

NATIONAL Assessment Centre Services (only 1 sheet) SNW928430000

Date In: 18/04/2023 18:32	Job Description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: NA230034661	E-mail (with AIC link):		
Veh No: SNW 9078A	1-Motor Claim Form		
D.O.A: 30/08/2023 18:05	1-Motor W/O (with AIC link, or link)		
QC: TP: Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: GBL 33614 INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % (Note: Use Status (WO): 1: 0-30%, 2: 21-70%, 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 refer of repeller.

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

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

Remarks: (INC Locking: 0788-0010) 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: ()

NA2300962	Invoice Preparation Checklist
1) All: Accident Paperwork (\$300)	
2) DA: Damage Assessment (\$1000) INC (\$50)	
3) TP: Towing Fee \$100/\$40	
4) PC: Follow-Through Survey \$150	
5) PT: Follow-Through Survey (Bazemey) \$50	
6) TR: Re-Inspection \$75	
7) NI: New DA, P-SMPT Survey \$140	
8) NTUC Additional Services	
9) QP	
10) NI: Courtesy Car / Tot Allowance \$50	
11) NI: Repair Coordination \$150	
12) NI: Post Repair Inspection \$150	
13) NI: DV / Collect Excess Coordination \$10	
14) TP (NI): TP (Non-INC) repeller INC \$300	
15) NI: 21-70% Mileage \$10	
16) NI: 81-100% Mileage	
17) NI: 21-70% Mileage	
18) NI: 81-100% Mileage	
19) NI: 21-70% Mileage	
20) NI: 81-100% Mileage	

Checked by (Engi-In-Charge):

Comments:

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	03/04/2023 18:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/03/2023 18:05 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	(LORNIE) BEFORE PIE (TUAS) EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME9073A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BAI CHUMING, ROBIN
NRIC No	SXXXX370E
Email Address	bai_chuming@hotmail.com
Mobile Phone No	(Phone) +65-91545988
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1318

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD21V12759/VPC2/R01

DRIVER

Name of Driver	BAI CHUMING, ROBIN
NRIC No	SXXXX370E
Date Of Birth	24/04/1989
Occupation	Indoor

Date Of Driving Pass	20/05/2008
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91545988
Alt. Phone Number	-
Email Address	bai_chuming@hotmail.com
Address	BLK 238 COMPASSVALE WALK #03-542
Address complement	-
Postcode	540238
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	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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?	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/20230403/7049

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL3361H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-98382514
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGV9393H
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	BAI CHUMING, ROBIN
Gender	Male
Phone No	(Phone) +65-91545988
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SME9073A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 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.

x 

Policyholder's Signature / Date & Time

x 

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

 03/04/2023

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

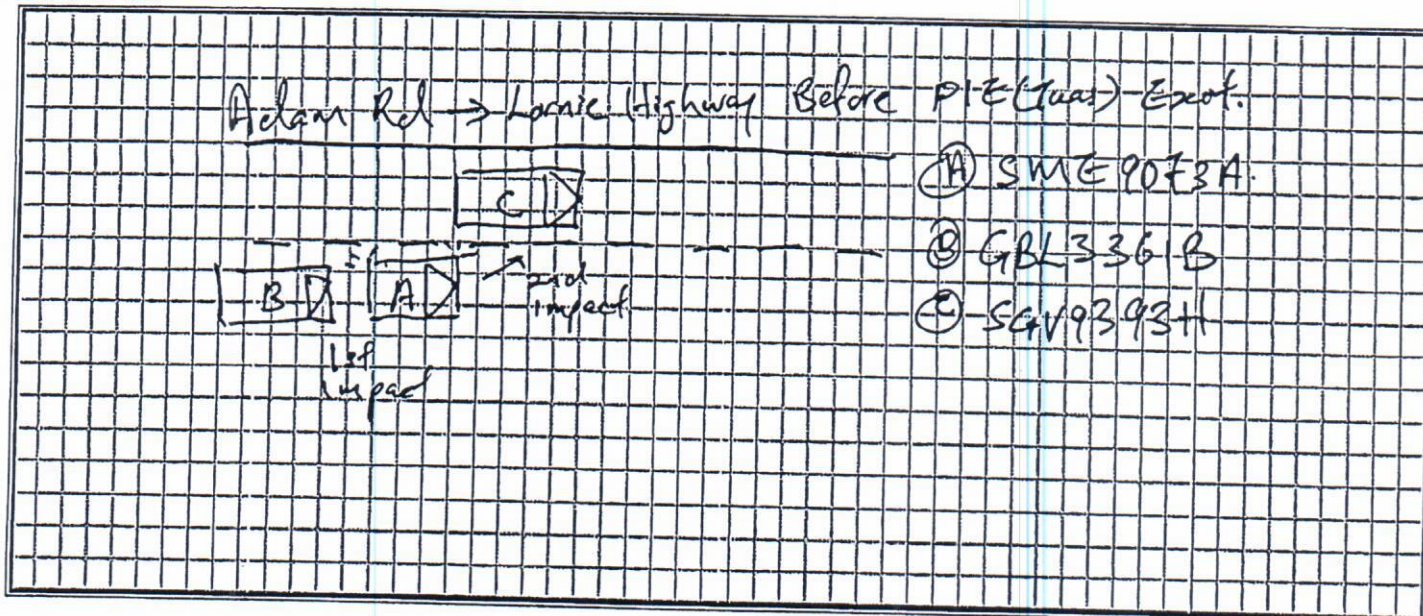
Sketch Plan

Accident Rd → Lornie Highway Before PTE (Jas) Exit.

① SWGE9073A
② GBL3361B
③ SGV9393H

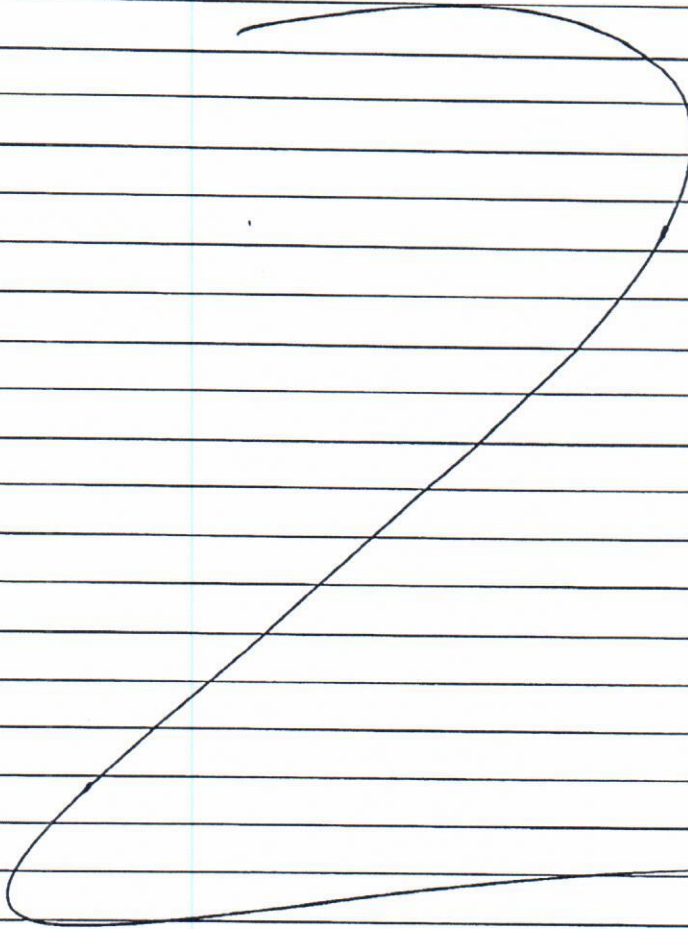
Left Impact

Front Impact



Describe Circumstance of the Accident

Refer to police report:-
T/20230403/7049




Declaration


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

x 

Policyholder's Signature / Date & Time

x 

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


03/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230403/7049

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

1 of 3

Report No. T/20230403/7049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2023 15:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: BAI CHUMING, ROBIN			Address: 238 COMPASSVALE WALK #03-542 SINGAPORE 540238		
ID Type / ID No.: NRIC NO / S8914370E			Contact No.: Home/Office: Mobile: 91545988		
Nationality: SINGAPORE CITIZEN			Email: BAI_CHUMING@HOTMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 24/04/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Swimming Coach			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/03/2023 18:05	Type of Location: Straight Road
Location: ADAM ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL3361H	Van					0
SGV9393H	Car					0
SME9073A	Car					0



**SINGAPORE
POLICE FORCE**



T/20230403/7049

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

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Report No. T/20230403/7049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BAI CHUMING, ROBIN	ID No.	S8914370E
Related Vehicle	SME9073A (Car)	Contact No.	91545988
Hospital/Clinic	RIVERVALE FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/04/2023	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On 30th March, 1805 hrs, I was driving along Adam Road towards Lornie. It was raining and the floor was wet, with smooth moving traffic.

I was driving on lane 3 of the 4 lanes road. After Arcadia Road, I turned on left signal indicator light to signal my intention to filter left to turn into PIE(Tuas) after the double white line. A van GBL3361H suddenly rear ended my vehicle. The impact pushed my vehicle towards the left causing my vehicle's left front portion to collide into the back right portion of another vehicle SGV9393H as captured by my vehicle (Front and back dashcam)(video footage exceed 2mb)

After the collision impact, I feel uncomfortable on the back of my neck. On Saturday, I consulted the Doctor and was given 4 days of MC.



**SINGAPORE
POLICE FORCE**



T/20230403/7049

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

3 of 3

Report No. T/20230403/7049

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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
03/04/2023 15:01

Classification Of Case:

m

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 30/03/2023 (dd/mm/yy)

Time of Accident: 18:05 (24-HR-FORMAT)

Vehicle No.: SMZ9073A Vehicle Make & Model / Engine (cc): Honda Jazz Private Hire: (Y/N)

Exact location of Accident: Adam Rd (Lornie) Before PIE (Truss) Exit.

Policyholder's Name / IC No.: Bai Chuming Robin ROC/UEN (Company) 58914370E

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 91545988 Company Contact No / Owner Contact No: _____

Driver's Address: Blk 238 Compassvale Walk #03-542 S (540238)

Owner Email address: bai-chuming@hotmail.com Insurance Company: _____

Driver Email address: _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 1

***Passenger Name:** _____ **Gender: Male / Female x()**

***Passenger Name:** _____ **Gender: Male / Female x()**

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☒ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No **Remarks:** _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: 4 days M/c Injured Person in Which Vehicle: SMZ9073A

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: online

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBL 3361H

Driver's Contact No: 98382514 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: SGV 9393H

Driver's Contact No: 93963939 Insurance Company: _____

***Independent Witness (If Any):** _____ **Contact No:** _____


Preferred Workshop Name: _____ **Contact No:** _____



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8511
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

Certificate No	SD21V12759 /NPC2 /R01
Form	MX1
Date of Issue	06-SEP-2021
1. Index Mark and Registration No. of Vehicle:	SME9073A
2. Chassis number of Vehicle:	JHMGK3850JX227050
3. Name of Policyholder:	BAI CHUMING, ROBIN
4. Effective date of Commencement of Insurance for the purposes of the Act:	22-OCT-2021 00:00 AM
5. Date of Expiry of Insurance:	21-OCT-2023 23:59 PM
6. 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.	
7. Limitations as to use*:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8. 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	
 _____ Authorized Signature	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, NCD Protection
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$600, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	OCBC BANK LTD
PRODUCER NAME:	KAH MOTOR COMPANY SDN BERHAD

SCRA/SCRA/06-SEP-21

S1_CL_T1_T3_OE_Template2-Ver1.

06-SEP-21