

NATIONAL Assessment Centre Services (wef 1 Jan 05)

SWP 923750003

Date In: 01/07/2023 17:35	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: XBA/LIP 230068064	E-mail (within 8hrs, AIC 2hrs):		
Veh No: EY 69L	i-Motor Claim Form		
D.O.A: 04/07/2023 16:31	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

TP Particulars:
 Tel: _____ Fax: _____
 Veil. No: SMA 51462 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)

Remarks	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

NA2302030

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't
Driver/Owner:	1) AR: Accident Reporting (\$30);		1st Bill	Add
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30			
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idac 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: Idac Mobile \$30			
	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	05/07/2023 17:35 (SGT)
Reported by	Actual Driver
Date of Accident	04/07/2023 16:31 (SGT)
Exact Location of Accident	Howard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EY69L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE. LTD.
Company Reg No	2XXXXX970Z
Email Address	jonathan.ong@artefactpixel.sg
Mobile Phone No	(Phone) +65-85188585
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	G63
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	Commercial vehicle
Transmission	Auto
CC	3982

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	C/N C0139326

DRIVER

Name of Driver	JONATHAN ONG JUN KAI
NRIC No	SXXXX603F
Date Of Birth	14/01/1991
Occupation	Indoor

Date Of Driving Pass	20/07/2009
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-85188585
Alt. Phone Number	-
Email Address	jonathan.ong@artefactpixel.sg
Address	26 LIM AH PIN ROAD
Address complement	-
Postcode	547847
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Major/Minor Rd
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	UNKNOWN
Gender	Male

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 POLICE REPORT T/20230705/7066

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA5746R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MANOJ RAM S/O MANGAT RAM
NRIC No	SXXXX902D
Contact Number	(Phone) +65-92205959
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	JONATHAN ONG JUN KAI
Gender	Male
Phone No	(Phone) +65-85188585
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	EY69L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

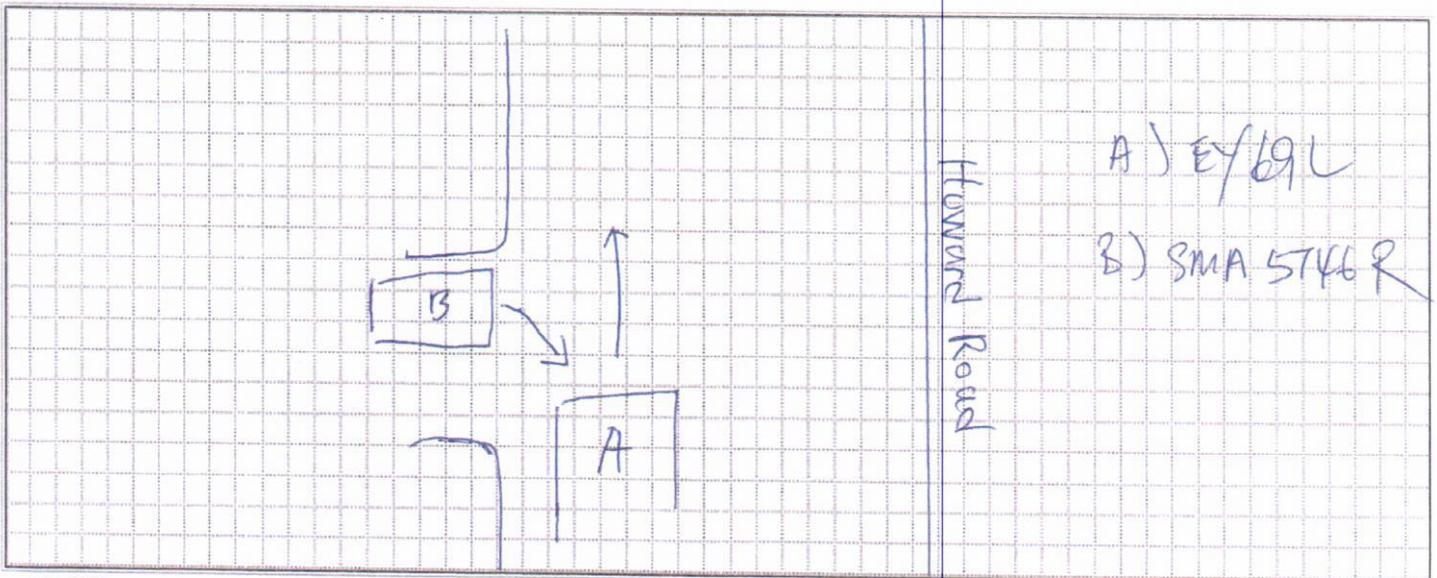


Policyholder's Signature / Date & Time

[Signature]
5/7/23
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 05/07/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

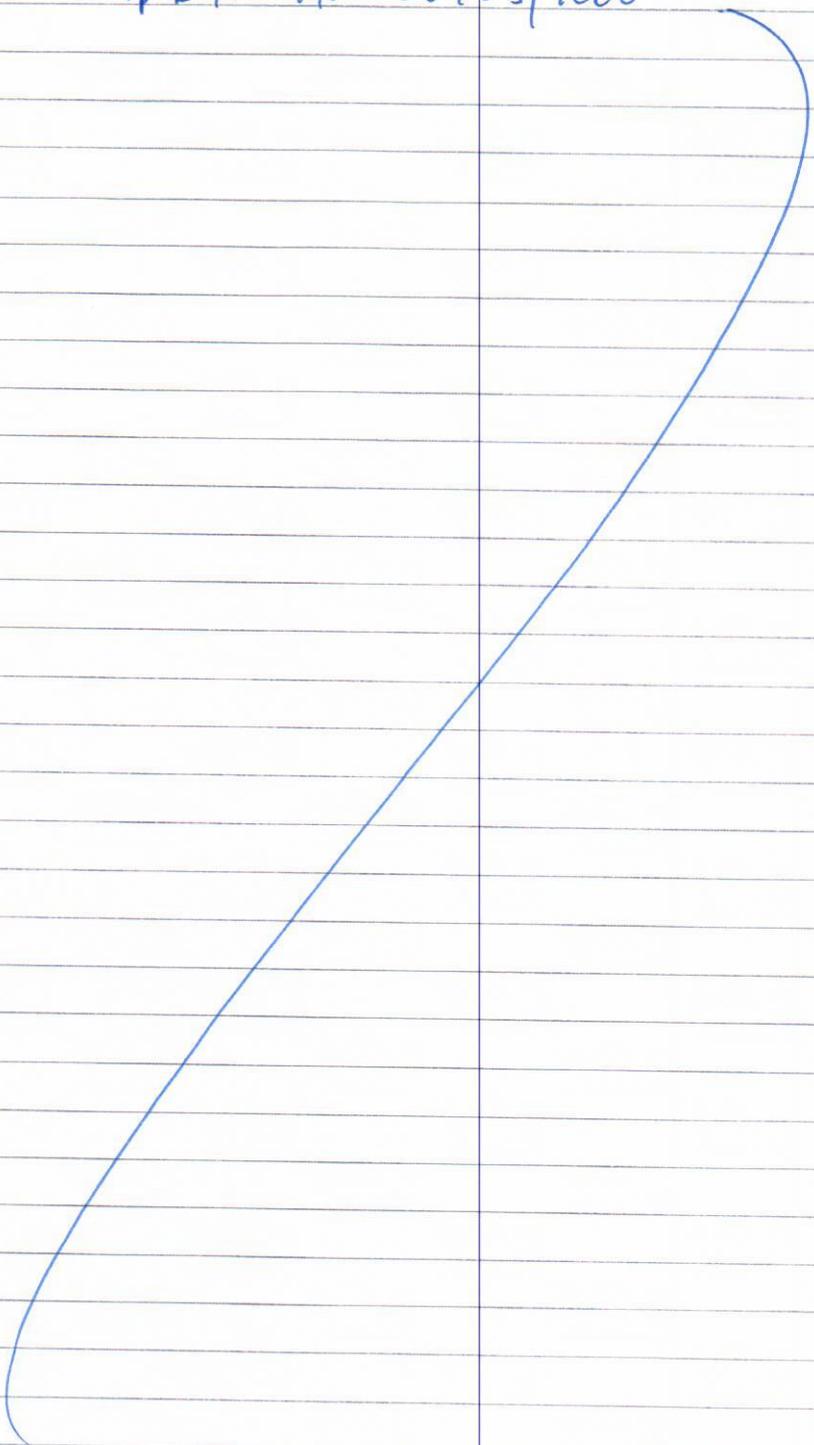


A) EY 69 L
B) SMA 5TK6 R

Howard Road

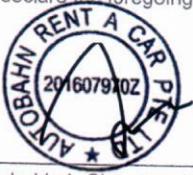
Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20230705/7066



Declaration

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



Policyholder's Signature / Date & Time

[Signature] 5/7/23
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 05/07/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230705/7066

1 of 3

Report No. T/20230705/7066

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2023 17:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: JONATHAN ONG JUN KAI		Address: 26 LIM AH PIN ROAD SINGAPORE 547847	
ID Type / ID No.: NRIC NO / S9101603F		Contact No.: Home/Office:	Mobile: 85188585
Nationality: SINGAPORE CITIZEN		Email: JONATHAN.ONG80@OUTLOOK.COM	
Sex: Male	Age: 32	Date of Birth: 14/01/1991	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Business development executive		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2023 16:30	Type of Location: Straight Road
Location: HOWARD ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		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	Conditio	No of	
EY69L	Car					0	

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



**SINGAPORE
POLICE FORCE**



T/20230705/7066

2 of 3

Report No. T/20230705/7066

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

CONTINUATION OF REPORT

Driver			
Name	JONATHAN ONG JUN KAI		ID No. S9101603F
Related Vehicle	EY69L (Car)		Contact No. 85188585
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 4th July at 4.30pm I was driving my car (EY69L) from Howard road to MacPherson road , suddenly I saw a car (SMA5746P) turning out without stopping from novelty bizcentre(18 Howard road) , the driver did not realise the road was a two way road and did not make a check on the other of the road while turning out . I honked and swerved to avoid the vehicle but the vehicle did not stop or noticed me and hit the side of my vehicle .

Both the driver and myself pulled over to make a check on our cars , The damage to my vehicle was from the left front wheel to the left rear wheel including the car side step and doors and body . It sustained scratches dents and some parts came off
we exchanged particulars and took photos of the car .

When I went home after work I felt muscle tension on my right shoulder next area and went to see the doctor . I was 3 days MC from 4th to 6th July .

I wish to state I have the recording of the incident from my in car recorder



**SINGAPORE
POLICE FORCE**



T/20230705/7066

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

3 of 3

Report No. T/20230705/7066

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:

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

Signature Of Interpreter:
Not applicable

Date/Time:
05/07/2023 17:00

Officer In Charge Of Case:
TP / TPIB /
YEO HOE HUAT, TONY
Contact No.: 92744691

Classification Of Case:

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 4 th July 2023	TIME OF ACCIDENT : 1631 Hrs
VEHICLE NO : EY69L	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Mercedes G63 AMG	LOCATION : Howard road
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : Liberty	POLICY NO : C0139227
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : others (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER :	NRIC :
ADDRESS :	CONTACT NO :
EMAIL ADDRESS : Jonathon.ong@artefactpixel.sg	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : Jonathon Ong Jun kai	NRIC : S9101603F CONTACT NO : 85188585
DRIVER OWNER RELATIONSHIP : owner	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 14 / 01 / 91	DRIVING PASSING DATE : 20 / 07 / 09
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : 26 Lim ah pin Rd
ANY INJURIES : NO, IF YES : Yes	POLICE REPORT : NO / IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SMA5746P	VEHICLE C REG NO : _____
DRIVER NAME : Mangaj Ram S/O Mangat ram	DRIVER NAME : _____
NRIC : 58135902D	NRIC : _____
CONTACT : 92205959	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	WERE SEAT BELTS WORN ? : YES / NO
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM : _____	WERE INJURY CONVEYED BY AMBULANCE : YES / NO

Name of Producer:

VINCAR PTE. LTD. (A1964)

Date of Issue:

24 Mar 2023

Cover Note No.:

C0139326

Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

Name of Insured:	AUTOBAHN RENT A CAR PTE. LTD.	
Period of Insurance:	From: 24 Mar 2023 15:09	To: 23 Mar 2024 23:59
Registration No.:	EY69L	
Make and Model:	MERCEDES BENZ G63 AMG (MY2021)	
Type of Body:	SUV	
Capacity/Tonnage:	3982	
Year of Manufacture/Registration:	2022/2023	
Chassis No.:	W1N4632762X428412	
Engine No.:	17798060200968	
Sum Insured:	S\$830,000.00	
Name of Finance Company:	NA	
Type of Plan:	Comprehensive	
Excess:	AS AGREED	

The Motor Vehicle (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 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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.

Not valid unless counter-signed by authorized person.



Date: 24 Mar 2023 15:09



 For and on behalf of
LIBERTY INSURANCE PTE LTD
IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.