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2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost > \$300	0) ()	1			
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 witholding 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.

· 一种自由的人。	ACCIDENT STATEMENT
Date Of Report	06/12/2017 17:10
Date Of Accident	06/12/2017 10:20
Exact Location Of Accident	ALONG NAPIER ROAD
Country/State of Loss	SINGAPORE
ARE IN THE RESIDENCE OF THE PARTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP7690K
Insured/Policyholder	
Name Of Registered Owner	TUNG SIEW HOONG
NRIC No	S8217966F
Email Address	TYHUI82@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97767690
Alternative Phone No	OTHERS-97109732
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	SIENTA-1,5 X (A)
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	
Cover Note Number	C0072626
Driver	
Name of Driver	TAN YING HUI(CHEN YINGHUI)
NRIC No	S8242259E
Date Of Birth	29/12/1982
Occupation	INDOOR
Date Of Driving Pass	21/06/2006
Driving Experience	11 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97109732
Fax Number	
Contact Number	OTHERS-97767690

TYHUI82@GMAIL.COM

Address

BLK 424 CLEMENTI AVENUE 1

#14-305

Postcode

120424

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

SIDE SWIPE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NOT GIVEN

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SLL8606U

Vehicle Make/Model/Colour

HONDA VEZEL

Details Of Properties

Name of Driver

TAN TEE SIN JIMMY

NRIC/Passport Number

S1301837E

Contact Number

96396777

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

**Details of Witness** 

Name

Phone Number

Email Address

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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:

- 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)
  - (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
- (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name

NRIC/FIN No.:

Reporting Centre Personnel's Signature

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In 6/12/2017, I was travelling along	Roud I was switching lanes from
lane I to lane 2 - After my the from	t of my vehicle entered the lane 2,
I heard a loud knock on the le	ft side of my vehicle and the vehicle
then stopped in time of me. It was	a Verd Honde SLL 8606 U My car
license place is SLP 7610 K Toyot	a Sienta
9	

### 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:

NRIC/FIN No.:

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

ACCIDENT STATEMENT LOCATION: 1. DETAILS OF VEHICLE a) YEHICLE NUMBER: b) INSURANCE COMPANY! C)POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e MAKE & MODELL -1998 () TYPE: (SALOON / COUPE (MPY/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/MO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER (MALE / FEMALE) A)NAME:\_\_ CONTACT b) NRIC/FIN/PASSPORT: 01120414 CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER Ato of besson of DRIVER (MALE / FEMALE) YING C) NAME: (Including driver) CONTACT b) NRIC/FIN/PASSPORT: 1120424 \*d) DATE OF BIRTH: ( 29 ) 12 ) 1982 (DD/MM/YYYY) · e OCCUPATION: (INDOOR / OUIDOOR) 1) DATE OF DRIVING LICKNICE 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS. b) ROAD SURFACE: (DRY / WET / OTHERS. WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES! / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE 4 No of passenger VEHICLE NUMBER: (Induding driver) C) NRIC/FIN/PASSPORT THIRD P'ARTY VEHICLE VEHICLE NUMBER: # No of pasoninger DRIVER'S NAMEL NRIC/FIN/PASSPORT (Including driver) 1

email = tyhniz82@gmail com
: fax =

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8242259E





TAN YING HUI (CHEN YINGHUI)

陳英慧

CHINESE Date of pirth 20-12-1982

SINGAPORE





5237043



Sweet of lease 07-11-2013 (

APT B. .24 C.E. #14-3C. . SINGAPCHE 120424 WAR CITATE I TOURS YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Mutor Cars=<3000kg with <<7 passengers, exclusive 21 Jun 2006 of the driver; and other motor vehicles << 2500kg



NP 428A



www.libertyinsurance.com.sg

# Motor Cover Note

Cover Note No.:

C0072626

Quotation/ Proposal/ Policy No.:

Name of Producer:

CHUAN LEE ENTERPRISES PTE LTD (A1567)

Date of Issue:

12 Jun 2017

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:

LIU JING

Period of Insurance:

From: 14 Jun 2017 00:00

To: 13 Jun 2018 23:59

Registration No.:

Make and Model:

TOYOTA SIENTA 1.5X

Type of Body:

STATIONWAGON

Capacity/Tonnage:

1496

Year of Manufacture/Registration:

2016/2017

Chassis No.:

NSP1707040438

Engine No.:

2NR8640269

Sum Insured:

MARKET VALUE AT TIME OF LOSS

Name of Finance Company:

UNITED OVERSEAS BANK LIMITED

Type of Plan:

Comprehensive

Excess:

EXCESS \$600

Reg. No. 197000133W

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), 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 (Malaysia).

Not valid unless counter-signed by authorized person.

Date: 12 Jun 2017 15:07

For and on behalf of

LIBERTY INSURANCE PTE LTD

全利企業私人有限公司 CHUAN LEE ENTERPRISES PTE LTD 1 Bukit Batok Crescent #04-62 Wcega Plaza Singapore 658064 Tel: 6469 0002 Fax: 6463 2777

#### 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.