

NATIONAL Assessment Centre Services. (Not a Service)

14/11/17/68361

Date In: 22/12/2017 17:07

Ref No: NBO/LP/17024316/Y

Veh No: SLP 7651Z

P.O.A: 22/12/2017 11:50

OD: (TP) / Reporting Only

TP Insured:

Job Description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 2hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (Within 2hrs, TP 2hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/ Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars

Veh No:

SDT 6450E

INC () / Non-INC ()

Owner / Drivers (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%) (Note: B/L Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: (

Warranty: YES () / NO ()

Excess: (\$

Loading: \$1,000 () / \$2,000 ()

General Rem:

() 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 to file 6788 6016

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:

Original

Action:

NA1707935

Veh

Human's Remains:

river/Owner:

Contact No:

Emergency Portion:

C Checked by (Engr-In-Charge):

Remarks:

U. I.

12/3:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee \$40/\$40

4) FT: Follow-Through Survey \$150

5) RT: Follow-Through Survey (Resurvey) \$30

6) TR: Re-inspection \$15

7) NI: IDA + SMRT Survey \$160

8) NTUC Additional Services

9) Q1:

*N1: Courtesy Car / Tpl Allowance \$5

*N1: Repair Coordination \$10

*N1: Post Repair Inspection \$15

*N1: DY / Collect Excess Coordination \$1

12 (N1): TP (Non INC) against INC \$30

13 (N1): IDA Mobile \$10

Invoice dated

Issued by

Fee Charged

Fee Charged

Stamp

Stamp

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	22/12/2017 17:07
Date Of Accident	22/12/2017 11:50
Exact Location Of Accident	ON DUNEARN RD BTWN SWISS COTTAGE/GOLDHILL AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7651Z
Insured/Policyholder	
Name Of Registered Owner	CHIA LIANG CHI
NRIC No	S8041812D
Email Address	DANIELANDSHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96786900
Alternative Phone No	OTHERS-90603208

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V07639/VPC/R00
Cover Note Number	

Driver

Name of Driver	KANG SHAN SHAN MRS CHIA SHAN SHAN
NRIC No	S8041812D
Date Of Birth	02/06/1980
Occupation	INDOOR
Date Of Driving Pass	30/06/2004
Driving Experience	13 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90603208
Fax Number	
Contact Number	OTHERS-96786900
Email Address	DANIELANDSHAN@GMAIL.COM

Address	2 PARK VALE
Postcode	288561
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	5
Passenger 1	NAME: : OLIVE CHIA EN HUI GENDER: : FEMALE
Passenger 2	NAME: : HOLLY CHIA EN XIN GENDER: : FEMALE
Passenger 3	NAME: : EMMELINE CHOO GENDER: : FEMALE
Passenger 4	NAME: : MRS YING CHOO GENDER: : FEMALE

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:	WITH OWNER BUT FRONT VIEW
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDT6480E
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	KHOO KAR TIONG
NRIC/Passport Number	S7120324G
Contact Number	96891166
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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: *Roshni*
NRIC/FIN No.: *92012/2017*

SWISS

GOLD HILL AVE

A

B

DUNKERN ROAD

SLP 7651Z

SDT 6480 E

IT WAS TRAFFIC JAM, I SIGNALLED TO TRY AND CUT INTO LEFT LANE TO GO TO CHANCERY. I SAW AN OPENING AND MOVED. THE CAR WAS HALF INTO THE LANE WHEN THE BEHIND CAR DECIDED TO MOVE FORWARD, HIT THE MIDDLE BACK DOOR OF THE CAR.

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

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name: _____

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 22/12/2017 (DD/MM/YYYY), TIME: 11:50 (HH:MM) am

LOCATION: ON DUNDARN RD BETWEEN SWISS-X & GOLD HILL AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SUP7651Z
 b) INSURANCE COMPANY: LIBERTY
 c) POLICY NUMBER: SD17V07639
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA SITRA
 f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: CHIA LIANG CHI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8041812D CONTACT: 96786900
 c) ADDRESS: 2 PARKVALE (S) 288561

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KANG SHAN SHAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8041812D CONTACT: 90603208
 c) ADDRESS: 2 PARKVALE (S) 288561

* d) DATE OF BIRTH: 02/06/80 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 30 JUNE 2004

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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: SDT6480E MODEL: LEXUS

b) DRIVER'S NAME: KHOO KAR TIONG

c) NRIC/FIN/PASSPORT: S71203246 CONTACT: 96891126

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

No of passengers
(including driver)
(5)

No of passengers
(including driver)
(2)

No of passengers
(including driver)
()

email: daniel and shan@gmail.com

fax:

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8041812D



Name

KANG SHAN SHAN
MRS CHIA SHAN SHAN

江珊珊

Race
CHINESE

Date of birth 02-06-1980 Sex F

Country of birth
DENMARK



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8041812D

Name

KANG SHAN SHAN

Birth Date 02 Jun 1980

Issue Date 30 Jun 2004



9112484



NRIC No. S8041812D



Nationality

DANISH

Date of issue

18-11-2010

2 PARK VALE
SINGAPORE 286501
NRIC No. S8041812D

Date: 28/05/2015

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

PASS DATE

30 Jun 2004

Class 3

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg



WP 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)

Name of Policyholder:

CHIA LIANG-CHI (XIE LIANGJI)

Date of Issue:

21 Jun 2017

Registration No.:

SLP7651Z

Effective Date of Commencement:

16 Jun 2017 00:00

Chassis No.:

NHP1707087490

Certificate No.:

SD17V07639/ VPC / R00

Date of Expiry:

15 Jun 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 - Named Drivers S\$500, Section I - Unnamed Drivers S\$1000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

VENTURE CREDIT PTE LTD (A1451-2)

Name of Producer: