

**NATIONAL Assessment Centre Services** (incl 1 hour) **510923600007**

Date In: 12/06/2023 15:27  
 Ref No: X16A/CUP23005927  
 Veh No: GPD 1502S  
 D.O.A: 05/06/2023 23:00

Job description: SAS e-filing  
 E-mail (with in, A/C this)  
 1-Motor Claim Form  
 1-Motor W/O (with in, A/C this)  
 1-Photo Uploaded  
 Assessment/Survey Report  
 Ass't Report by Fax / Hand to Owner/Visor

Date & Time Completed: \_\_\_\_\_ Done by: \_\_\_\_\_

TP Insured: TP: Repeating Only

Preferred Wksp / INC Assgn Wksp / OW: ( )  
 TP Particulars: Yell No: **SL8 8703K** INC ( ) / Non-INC ( )  
 Owner / Driver: ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( )  
 Insured/Driver Liability: ( ) % (Note: Inc Status (W/O): 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 repair.  
 ( ) Total Loss Case : to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) / Invoice: YES ( ) / NO ( ) / Towing Co: ( )  
 Remarks: ( )  
 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QC Check / Post Repair Inspection ( )  
 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: \_\_\_\_\_  
 Date of Injury: \_\_\_\_\_  
 Location: \_\_\_\_\_

**X1A2301712**

Invoice Preparation Charge

1) A.R. Accident Package (330)	INC (550)	
2) D.A. Damage Assessment (3100)		\$10542
3) TP Towing Fee		\$120
4) PF Follow Through Survey		\$50
5) PF Follow Through Survey (Barony)		\$75
6) TR: Assessment		\$100
7) NIS: J.A. & S.M.P. Survey		
8) NIS: Additional Fee		
9) NS: Courtesy Car / Trip Allowance		\$5
10) NS: Repair Coordination		\$15
11) NS: Post Repair Inspection		\$20
12) NS: BY / Collect Excess Coordination		\$5
13) NS: TP (Non-INC) Vehicle INC		\$20
14) NS: TP (Non-INC) Vehicle INC		\$20

Checked by (Engr-In-Charge): \_\_\_\_\_  
 Date: \_\_\_\_\_

# 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	12/06/2023 15:27 (SGT)
Reported by	Actual Driver
Date of Accident	05/06/2023 23:00 (SGT)
Exact Location of Accident	Hougang Ave 2, Singapore
Additional Location Information	SLIP ROAD TOWARDS YIO CHU KANG
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1502S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AAP MARKETING PTE. LTD.
Company Reg No	2XXXXX166N
Email Address	ngyongpeng3@gmail.com
Mobile Phone No	(Phone) +65-91014032
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2488

## INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V06245/VCV/R02

## DRIVER

Name of Driver	ANDRE TEY YONG KIAT
NRIC No	SXXXX658E
Date Of Birth	06/02/1998
Occupation	Indoor

Date Of Driving Pass	03/10/2017
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91014032
Alt. Phone Number	-
Email Address	ngyongpeng3@gmail.com
Address	BLK 629 HOUGANG AVENUE 8 #05-84
Address complement	-
Postcode	530629
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	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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230608/2053

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	SLS8703K
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIM KIAN HOE
NRIC No .....	SXXXX147Z
Contact Number .....	(Phone) +65-86273880
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 .....	ANDRE TEY YONG KIAT
Gender .....	Male
Phone No .....	(Phone) +65-91014032
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBD1502S
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.

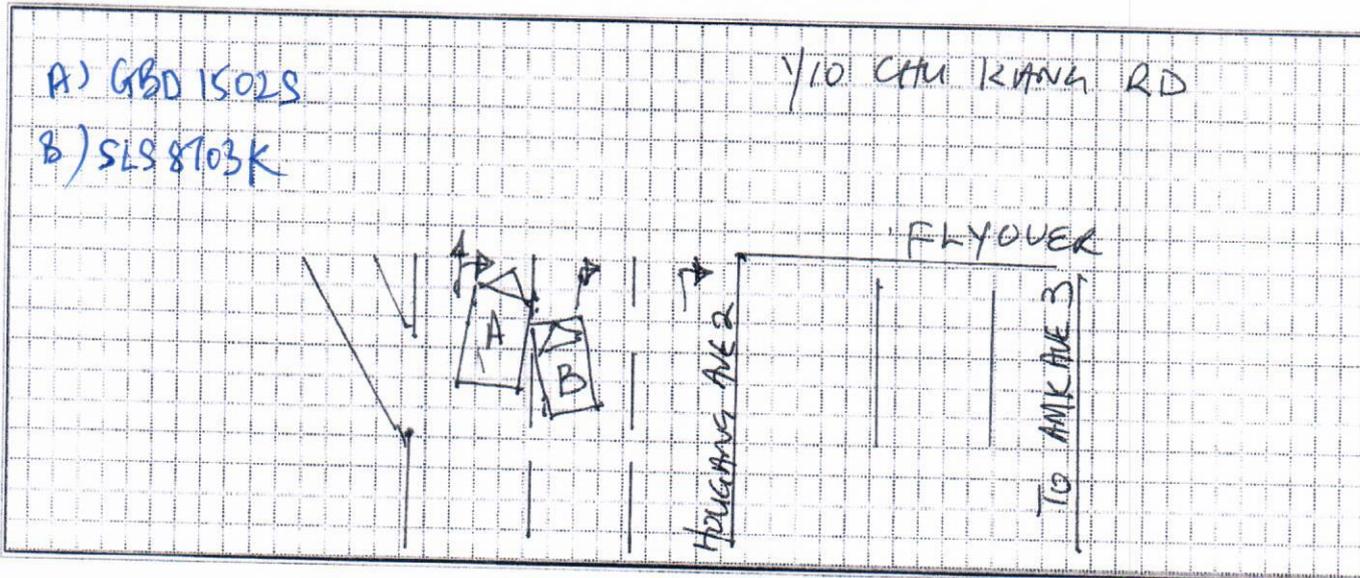


Policyholder's Signature Date & Time

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

  
12/06/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20230608/2053

Was there any video captured by Car Camera? Yes /  No

Has the driver been approached by unknown person(s)? Yes /  No

Number of Passengers (Including Driver)? 01

Name	Gender:
Name	Gender:
Name	Gender:

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  
(Name as in NRIC/ID card)

12/06/2023



**SINGAPORE  
POLICE FORCE**



T/20230608/2053

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

1 of 3

Report No. T/20230608/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/06/2023 18:42	Vide Report No.:	Station Diary No.: 60
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: ANDRE TEY YONG KIAT		Address: APT BLK 629 HOUGANG AVENUE 8 #05-84 SINGAPORE 530629	
ID Type / ID No.:		Contact No.:	Mobile: 91014032
NRIC NO / S9804658E		Home/Office:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 06/02/1998	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: RETAIL ASSISTANT		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: 05/06/2023 23:00	Type of Location: X-Junction
Location: HOUGANG AVENUE 2				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD1502S	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Silver	Slightly Damaged	0
SLS8703K	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	White	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20230608/2053

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

2 of 3

Report No. T/20230608/2053

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANDRE TEY YONG KIAT	ID No.	S9804658E
Related Vehicle	GBD1502S (Van)	Contact No.	91014032
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LIM KIAN HOE	ID No.	S6807147Z
Related Vehicle	SLS8703K (Car)	Contact No.	86273880
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 05/06/2023 at about 2300hrs, I was driving my company van bearing registration number GBD1502S along Hougang Avenue 2, towards Yio Chu Kang. It was a three-lane road and I was on the left lane. On the left lane where I was, I can either go straight or turn right whereas the other two lanes were only right turn lanes. At that point in time, I was stationary at the traffic light as the traffic light was red. There was a white car bearing registration number SLS8703K on my right, which is on the second lane. When the traffic light turned green, I proceeded to turn right. However, the white car went straight on the only right turn lane. Hence, the white car front lane collided onto the right portion of my van, near to the driver door.

After the collision, both the driver and I came down from our vehicle, took photos and exchanged particulars. Both of us decided to report this accident through our own insurance. I do not have any passenger in my vehicle while the car had one female passenger. None of us were injured at that point in time. No ambulance or police came down to scene. No government property damaged.

After the accident, I felt pain to my back. Hence, I went to see a doctor at Ang Mo Kio Polyclinic today on 08/06/2023 and was given 3 days of MC from 08/06/2023 to 10/06/2023.

I wish to state that the other party admitted that this accident was his fault, signed and acknowledged through the document stating that he was liable, and was sent to him via Whatsapp chat. I do not have an inbuilt camera in my van.



**SINGAPORE  
POLICE FORCE**



T/20230608/2053

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

3 of 3

Report No. T/20230608/2053

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SGT 3 KIAM JIN HUAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/06/2023 18:42

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168

Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

**SINGAPORE ACCIDENT STATEMENT****BASIC INFORMATION**

Date of Accident:	05/06/23	Time of Accident:	2300
Exact Location:	HOUGANG AVE 2 SHIP RD TO YIO CHU KANG		

**DETAILS OF OWN VEHICLE**

Vehicle Registration No.	9BD1502S	NRIC / FIN / Passport no:	200303166N
Name of Registered Owner:	AAP MARKETING PTE LTD.		
Owner's Email:	ngyongpeng3@gmail.com		
Owner's Address:	5 ANG. MO KIB IND PK 2A #04-30 S(567760)		
Vehicle Make:	NISSAN	Vehicle Model:	NV350
Engine Capacity (cc):	2488	Transmission:	Auto / (Manual)
Type of Claim:	Own Damage / (Third Party) / Reporting Only		
Vehicle Category:	Private / (Commercial) / Motorcycle / Private Hire		
Name of Insurance Co:	LIBERTY INS		
Type of Policy:	(Comprehensive) / Third Party / Third Party, Fire & Theft		
Policy Number:	S122V06245/VLV/R02		

**DRIVER**

Name of Driver:	ANDRE TEY YONG KIAT	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	S9804658E	Date of Birth:	06/02/1998
Occupation:	(Indoor) Outdoor	Driving Pass Date:	03/10/2017
Contact Number:	91014032	Gender:	(Male) / Female
Address:	BLK 629 HOUGANG AVE 8 #05-84 S(530629)		
Relationship with Owner:	Owner / (Employee) Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	

**GENERAL INFORMATION OF THE ACCIDENT**

Type of Collision:	Chain collision / (Side Swipe) / Front to Rear / Others:		
Weather Condition:	(Clear) / Raining / Others:	Road Surface:	(Dry) / Wet
Video available:	Yes / (No)		
Was anybody injured?	(Yes) / No	Police Report Made?	(Yes) / No
No. of passenger onboard (including driver):	01	A	

**DETAILS OF OTHER VEHICLE**

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SLS8703K		
Vehicle Make / Model:	TOYOTA		
Name of Driver:	LIM KIAN HUE		
NRIC / FIN / Passport no:	S6807147Z		
Contact Number:	86273880		
Name of Insurance Co:			

**DETAILS OF WITNESS**

Name:		Contact Info:	
-------	--	---------------	--

**DETAILS OF INJURED PERSON**

	Person 1	Person 2	Person 3
Name / In which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver \_\_\_\_\_

Date and time \_\_\_\_\_

**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

<b>Certificate No</b>	SI22V06245 /VCV /R02
<b>Form</b>	MZ300A
<b>Date of Issue:</b>	11-May-2022
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBD1502S
<b>2.Chassis number of Vehicle:</b>	JN1MC2E26Z0002187
<b>3.Name of Policyholder:</b>	AAP MARKETING PTE LTD
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	01-JUL-2022 00:00
<b>5.Date of Expiry of Insurance:</b>	30-JUN-2023 23:59
<b>6.Persons or Classes of Persons entitled to drive*:</b>	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.
<b>7.Limitations as to use*:</b>	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.
<b>8.The Policy does not cover:</b>	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.	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p>  <hr/> <p>Authorised Signature</p>	

**For Information only:**

<b>COVERAGE:</b>	Comprehensive, Unlimited Windscreen
<b>SUM INSURED (S\$):</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS (S\$):</b>	Section I \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	ANDA INSURANCE AGENCIES PTE LTD