

NATIONAL Assessment Centre Services

Date In 04/05/2023	Job description	Date & Time Completed	Done by
Ref No NA/LP23004531/d4	SAS e-filing		
Veh No SKS 65254	E-mail (within 2hrs, Alt: 2hrs)		
DOA 03/05/2023 16:00	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBE 7410D	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: ([Note-Est. 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 refer of repairer.		
() Total Loss Case : to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()		

Remarks: (INC Hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:	
Date/Time	Actions

NA2301284	Invoice Preparation Checklist	Amc (\$)	Amc
Claimant's Particulars	1) AR: Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idau Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	04/05/2023 16:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/05/2023 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DEFU LANE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6525H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOW JOON CHUAN
NRIC No	SXXXX992Z
Email Address	LIBRAWT@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-90282455
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	LEXUS ES300H LUXURY CVT
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	2494

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI23V03249/VPC/R04

DRIVER

Name of Driver	KOW JOON CHUAN
NRIC No	SXXXX992Z
Date Of Birth	20/11/1965
Occupation	Outdoor

Date Of Driving Pass	22/01/1986
Driving experience	37 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90282455
Alt. Phone Number	-
Email Address	LIBRAWT@SINGNET.COM.SG
Address	APT BLK 314 YISHUN RING ROAD
Address complement	# 06-1182
Postcode	760314
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	Side Swipe
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)	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 THE ATTACHED POLICE REPORT - T/20230504/7030

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	GBE7410D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	KOW JOON CHUAN
Gender	Male
Phone No	(Phone) +65-90282455
Address	APT BLK 314 YISHUN RING ROAD
Address Complement	# 06-1182
Post Code	760314
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK -GIVEN 7 DAYS OF MC
Injured person in which vehicle?	SKS6525H
Were seat belts worn?	-
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 Authorised 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. 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

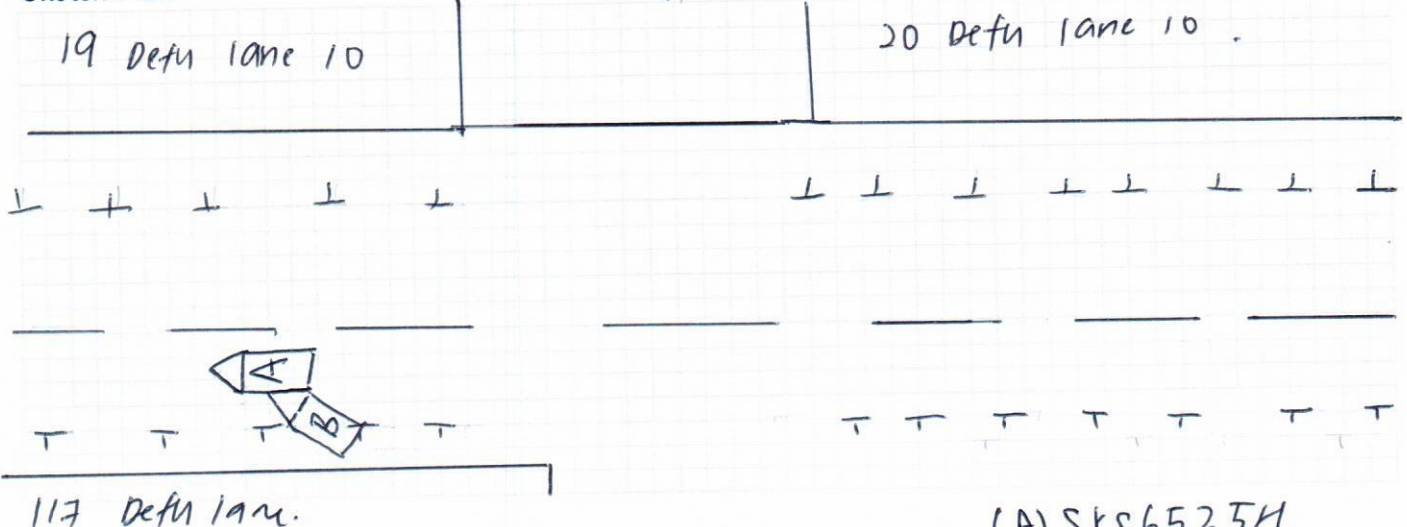
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

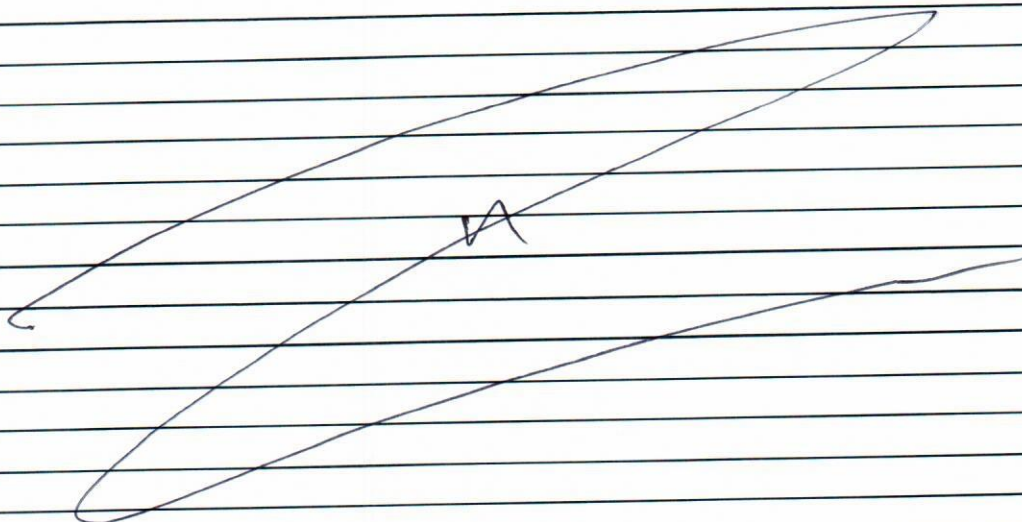
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Attached report: T/20230504/7030



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

I/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

4/5/2023



SINGAPORE POLICE FORCE



T/20230504/7030

1 of 3

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

Report No. T/20230504/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2023 12:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOW JOON CHUAN			Address: 314 YISHUN RING ROAD #06-1182 SINGAPORE 760314		
ID Type / ID No.: NRIC NO / S2203992Z			Contact No.: Home/Office:		Mobile: 90282455
Nationality: SINGAPORE CITIZEN			Email: VINCENTKOW65@GMAIL.COM		
Sex: Male	Age: 57	Date of Birth: 20/11/1965	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Company director			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/05/2023 16:00	Type of Location: Straight Road
Location: DEFU LANE 10				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE7410D	Van					0
SKS6525H	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230504/7030

2 of 3

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

Report No. T/20230504/7030

CONTINUATION OF REPORT

Driver			
Name	KOW JOON CHUAN	ID No.	S2203992Z
Related Vehicle	SKS6525H (Car)	Contact No.	90282455
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/05/2023	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

ON 03/05/2023 AT ABOUT 1600HOURS AT ALONG DEFU LANE 10. I WAS TRAVELLING ON THE ABOVE MENTIONED ROAD AND SUDDENLY A VEHICLE (B) ON MY LEFT VEERED OUT FROM THE CARPARK LOT WITHOUT CAUTION AND WITHOUT CHECKING HIS BLINDSPOT AND COLLIDED ONTO MY LEFT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE.

AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS AWARDED 7 DAYS OF MC FOR MY INJURY.

VEHICLE A: SKS6525H
VEHICLE B: GBE7410D



**SINGAPORE
POLICE FORCE**



T/20230504/7030

3 of 3

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

Report No. T/20230504/7030

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

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

Date/Time:
04/05/2023 12:24

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 03/05/2023		Time: 1600hrs		(hh:mm) 24 hr format
Location Defu lane 10				
Vehicle Number SKS 6525H				
Insured Name KOW JOON CHUAN				
NRIC /FIN S 22039922		Contact Number 9028 2455		
Make Toyota		Model Lexus ES300H		
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (/) Third Party () Reporting				
Insurance Company Liberty				
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number S123V03249 / VPC / R04				
Name of Driver (/) Same as Insured				
NRIC /FIN S 22039922		Contact Number 9028 2455		
Date of Birth 20/11/1965				
Driving Pass Date 22/01/1986				
Occupation () Indoor (/) Outdoor				
Gender (/) Male () Female				
Email Address LIBRAWT @ SINGNET.COM.SG () NO EMAIL				
Address of Driver Blk 314 Yishun Ring Road #06-1182 S(760314)				
Was driver an employee of the Insured's Company? () Yes (/) No				
If No, Relationship of the Driver with the Insured				
(/) Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (/) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (/) Clear () Raining () Others				
Road Surface (/) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (/) No				
Was anybody injured in the accident? (/) Yes () No				
If yes, injured detail Back & neck				
Was there any video captured by Car Camera? () Yes (/) No				
Was the Accident reported to the Police? (/) Yes () No If yes attach police report				
DETAILS OF 3 rd party		Name / Nric		Contact
Veh B GBE 7410D				
Veh C				
Veh D				
Veh E				
Veh F				

1 person including driver

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.:
KOW JOON CHUAN	SI23V03249/ VPC / R04
Date of Issue:	Effective Date of Commencement:
20 Mar 2023	29 Apr 2023 00:00
Registration No.:	Date of Expiry:
SKS6525H	28 Apr 2024 23:59
Chassis No.:	Type of Certificate:
JTHBW1GG602094842	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\$700, Additional Excess for Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0
Name of Finance Company:	ABWIN PTE LTD
Name of Producer:	INCHCAPE AUTOMOTIVE SERVICES PTE LTD (A1855-12)

A1855-12/B2BAAMT/SI23V03249/20-Mar-2023/MotorCI/v1.0