

NATIONAL Assessment Centre Services

[Form 1-20-2005]

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 06/12/2017 10:07 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/LIP17023115/14 | SAS e-filing | | |
| Veh No: SKQ1177Y | E-mail (within 8hrs, AIC 2hrs) | | |
| DOA: 04/12/2017 22:30 | i-Motor Claim Form | | |
| OD TP: Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SJA4312A | 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:- | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|-----------|---|-------------|----------|
| Claimant's Particulars:- | NA1707565 | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
| Driver/Owner: | | 1) AR: Accident Reporting (\$30); | 1st Bill | Add Bill |
| Contact No: | | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| 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:- | | |
| | | OD: | | |
| | | *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 Authorised 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 ability.
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 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 Report | 06/12/2017 10:07 |
| Date Of Accident | 04/12/2017 22:30 |
| Exact Location Of Accident | BOON LAY WAY / PIONEER ROAD NORTH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKQ1177Y |
| Insured/Policyholder | |
| Name Of Registered Owner | TUNG SIEW HOONG |
| NRIC No | S2566299G |
| Email Address | PEWGRIM@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-94528262 |
| Alternative Phone No | OTHERS-94528262 |

Vehicle Particulars

| | |
|--|----------------------------------|
| Manufacturer | BMW |
| Model | 420I M SPORT CONVERTIBLE HID NAV |
| 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 |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SI17V14500/VPC/R02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | WONG ENG WEI, EDWIN |
| NRIC No | S7000345G |
| Date Of Birth | 11/01/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/04/1990 |
| Driving Experience | 27 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83423623 |
| Fax Number | |
| Contact Number | OTHERS-91718777 |
| EMail Address | PEWGRIM@GMAIL.COM |

| | |
|---|----------------------------------|
| Address | BLK 4A BOON TIONG ROAD #15-23 |
| Postcode | 164004 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

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 this accident? | NO |
| Was any body injured in the Accident? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------|
| Vehicle Registration Number | SJA4312A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | PANG CHOR YIN |
| NRIC/Passport Number | S7302208H |
| Contact Number | 84980082 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

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 Authorised 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Eugene P
Driver's Signature
(If driver is not the policyholder)
Date & Time: 05 DEC 2017
16 55

6/12/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 04 DECEMBER, 2017 AT 2330, VEHICLE A WAS ON BOON LAY WAY WANTING TO MERGE ONTO PIONEER ROAD NORTH. VEHICLE A STOPPED TO CHECK ONCOMING TRAFFIC AND THATS WHEN VEHICLE B HIT THE REAR RIGHT SIDE (DRIVER'S SIDE) OF VEHICLE A. ~~THE BUMP~~ THE REAR BUMPER OF VEHICLE A IS DAMAGED. NO ONE WAS INJURED.

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: 05 DEC 2017
1655

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Bukit Merah

Reported on 5/12/2017
@ 1735 hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 04/12/2017 (DD/MM/YYYY), TIME: 22:30 (HH:MM)
LOCATION: BOON LAY WAY / PIONEER ROAD JUNCTION

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SKQ1177Y
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]
e) MAKE & MODEL: _____
f) TYPE: [SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS]
g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE]
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) (REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: TUNG SIEW HOON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S25662999 CONTACT: 94528262
c) ADDRESS: _____

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: WONG ENG WEI EDWIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S70003456 CONTACT: 83423623 91718777
c) ADDRESS: 4A BOON TONG ROAD, #15-23
S(164004)

* d) DATE OF BIRTH: 11/01/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) PASTOR

f) DATE OF DRIVING LICENCE: 28 APRIL 1990

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) FRIEND

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO)

7. c) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJA 4312A MODEL: PROTON
b) DRIVER'S NAME: PANG CHOR YIN
c) NRIC/FIN/PASSPORT: S7302205H CONTACT: 84980082

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(01)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

Email: ~~peu~~ pewgrin@gmail.com


fax: _____

VIDEO

pewgrin@gmail.com

Waiting for Certificate?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7000345G




WONG ENG WEI, EDWIN
王恩伟
CHINESE
Date of Birth: 11-01-1970
Country of Birth: SINGAPORE
Sex: M

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: S7000345G
Name: WONG ENG WEI, EDWIN
Birth Date: 11 Jan 1970
Issue Date: 31 Mar 2003




2632789



NRIC No: S7000345G



Blood Group: A+ Date of issue: 22-05-1995


Address:
APT BLK 4A BOON TIONG ROAD #15-23
SINGAPORE 164004
NRIC No: S7000345G Date: 14-12-2006 No: 5628705

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 28 Apr 1990

Licence No: S7000345G



NP 428A



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 (Malaysia); Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

| | |
|------------------------------|--|
| Name of Policyholder: | Certificate No.: |
| TUNG SIEW HOONG | SI17V14500/ VPC / R02 |
| Date of Issue: | Effective Date of Commencement: |
| 19 Sep 2017 | 17 Oct 2017 00:00 |
| Registration No.: | Date of Expiry: |
| SKQ1177Y | 16 Oct 2018 23:59 |
| | Type of Certificate: |
| | MX1 |

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 (Malaysia) 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 (Malaysia).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

| | |
|--------------------------|---|
| Coverage(s): | Comprehensive, Unlimited Windscreen, NCD Protection |
| Sum Insured: | MARKET VALUE AT THE TIME OF LOSS |
| Excess: | Section I S\$500. Additional Excess for Young & Inexperienced Drivers S\$2500. Windscreen Excess S\$0 |
| Name of Finance Company: | |
| Name of Producer: | SD CONTEGO SERVICES (A1429-5) |