

NATIONAL Assessment Centre Services (part 1 of 2) **SN092348000D**

Date In: 11/04/2023 17:29	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP 23003728/1	SAS e-illing		
Yeli No: SNJ 935J	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 10/04/2023 19:35	1-Motor Claim Form		
OD: TP Repeating Only	1-Motor W/O (White: OD 2hrs, 2P 1hr)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Write		

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

TP Particulars: Yeli No: **FBI 6093R** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Hist. Status (WO): N: 0-30%, P: 21-79%, F: 90-100%)

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: (INC No: 6788:0018)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

N/A 2801054	Invoice/Preparation Checklist	Amount	Actual
Customer's Particulars:	1) AIR: Accident Reporting (\$300)		
Insured/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Subject No:	3) TP: Towing Fee	\$10/\$50	
Assigned Person:	4) PT: Follow Through Survey	\$150	
Checked by (Engr-In-Charge):	5) PT: Follow Through Survey (Resurvey)	\$50	
Customer's Comments:	6) TR: Dev/Inspection	\$75	
	7) NI: New DA + SNRPT Survey	\$140	
	8) NTEC Additional Fee/Item:		
	9) NI: Courtesy Car / Tot Allowance	\$50	
	10) NI: Repair Coordination	\$150	
	11) NI: Post Repair Inspection	\$30	
	12) NI: DV / Collect Excess Coordination	\$1	
	13) NI: TP (Non-INC) against INC	\$20	
	14) NI: (See Notes)	\$0	
	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	11/04/2023 17:29 (SGT)
Reported by	Actual Driver
Date of Accident	10/04/2023 19:35 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI) BEFORE BEDOK NORTH AVENUE 3 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ935J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LIANG LONG MARINE PTE LTD
Company Reg No	2XXXXX701C
Email Address	jesleylim@hotmail.com
Mobile Phone No	(Phone) +65-93854021
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	2487

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD23V00083/VPE/R00

DRIVER

Name of Driver	LIM SOM CHYE
NRIC No	SXXXX514C
Date Of Birth	24/12/1961
Occupation	Indoor

Date Of Driving Pass	12/01/1982
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93854021
Alt. Phone Number	-
Email Address	jesleylim@hotmail.com
Address	BLK 443 TAMPINES STREET 43 #11-53
Address complement	-
Postcode	520443
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	Raining
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?	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?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230410/2124

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ6093R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLW3774S
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful 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 or 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.



Policyholder's Signature / Date & Time

[Signature]

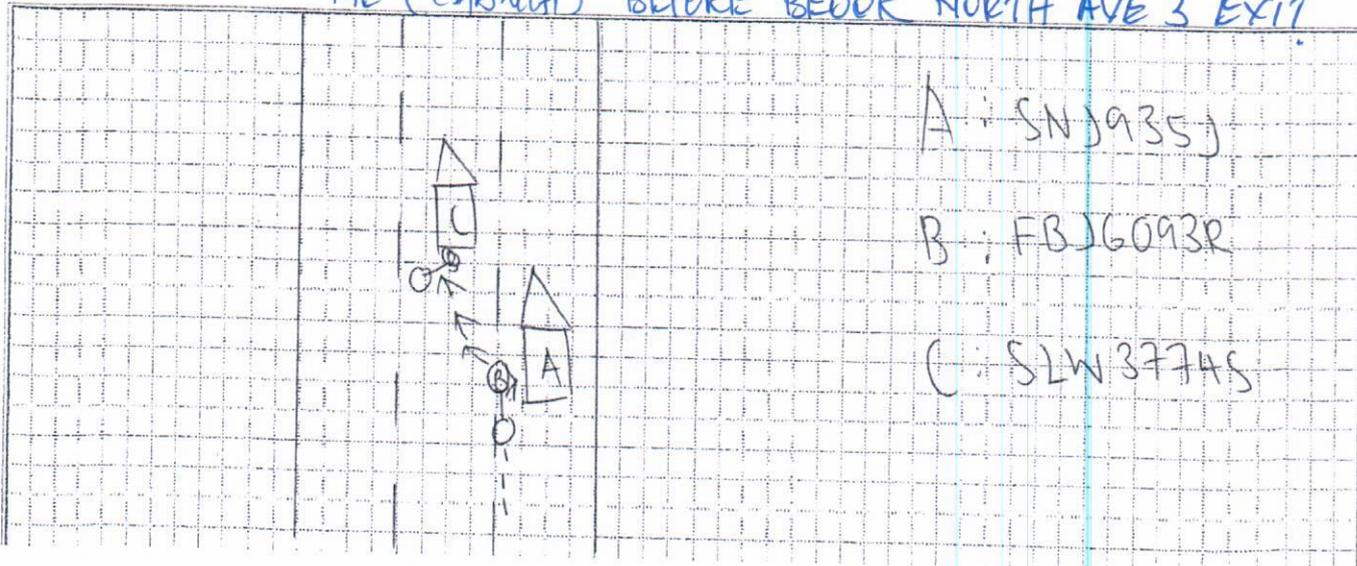
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 11/04/2023

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

Sketch Plan

PIE (CHANGE) BEFORE BEDOK NORTH AVE 3 EXIT?



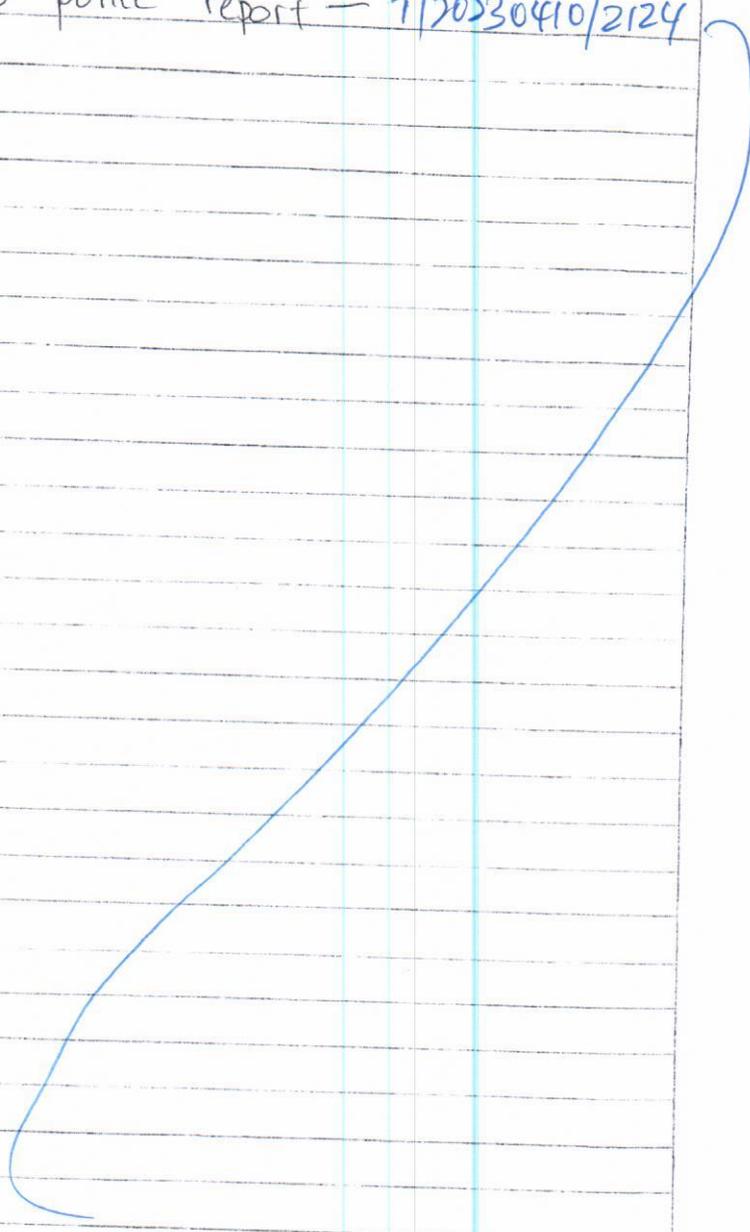
A : SNJ935J

B : FBJ6093R

C : SLW377AS

Describe Circumstance of the Accident

— Refer to police report — T/20230410/2124



Declaration

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



Policyholder's Signature / Date & Time

[Handwritten signature]

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

[Handwritten signature]
11/04/2023

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230410/2124

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20230410/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2023 22:37	Vide Report No.: G/20230410/0188	Station Diary No.: 118
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Informant's Particulars

Name of Informant: LIM SOM CHYE		Address: APT BLK 443 TAMPINES STREET 43 #11-53 SINGAPORE 520443	
ID Type / ID No.: NRIC NO / S1521514C		Contact No.: Home/Office: Mobile: 93854021	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 24/12/1961	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: ENGINEER		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2023 19:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet		
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	Condition	No. of Passenger
FBJ6093R	Motorcycle				Slightly Damaged	0
SNJ935J	Car	TOYOTA	HARRIER	Blue	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230410/2124

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20230410/2124

CONTINUATION OF REPORT

Driver			
Name	LIM SOM CHYE	ID No.	S1521514C
Related Vehicle	NIL	Contact No.	93854021
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above-mentioned date, time and location, I was driving along PIE towards Changi before the Bedok North Exit on the first lane when a white van suddenly swerved in front of my car, causing me to e-brake. I then felt a bang on the rear of my car and saw a motorcycle swerve from behind my car and hit another vehicle on the second lane. We were attended by Traffic Police and the motorcyclist was conveyed to the hospital. I and my daughter, my passenger, did not suffer any injuries. My car sustained a flat tire on the rear left side.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20230410/2124

3 of 3

Report No. T/20230410/2124

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 1 Bapamah Hayna Mei 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/04/2023 22:37
Officer In Charge Of Case: TP / GIT / SI FADLI SHAIFUDDIN BIN MOHAMED SANI Contact No.: 65476845	Classification Of Case:

NP168

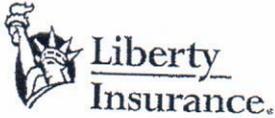
Date of Accident : 10/04/23 Accident Time: 1935 (24-HR-FORMAT)
 Accident Place : PIE Changi before Bedok North Ave 3 Exit
 Vehicle Reg. No (Car plate No.) : SNJ 935J ^{25cc} Vehicle Make/Model: Toyota Harrier
 Insurance Company : Liberty Policy No. 8023V00083/NP6/P00
 Name of Registered Owner : Company / Individual Liang Hong Marine Pte Ltd
 ID of Registered Owner : Co Reg No: 200618701C Owner's NRIC No: _____
jesleylim@hotmail.com : Co Contact No: 93854021 Owner's Contact No: _____
 DRIVER'S Name : Lim Som Chye DRIVER'S NRIC No: 81521514C
 DRIVER'S Date of Birth : 24/12/61 DRIVER'S License Pass Date 12/01/82
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : Block 1113 Tampines St 43 #11-53 81520443
 DRIVER'S Contact No./ Alt No. : 1) 93854021 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : jesleylim@hotmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING \ WET \ WET AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 2 Name & Gender: Jesley Lim (F)
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any injuries, if yes (name of the injured person) _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>P6J 6093R</u>	Vehicle Reg No: <u>SLW 3774S</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



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

Name of Policyholder:		Certificate No.:
LIANG LONG MARINE PTE LTD		SD23V00083/ VPE / R00
Date of Issue:	Effective Date of Commencement:	Date of Expiry:
27 Dec 2022	22 Dec 2022 00:00	21 Dec 2023 23:59
Registration No.:	Chassis No.:	Type of Certificate:
SNJ935J	AXUH800024849	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, NCD Protection
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:	SING INVESTMENTS & FINANCE LTD
Name of Producer:	CAR TIMES INSURANCE AGENCY PTE LTD (A1200)

PLSE/PLSE/SD23V00083/27-Dec-2022/MotorCI/v1.0