

NATIONAL Assessment Centre Services (Call 1-800-451-5200) **SLV 59887**

Done by: _____

Date In: 12/06/2023 15:31 Job description: SAS e-filing

Ref No: NIB87LP280059574 E-mail (within 300, 400 mins)

Vol No: SUK 32707 i-Motor Claim Form

D.O.A: 10/06/2023 16:45 i-Motor W/O (within 300, 400 mins)

OS: (7P) Reporting Only i-Photo Uploaded

TP Insurer: Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whom

Preferred Wksp / INC Assgn Wksp / OW: () Tel: () Fax: ()

TP Particulars: Yelt No: **SLV 59887** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Hst Status (WO): 1: 0-30%, F: 21-70%, P: 80-110%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: () Walk-In Customer / Customer's information strictly Confidential & Strictly NO report of repair.

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

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

Rentals: () (INC No: () / (O/O: ())

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

NA2801713

Insurance Policy No:	Invoice Preparation Charge
Owner/Driver:	1) All: Accident Report (\$300)
Contact No:	2) DA: Damage Assessment (\$1600) TRC (\$50)
Damaged Portion:	3) TP: Towing Fee \$100/\$50
Checked by (Engr-In-Charge):	4) PC: Follow Through Service \$150
_____	5) PT: Pullout Through Survey (Basic \$75)
_____	6) TR: Deduplication \$70
_____	7) NI: New DA + SMPT Survey \$140
_____	8) RTUC Additional Services:
_____	QRT
_____	*NI: Courtesy Car / Tel Allowance \$50
_____	*NI: Repair Coordination \$100
_____	*NI: Post Repair Inspection \$30
_____	*NI: DV / Collision Excess Coordination \$1
_____	*NI: TP (Non-INC) Evalua INE \$20
_____	*NI: Other Items
_____	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	12/06/2023 15:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/06/2023 16:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK3270T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE WEI LONG
NRIC No	SXXXX965Z
Email Address	weilongbaba87@gmail.com
Mobile Phone No	(Phone) +65-85044030
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD23V04838/VPL/R00

DRIVER

Name of Driver	LEE WEI LONG
NRIC No	SXXXX965Z
Date Of Birth	14/11/1987
Occupation	Indoor

Date Of Driving Pass	28/02/2014
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85044030
Alt. Phone Number	-
Email Address	weilongbaba87@gmail.com
Address	BLK 785A WOODLANDS RISE #10-112
Address complement	-
Postcode	731785
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	Collision - Head to Rear
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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230611/2012

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	SLV5988J
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO TONG HUA
NRIC No	SXXXX176Z
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	LEE WEI LONG
Gender	Male
Phone No	(Phone) +65-85044030
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNK3270T
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.

[Handwritten signature]

Policyholder's Signature / Date & Time

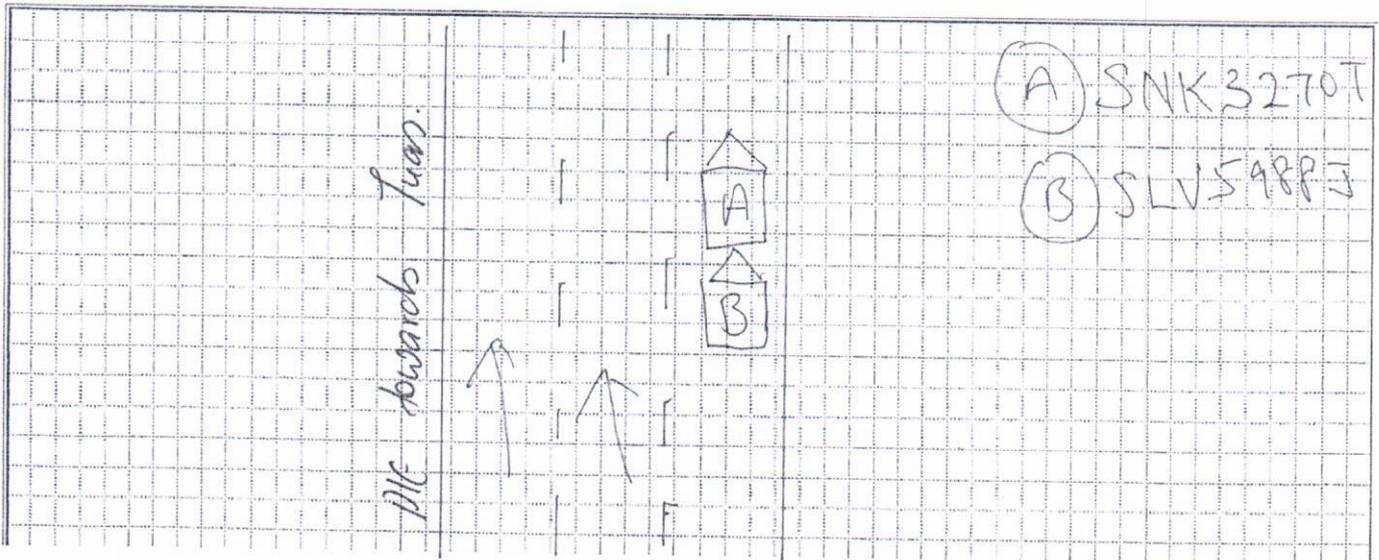
[Handwritten signature]

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

[Handwritten signature]
12/05/2023

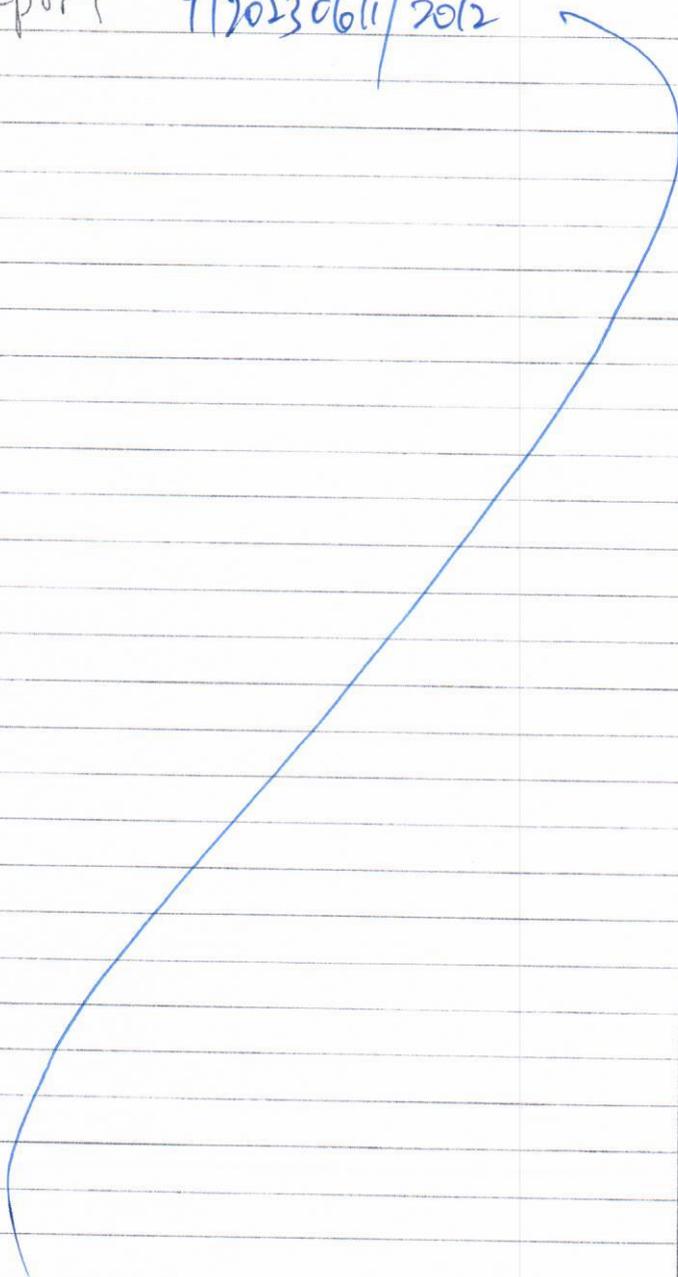
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report T/20230611/2012



Declaration

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

[Handwritten signature]

Policyholder's Signature / Date & Time

[Handwritten signature]

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

Witnessed by Reporting Centre Personnel

[Handwritten signature] 12/06/2023



**SINGAPORE
POLICE FORCE**



T/20230611/2012

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No: T/20230611/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
11/06/2023 10.02

Video Report No.:

Station Diary No.:
34

Informant's Particulars

Name of Informant: LEE WEI LONG			Address: APT BLK 785A WOODLANDS RISE #10-112 SINGAPORE 731785		
ID Type / ID No. NRIC NO / S8736965Z			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office:		Mobile: 85044030
Sex: Male	Age: 35	Date of Birth: 14/11/1987	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B.3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/06/2023 16:45	Type of Location: Flyover
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
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
SLV5988J	Car				Slightly Damaged	0
SNK3270T	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230611/2012

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20230611/2012

CONTINUATION OF REPORT

Driver			
Name	TEO TONG HUA	ID No.	S7630176Z
Related Vehicle	SLV5988J (Car)	Contact No.	91293840
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
Driver			
Name	LEE WEI LONG	ID No.	S8736965Z
Related Vehicle	SNK3270T (Car)	Contact No.	85044030
Hospital/Clinic	CCK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	11/06/2023	Date Discharge	11/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 10/06/2023 at about 1645hrs. I was driving SNK3270T, with 1 passenger on Grab, travelling along PIE towards Tuas. There was slightly heavy traffic ahead hence I started slowing down. Suddenly, I felt SLV5988J, rear ending my vehicle.

No police or ambulance came. We exchanged particulars and left. My vehicle sustained damages on its rear. I have in rear camera that had captured the accident.

On 11/06/2023, I felt a pain feeling on my back and seek doctor consultation at CCK Family Clinic and was given 3 days of MC.

I am lodging this report to inform police of the accident.

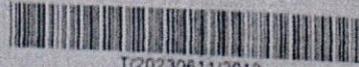
T/20230611/2012

2 of 3



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20230611/2012

3 of 3

Report No. T/20230611/2012

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L/

SGT 3 AHMAD MUWAFFAQ BIN
AHMAD MAZHAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/06/2023 10:02

Officer In Charge Of Case:

TP / GIA /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168

5

SH#2

Date of Accident : 10-06-2023 Accident Time: 16.45 (24-HR-FORMAT)

Accident Place : PIE toward Tuas

Vehicle Reg. No (Car plate No.) : SNK3270 T cc: 1500 Vehicle Make/Model: Honda Vezel/VPL/Ro

Insurance Company : Liberty Policy No. SD23V048381

Name of Registered Owner : Company / Individual Lee Wei Long

ID of Registered Owner : Co Reg No: Owner's NRIC No: S8736965 Z

OWNER EMAIL ADDRESS: WeilongBABA87@gmail.com Co Contact No: Owner's Contact No: 85044030

DRIVER'S Name : G3 above DRIVER'S NRIC No:

DRIVER'S Date of Birth : 14/11/87 DRIVER'S License Pass Date 28/02/14

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: self

DRIVER'S Address : Block 785A Woodlands Link #10-112 S(731785)

DRIVER'S Contact No./ Alt No. : 1) 2)

DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)

Email Address :

Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET

Reporting Type : Reporting Only Claim Other Party Claim Own Insurance

Number of Passengers (including Driver): 1 Name & Gender;

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) Lee Wei Long

Other Party Driver's Particulars (if any)

Vehicle Reg No: SLV 5988J Vehicle Reg No:

Vehicle Make/Model: Honda Vehicle Make/Model:

Name DRIVER: Teo Tong Hua Name DRIVER:

IC No. DRIVER: S7630176Z 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

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	SD23V04838 /VPL /R00
From	MZ400B
Date Of Issue	11-APR-2023
1.Index Mark and Registration No. of Vehicle:	SNK3270T
2.Chassis number of Vehicle:	RV31010756
3.Name of Policyholder:	LEE WEI LONG
4.Effective date of Commencement of Insurance for the purpose of the Act:	04-APR-2023 00:00 AM
5.Date of Expiry of Insurance:	03-APR-2024 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
For Private Hire Vehicle (PHV) Usage :	LEE WEI LONG
For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.	
<p>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.</p>	
7.Limitations as to use*:	
<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes.</p>	
8.Policy does not cover:	
<p>A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
<p>*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.</p>	
<p>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>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> 	
<p>Authorised Signature</p>	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	GENIE FINANCIAL SERVICES PTE LTD
PRODUCER NAME:	DICKSON INSURANCE AGENCY PTE. LTD.

PLSE/PLSE/11/04/2023

S1_CI_T1_T3_OE_Template6-Ver1. 11/04/2023