

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 117164602

Date In: 14/12/17-15:28	Job description	Date & Time Completed	Done by
Ref No: NA141P17023762/24	SAS e-filing		
Veh No: SKA 12314	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 2/12/17-23:10	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JR83430	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)	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

NA1707723	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Sat. 1:			
Sat. 2 / 3:			

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	14/12/2017 15:28
Date Of Accident	02/12/2017 23:10
Exact Location Of Accident	TAMPINES AVE 2 INSIDE SHELL PETROL STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA1231H
Insured/Policyholder	
Name Of Registered Owner	KWEH TIANG HENG
NRIC No	S1424817Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96227755
Alternative Phone No	OFFICE-96227755

Vehicle Particulars

Manufacturer	BMW
Model	420I GRAN COUPE A/T 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	SD17V00595/VPC2/R00
Cover Note Number	

Driver

Name of Driver	PERLY KWEH WEI SI
NRIC No	S9319956A
Date Of Birth	26/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	02/09/2015
Driving Experience	2 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94504215
Fax Number	
Contact Number	OFFICE-94504215
Email Address	NOEMAIL

Address	BLK 942 TAMPINES AVENUE 5 #12-239
Postcode	520942
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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

REFER TO 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	SJR8343U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NG BO HUI
NRIC/Passport Number	S9418933J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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:

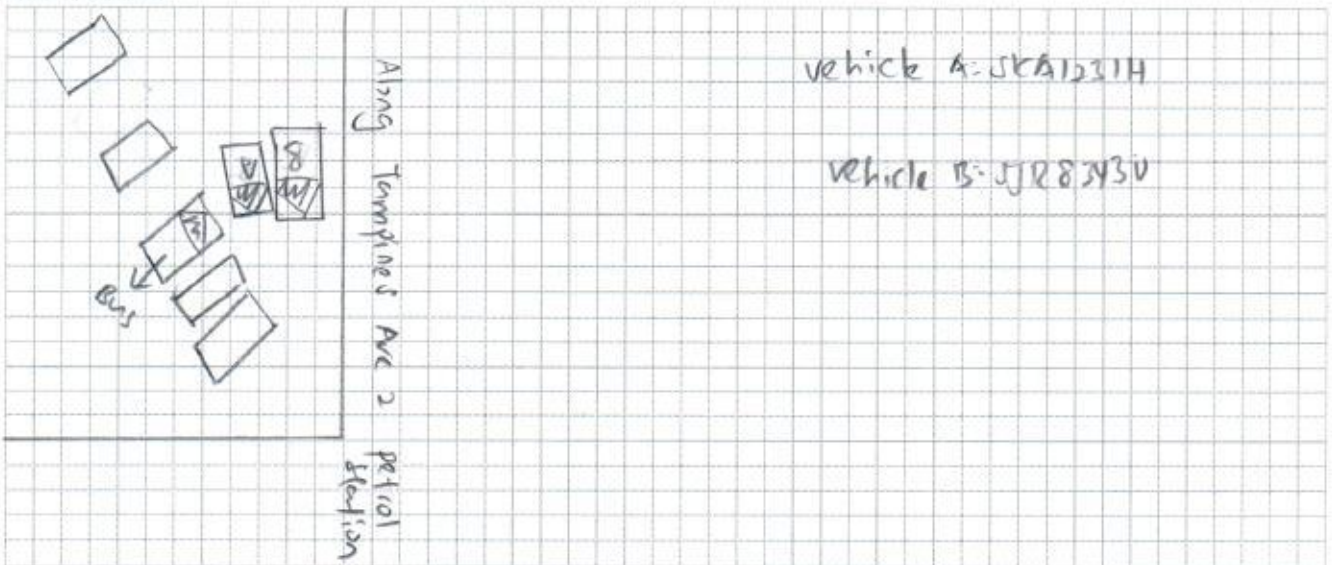
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/12/17 23:10 I was exiting from the petrol kiosk along Tampines Ave 2. vehicle B was stationary park at the side of the petrol station which is obstructing the traffic flow. while I approaching vehicle B. I have slow down waiting for him to drive away as he is sitting in the vehicle as he did not respond. I slowly inching forward as a result my vehicle hit onto vehicle B front right portion. He was agreed to do a private settlement. on 6/12/17, he mentioned that the Leasing company will contact me to settle it. when I was trying to contact him, he did not pickup ^{my} call. On 11/12/17 I received a legal letter on this accident claim. I called the leasing company to inform him about the private settlement in which Mr Ji Hui mentioned

DECLARATION

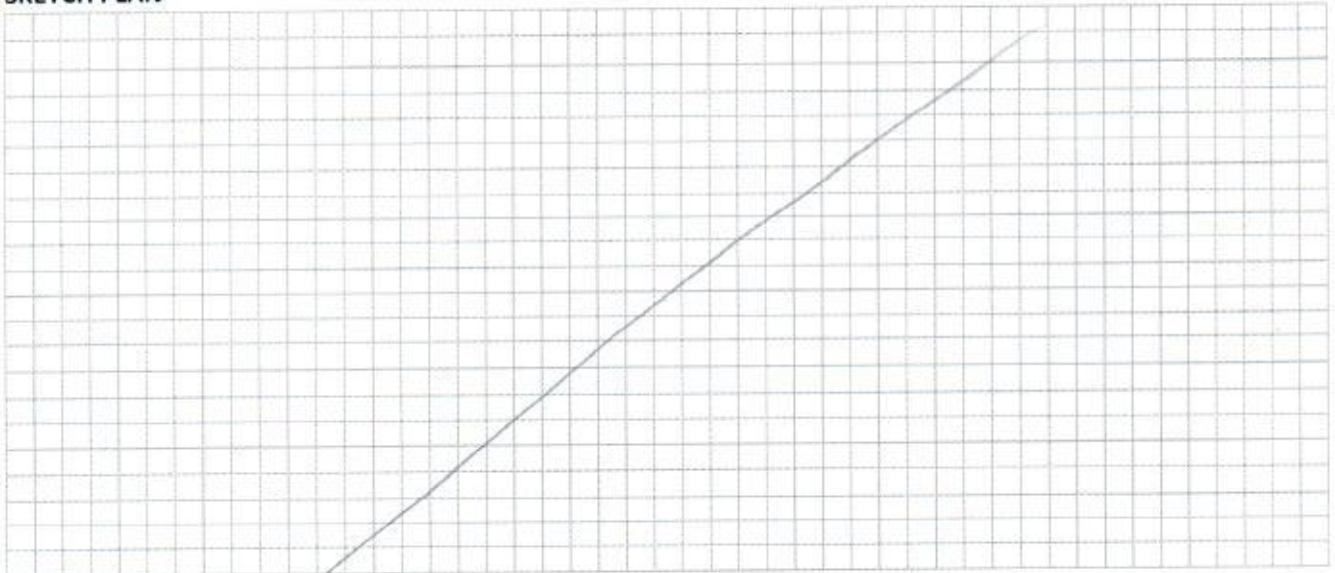
I/We declare the foregoing particulars are true in every respect.

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

that he is not aware of this private settlement. I was also shocked
that Ji Hui informed me that the driver had went for medical check-
up and had submitted the medical claims to the lawyer. In the end,
decided
I did not to go for private settlement and had now lodge a accident
report.

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: (2 / 12 / 17) (DD/MM/YYYY), TIME: (23 : 10) (HH:MM)

LOCATION: Tampines Ave 2 inside shell petrol station

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA1231H
b) INSURANCE COMPANY: Liberty
c) POLICY NUMBER: 501700505 / VPC2 / R00
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: 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: Kweh Tiong Hong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S19248772 CONTACT: 96227755
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Perry Kweh Wei Si (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9319956A CONTACT: 94504115
c) ADDRESS: 4K942 Tampines Ave 5 #12-239 (520942)

- *d) DATE OF BIRTH: (____ / ____ / ____) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: _____

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

5. a) WEATHER CONDITION: (DRY / 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: 5JR8343U MODEL: _____
b) DRIVER'S NAME: Ng Bo Hoi
c) NRIC/FIN/PASSPORT: S9418935 CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of
passenger
(including d
(2))

* No of passs
(including d
(1))

* No of passs
(including d
(-))

email = ARENA@SINGNET.COM.SG

fax =

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number **S1424817Z**

Name **KWEH TIANG HENG**

Birth Date **14 Jul 1960**

Issue Date **12 Mar 2003**

1000313840F




owner

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1424817Z**

Name **KWEH TIANG HENG**

Race **CHINESE**

Date of birth **14-07-1960**

Country of birth **SINGAPORE**

Sex **M**






ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

VALID DATE 05 Dec 19

Licence No: **S1424817Z**



4731722

NRIC No. **S1424817Z**

Date of issue **07-06-2011**

Address **APT BLK 942 TAMPINES AVENUE 5 #12-239 SINGAPORE 520942**






SINGAPORE ARMED FORCES

IDENTITY CARD

Name

PERLY KWEH WEI SI



NRIC No

S9319956A

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

GEMALTOSGPU1054519B0813

00000050212245

NRIC No / Colour

S9319956A/ PINK

Race

CHINESE

Date Of Birth

26/05/1993

Service Status

REGULAR

Address

Blk 942 TAMPINES AVE 5

#12-239 SINGAPORE 520942

Blood Group

O (+)

Sex

F

Country Of Birth

SINGAPORE

Military Rank Status

OFFICER



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S9319956A**

Name:

PERLY KWEH WEI SI

Birth Date: **26 May 1993**

Issue Date: **02 Sep 2015**

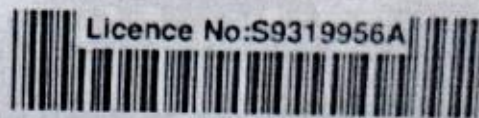


002468720B

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 02 Sep 2015




Licence No: S9319956A

NP 428A

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)

Certificate No	SD17V00595 /VPC2 /R00
Form	MX1
Date of Issue	07-JAN-2017
1.Index Mark and Registration No. of Vehicle:	SKA1231H
2.Chassis number of Vehicle:	WBA4D32030G754051
3.Name of Policyholder:	KWEH TIANG HENG
4.Effective date of Commencement of Insurance for the purposes of the Act:	04-JAN-2017 00:00 AM
5.Date of Expiry of Insurance:	03-JAN-2019 23:59 PM
6.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.	
7.Limitations as to use*:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8.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  _____ Authorised Signature	
For Information only:	
COVERAGE :	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
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	SD CONTEGO SERVICES

PLGG/PLGG/17-JAN-17

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17-JAN-17