

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 01/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/HP23005593/04	SAS e-filing		
Veh No: GW17IK	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/06/2023 08:10	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: SL4 1595J 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%. 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 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

NA2301631	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Ist Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Cat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	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 01/06/2023 17:58 (SGT)
Reported by Actual Driver
Date of Accident 01/06/2023 08:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP ROAD OF AMK AVENUE 3 INTO CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GW171K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WEITING ENTERPRISES
Company Reg No 4XXXX100X
Email Address weiting.tt@gmail.com
Mobile Phone No (Phone) +65-62549996
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Vito
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 2143

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SI23V02069/VCV/R07

DRIVER

Name of Driver TEO TING TING (ZHANG TINGTING)
NRIC No SXXXX154A
Date Of Birth 17/04/1987
Occupation Indoor

Date Of Driving Pass	15/09/2006
Driving experience	16 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98395937
Alt. Phone Number	-
Email Address	weiting.tt@gmail.com
Address	APT BLK 274C PUNGGOL PLACE
Address complement	# 05-832
Postcode	523274
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	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)	3
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

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 THE ATTACHED STATEMENT

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 DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH1595J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GANAPATHY PILLAI S/O ANNAMALAI
NRIC No	SXXXX217F
Contact Number	(Phone) +65-92353594
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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- 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.



li 01-06-23

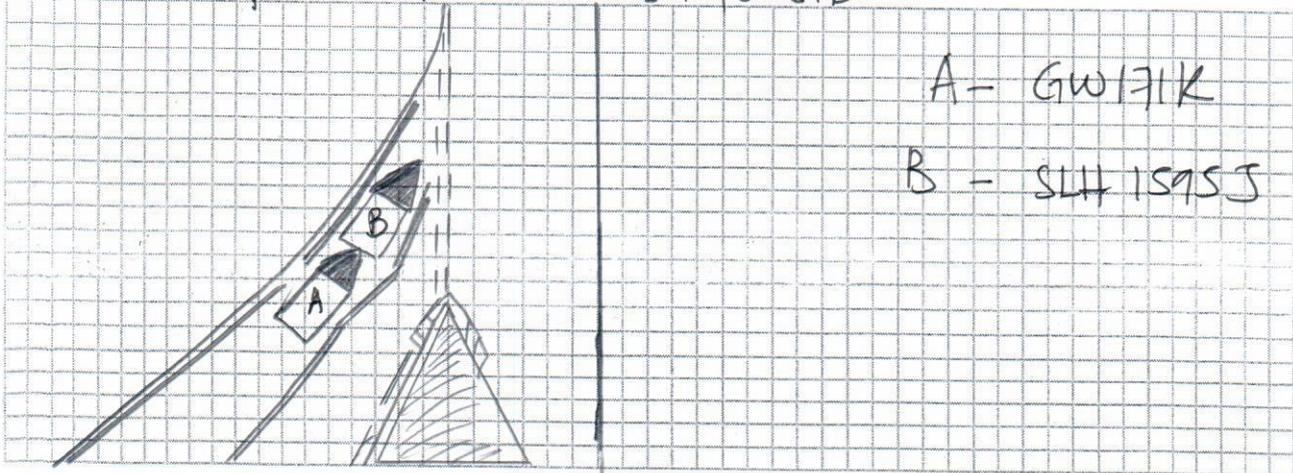
g... 1/6/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Slip Road of Ank Ave 3 into CTE



Describe Circumstance of the Accident

On the above stated date and time, I was driving along the slip road of Anik Avenue 3 wanted to enter into CTE. vehicle B was in front of me, and there was one vehicle ahead of him as well. We were moving slowly as it was heavy raining. As we were moving, I tend to see my right side for any oncoming vehicles and there were no oncoming vehicles. I thought vehicle B has moved but when I hit, his vehicle was stationary already. I didn't know it because I was looking at the right side of the road.

Declaration

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



hi

01-06-2023

[Signature] 1/6/2023

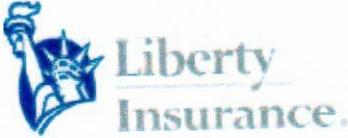
Policyholder's Signature / Date & Time

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

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

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 01/06/2023	TIME OF ACCIDENT : 08:10
VEHICLE NO : GW171K	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : Mercedes Benz / Vito 114	LOCATION : Slip Road of AMK Ave 3 into CTE
EXACT PURPOSE USE DURING ACCIDENT : <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : <u>OD / THIRD PARTY / REPORTING ONLY</u>
INSURANCE COMPANY : liberty	POLICY NO : SI23V02069 / vcv / R07
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / <u>VAN</u> / LOBBY / MOTORCYCLE)
NAME OF OWNER : WEITING ENTERPRISES	NRIC : 44446100X
ADDRESS :	CONTACT NO : 6254 9996
EMAIL ADDRESS : weiting.tt@gmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : <u>AS ABOVE</u> / IF NO : Teo Ting Ting (Zhang Tingting)	NRIC : <u>88710154A</u> CONTACT NO : <u>9839 5937</u>
DRIVER OWNER RELATIONSHIP : <u>employee</u>	PASSENGER : 3(2) MALE (1) FEMALE (1)
DATE OF BIRTH : <u>17/04/1987</u>	DRIVING PASSING DATE : <u>15/09/2006</u>
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS : Apt Blk 274C Punggol place #05-832, S 823274
ANY INJURIES : <u>NO</u> , IF YES : _____	POLICE REPORT : <u>NO</u> , IF YES WHERE ? _____
WEATHER CONDITION : CLEAR / <u>RAINING</u> / OTHERS	ROAD SURFACE : DRY / <u>WET</u> / OTHERS
VEHICLE B REG NO : <u>SLH 1595J</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>Ganapathy Pillai S/O Annamalai</u>	DRIVER NAME : _____
NRIC : <u>81353217F</u>	NRIC : _____
CONTACT : <u>9235 3594</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? <u>NO</u> , IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / <u>NO</u> WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>



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
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI23V02069 /VCV /R07
Form	MZ300A
Date of Issue:	21-Feb-2023
1.Index Mark and Registration No. of Vehicle:	GW171K
2.Chassis number of Vehicle:	WDF44760323084565
3.Name of Policyholder:	WEITING ENTERPRISES
4.Effective date of Commencement of Insurance for the purposes of the Act:	05-MAR-2023 00:00
5.Date of Expiry of Insurance:	04-MAR-2024 23:59
6.Persons or Classes of Persons entitled to drive*: 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:	Comprehensive, Unlimited Windscreen
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I \$700.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$150.00
FINANCE COMPANY:	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD
PRODUCER NAME:	CUSTOMER SERVICES CENTRE