

NATIONAL Assessment Centre Services (call 1300) **SNO 9336K000**

| | | | |
|---|--|------------------------|----------|
| Date In: 29/06/2023 15:12 | Job Description: SAS e-illing | Date & Time Completed: | Done by: |
| Ref No: NAB/UP230062114 | E-mail (attach form, AIC 2013) | | |
| Val No: SNO 2023 | 1-Motor Claim Form | | |
| D.O.A: 19/06/2023 12:15 | 1-Motor W/O (write: OD form, or 1101) | | |
| QC <input checked="" type="checkbox"/> Reporting Only | 1-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

Preferred Wxup / INC Assgn Wxup / GW: () Tel: () Fax: ()

TP Particulars: Val No: **GBL 9339C** INC () / Non-INC () Tel: ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: ()

Insured/Driver Liability: () % (Note: Inc Status (WO): 11: 0-20%, 12: 21-79%, 13: 80-100%)

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

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

General Remarks: ()

() Walk-in Customer / Customer's information strictly Confidential & Supply NO refer of repairer.

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

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

Apply for Transport Allowance () / Courtesy Car ()

QC Check / Post Repair Inspection ()

Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date of Injury: ()

Location: ()

Witness: ()

Police Report: ()

Medical Report: ()

NA2301A3

| | |
|--|-------------|
| Invoice Preparation Charge | |
| 1) AIC: Accident Report (250) | |
| 2) DA: Damage Assessment (1500) | 1100 (US\$) |
| 3) TP: Towing Fee | \$100 |
| 4) PE: Follow Through Survey | \$150 |
| 5) TP: Follow Through Survey (Basic Fee) | \$50 |
| 6) TR: Del/Smear | \$20 |
| 7) NI: New DA + Survey | \$150 |
| 8) NI: Additional Services | |
| 9) NI: Courtesy Car / Tel Allowance | \$50 |
| 10) NI: Repair Coordination | \$10 |
| 11) NI: Post Repair Inspection | \$10 |
| 12) NI: DV / Collect Excess Coordination | \$10 |
| 13) NI: TP (Non-INC) Valves ISE | \$10 |
| 14) NI: Other Items | |
| Invoice Total | \$1000 |
| TP Charged | |

Checked by (Engl-In-Charge): ()

TP Insurer: ()

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 | 20/06/2023 15:12 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 19/06/2023 12:55 (SGT) |
| Exact Location of Accident | Tampines Industrial Ave 5, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SCW3031J |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | GOH HOCK SAN |
| NRIC No | SXXXX961B |
| Email Address | ku_cecilia@hotmail.com |
| Mobile Phone No | (Phone) +65-97533200 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mazda |
| Model | Cx-5 |
| 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 | 1998 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SD22V12740/VPE/R00 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | KU LEE KIANG |
| NRIC No | SXXXX785B |
| Date Of Birth | 09/11/1959 |
| Occupation | Indoor |

| | |
|--|------------------------------------|
| Date Of Driving Pass | 05/12/1988 |
| Driving experience | 34 YEARS AND 6 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-98239981 |
| Alt. Phone Number | - |
| Email Address | ku_cecilia@hotmail.com |
| Address | BLK 161 PASIR RIS STREET 13 #03-03 |
| Address complement | - |
| Postcode | 1851 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 on collision |
| 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) | 2 |
| 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 | TRIXIE LOW |
| 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 SKETCH PLAN

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 | GBL9339C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | AZHARUL BIN ROKIMIN |
| Contact Number | (Phone) +65-90095329 |
| 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 | KU LEE KIANG |
| Gender | Female |
| Phone No | (Phone) +65-98239981 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SCW3031J |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

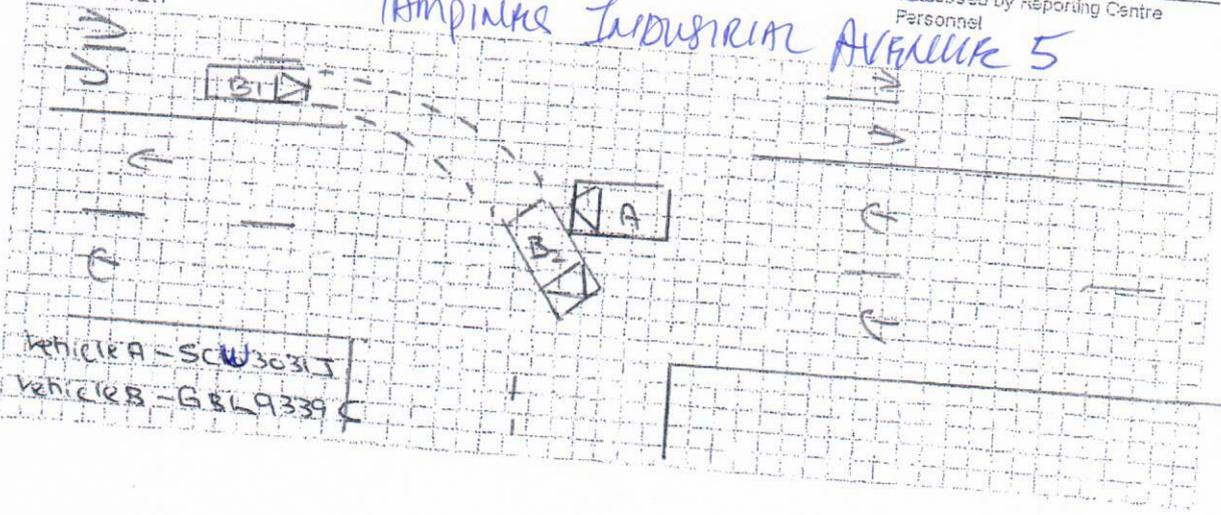
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

[Signature]
 Policyholder's Signature / Date & Time

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

[Signature] 20/06/2023
 Witnessed by Reporting Centre Personnel

Sketch Plan



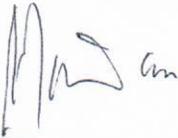
Tampines Industrial Avenue 5

Describe Circumstances of the Accident

Traffic light was green, I was driving straight along Tampines Industrial Ave 5. Vehicle B from the ops lane turn into Crescent road without stopping at the stop line and hit onto my front portion of my vehicle.

Declaration:

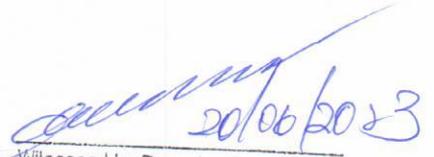
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



20/06/2023
Witnessed by Reporting Centre Personnel

VEHICLE NO: SCW30313

MAKE & MODEL: MAZDA CX5

AUTO / MANUAL

DATE OF ACCIDENT

19/06/2023

TIME OF ACCIDENT

1255 AM PM

LOCATION OF ACCIDENT

ALONG TAMPINES INDUSTRIAL AVE 5

*CC: 1998

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

GOH HOCK SAN

EMAIL: KU - CECILIA @ HOTMAIL.COM

Office:

MOBILE: 97533200

NRIC

S1238961B

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY:

YES / NO?

INSURANCE CO.

LIBERTY

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

NAME OF DRIVER

SD22V12740 / VPE (ROO)

NRIC

AS ABOVE / IF NO: KU LEE KIANG

DATE OF BIRTH

S1397785B
09/11/1959

ANY PASSENGER

YES / NO: 01

NAME OF PASSENGER

Trixie Low

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

05/12/1988

GENDER

Male / Female

CONTACT NO.

Mobile, 98239981 Office:

EMAIL

Home:

ADDRESS

KU - CECILIA @ HOTMAIL.COM

DOES DRIVER OWN OTHER VEHICLES?

NO / If yes: Reg No. BLK161 PASIR RIS ST 13 #03-03 S(1851)

RELATIONSHIP

Employee / If No: HUSBAND & WIFE INSURER

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

CONTACT NO.

No / If yes: Who? KU LEE KIANG

POLICE REPORT

98239981

NOTICE OF INTENDED PROSECUTION GIVEN?

No / If yes: Where? NO/IF YES: WHO?

VEHICLE B NO.

Any Passenger: 0

NAME

GBL9339C AZHARUL BIN ROKIMIN

CONTACT NO.

90095329

VEHICLE C NO.

VEHICLE D NO.

VEHICLE E NO.

VEHICLE F NO.

ANY WITNESS

WITNESS CONTACT NO.

WAS THERE ANY VIDEO CAPTURE?

WAS THERE ANY AUDIO RECORDED?

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

YES / NO

YES / NO

**WORKSHOP:

Have you been approach by unknown person offering accident claims assistance?

soliciting (s) /

YES / NO



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:

GOH HOCK SAN

Date of Issue:

12 Sep 2022

Registration No.:

SCW3031J

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

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

HONG LEONG FINANCE LTD

Name of Producer:

TAI KENG INSURANCE AGENCY PTE LTD (A1002-2)

PLFM/PLFM/SD22V12740/12-Sep-2022/Motor/CI/v1.0