	1XXXXX266D
Email Address	sltanjanettan@gmail.com
Mobile Phone No	(Phone) +65-86185322
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	TFR86HDR
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	Commercial vehicle
Transmission	Manual
CC	2499

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI23V01140/VCV/R01

DRIVER

Name of Driver	KEE CHOON MEEN
Passport No/FIN	GXXXX034R
Date Of Birth	31/10/1987
Occupation	Outdoor

Date Of Driving Pass	20/08/2018
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86185327
Alt. Phone Number	-
Email Address	sltjanettan@gmail.com
Address	79 JOO KOON CIRCLE
Address complement	-
Postcode	629107
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 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	GBM1769S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

SKETCH PLAN

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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.



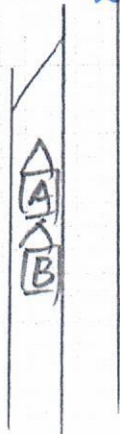
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

KJE Towards was before ctua ctu kach



KJE

27/03/2023
[A] GU 3232J

[B] GBM 1769S

Describe Circumstances of the Accident

I WAS DRIVING ALONG KJE TOWARDS TUAS BEFORE
CHUA CHU KANG EXIT. SUDDENLY BEHIND VEHICLE NO.
GBM 1769S HIT TO MY REAR.

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: GU3232J

MAKE & MODEL :

ISUZU / TFR86HDR

AUTO / MANUAL

5

DATE OF ACCIDENT	24 / 03 / 2023	*C.C. 2499CC
TIME OF ACCIDENT	1500 AM / PM	
LOCATION OF ACCIDENT	KJE TOWARDS TUAS BEFORE CHUA CHU KANG	
EXACT PURPOSE USED AT TIME OF ACCIDENT	(EMPLOYMENT) / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	WONG FONG ENGINEERING WORKS (1988) PTE LTD	
EMAIL	SLTAN JANETTAN @ GMAIL . COM	Office. MOBILE: 86185327
NRIC	UEN	198804266D
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY	YES (NO)	
INSURANCE CO.	LIBERTY	
TYPE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft	
POLICY NO.	SI23V01140/VCV/ROI	
NAME OF DRIVER	AS ABOVE / IF NO, KEE CHON MEEN	
NRIC	G6827034R	
DATE OF BIRTH	31 / 10 / 1987	
ANY PASSENGER	YES / NO: 0	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	(Outdoor) / Indoor	
DATE OF DRIVING PASS	20 / Aug / 2018	
GENDER	(Male) / Female	
CONTACT NO.	Mobile: 86185327 Office. Home.	
EMAIL	SLTAN JANETTAN @ GMAIL . COM	
ADDRESS	79 JOO KOON CIRCLE SINGAPORE 629107	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER.	
RELATIONSHIP	(Employee) / If No.	
WEATHER CONDITION	(Clear) / Raining / Other.	
ROAD SURFACE	(Dry) / Wet / Other.	
ANY INJURIES	(No) / If yes, Who?	
CONVEYED BY AMBULANCE	(No) / If yes, Who?	
POLICE REPORT	(No) / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	GBM 1769S Any Passenger. 0	
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 / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:	YSK AUTO WORKSHOP	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / NO	

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
Form
Date Of Issue
1. Index Mark and Registration No. of Vehicle:
2. Chassis number of Vehicle:
3. Name of Policyholder:
4. Effective date of Commencement of Insurance
for the purposes of the Act:
5. Date of Expiry of Insurance:
6. Persons or Classes of Persons
entitled to drive*:

SI23V01140 /VCV /R01
MZ300A
30-JAN-2023
GU3232J
MPATFR86H7H586440
WONG FONG ENGINEERING WORKS (1988) PTE LTD
22-FEB-2023 00:00 AM
21-FEB-2024 23:59 PM

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.

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers


Authorised Signature

For Information only:

COVERAGE : Third Party Fire & Theft
SUM INSURED:
EXCESS: Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000
FINANCE COMPANY:
PRODUCER NAME: GIM'S INSURANCE AGENCY PTE LTD

20230131

Ver.1.260705