

# NATIONAL Assessment Centre Services

(ver 1.1/1/00)

NA1707635

Date In: 07/12/2017 18:33	Job description	Date & Time Completed	Done by
Ref No: NBA/1707635/Y	SAS e-filing		
Veh No: SKY 3505U	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 06/12/2017 20:50	E-Motor Claim Form		
OD / TP / Reporting Only	E-Motor W/O (within 20 hrs, TP 2hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Yell No: PA 8601B	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%; P: 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 0015	Date & Time Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )			

Injury: \_\_\_\_\_

Date/Time Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA1707635	Invoice Preparation Checklist	AM ( )	AM ( )
Driver/Owner:	1) AR: Accident Reporting (\$300)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
	4) FT: Follow-Through Survey	\$120	
	5) XT: Follow-Through Survey (Resurvey)	\$30	
	Forfeiture of rights (INC Only) (ver 1.0 Jan 2010)		
	6) TR: Re-inspection	\$75	
	7) NI: (See DA + SMRT Survey)	\$160	
	8) NTUC Additional Services:		
	9) NTUC:		
	*N1: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DY / Collect Excess / Coordination	\$5	
	TP (N1) / TP (N6) against INC	\$20	
	*N3: Idle Mobile	\$10	
	Invoice dated	Fee Charged	
	Invoice Paid	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	07/12/2017 18:33
Date Of Accident	06/12/2017 20:50
Exact Location Of Accident	ALONG SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV3505U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OPTIMA WERKZ PTE LTD
Co Reg No	201212455W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96785596
Alternative Phone No	OFFICE-96785596

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V08980/VPZ/R00
Cover Note Number	

#### Driver

Name of Driver	HO KWEE HUAY
NRIC No	S0802167H
Date Of Birth	02/06/1951
Occupation	INDOOR
Date Of Driving Pass	29/04/1969
Driving Experience	48 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96785596
Fax Number	
Contact Number	OTHERS-96785596
Email Address	NOEMAIL

Address	4 PASIR RIS WAY
Postcode	518520
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA3601B
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Name of Driver	OMAR BIN HASSAN
NRIC/Passport Number	S1516310J
Contact Number	84186994
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

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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

Along SEMBawang  
Road



A) SKV 3505 U

B) PA 3601 B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/12/2017 AT ABOUT 20:20 HRS I WAS TRAVELLING ALONG SEMBawang ROAD & WAS ON THE 2ND LANE OF 3 LANE ROAD. JUST B/F SEMBawang SHOPPING CIR I SIGNAL RIGHT TO CHANGE TO 1ST LANE & WANTED TO MAKE A U-TURN. SUDDENLY CAME A VAN FROM MY RIGHT SIDE & HIT ON TO THE REAR RIGHT PASSENGER DOOR.

## 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 06 / 12 / 2017 (DD/MM/YYYY), TIME: 20 : 50 (HH:MM)

LOCATION: Along SKMBAWAH ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 3505 U  
 b) INSURANCE COMPANY: CIBACITY  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA AXIO  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 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: OPTIMA WKKZ P74 (10) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: HO KWEE HUAY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S 0802167 H CONTACT: 96785596  
 c) ADDRESS: 4 PASIR RIS WAY (S18520)

\* d) DATE OF BIRTH: 02 / 06 / 1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 29-04-1969

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NEAR

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
 b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PA 3601 B MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: OMAR BIN HASSAN  
 c) NRIC/FIN/PASSPORT: S1516310 J CONTACT: 84786994

## 9. THIRD PARTY VEHICLE

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

Email = NOFEMAR

fax =

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0802167H



HO KWEE HUAY

Race  
CHINESE  
Date of Birth  
02-06-1951  
Country of Birth  
SINGAPORE

Sex  
F

S0802167H

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S0802167H

HO KWEE HUAY

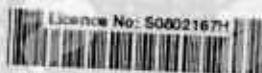
Birth Date 02 Jun 1951  
Issue Date 11 Mar 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

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

PASS DATE  
29 Apr 1986



NP 428A



0234097

NRIC No. S0802167H



Blood Group O+ Date of issue 15-01-1993

4 PASIR RIS WAY  
SINGAPORE 518520  
NRIC No: S0802167H

Date: 29/09/1997 (R)

## 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)

<b>Certificate No</b>	SD17V08980 /VPZ /R00
<b>Form</b>	MZ406C
<b>Date Of Issue</b>	12-SEP-2017
<b>1. Index Mark and Registration No. of Vehicle:</b>	SKV3505U
<b>2. Chassis number of Vehicle:</b>	NRE1610005444
<b>3. Name of Policyholder:</b>	OPTIMA WERKZ PTE. LTD.
<b>4. Effective date of Commencement of Insurance for the purpose of the Act:</b>	14-SEP-2017 00:00 AM
<b>5. Date of Expiry of Insurance:</b>	21-JUL-2018 23:59 PM
<b>6. Persons or Classes of Persons entitled to drive*:</b>	Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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.
<b>7. Limitations as to use*:</b>	A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired. C) Use for the carriage of passengers for hire or reward under "Uber/Grabcar" by the person to whom the vehicle is hired.
<b>8. Policy does not cover:</b>	A) Use for racing, pace-making, reliability trial or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
*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.	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, Uber/Grabcar Extension
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I - Singapore S\$1200 / Outside Singapore S\$2400, Section II - Singapore S\$1000 / Outside Singapore S\$2000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	SINGAPURA FINANCE LIMITED
<b>PRODUCER NAME:</b>	ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD

PLVC/PLVC/12-SEP-17

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12-SEP-17