

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 11/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/LIA18000708/13	SAS e-filing		
Veh No: SJQ 7739Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/01/18 1830	i-Motor Claim Form		
OD: (1P) 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: (MUP 500N)	Tel:	Fax:
TP Particulars:	Veh No: EN1324	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

NA1800298	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
Driver/Owner:	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
Contact No:	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	On:			
Auditors' Comments:-	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Cat. 1:	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Cat. 2 / 3:	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	11/01/2018 16:54
Date Of Accident	10/01/2018 18:30
Exact Location Of Accident	UPPER CHANGI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7739Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FUTAR ENTERPRISES PRIVATE LIMITED
Co Reg No	197101311Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65433818

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	SI17V08103/VPE/R07
Cover Note Number	

### Driver

Name of Driver	LEE CHOO LAI
NRIC No	S7288208C
Date Of Birth	01/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2002
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91387698
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 410C FERNVALE RD #21-96
Postcode	793410
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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	EN132U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



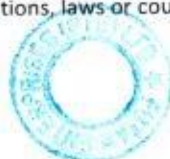
## SKETCH PLAN

### 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.

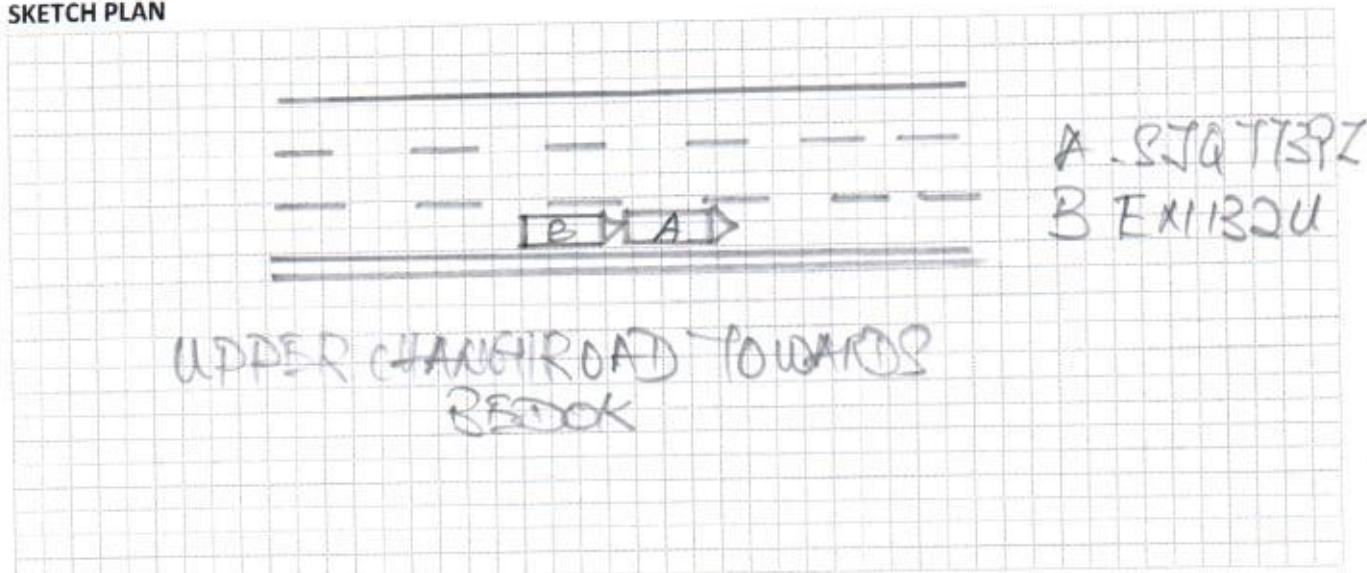


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: *lyn*  
NRIC/FIN No.: *11/01/18*

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS STATIONERY SUDDENLY I FELT AN STRONG  
IMPACT FROM MY VEH REAR PORTION.

## 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.:



# HS HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.  
TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 87Q7139Z MAKE/MODEL: HYUNDAI 130  
DATE OF ACCIDENT: 10/01/2018 TIME: 18 HR 30 MIN AM/PM PM  
LOCATION OF ACCIDENT: UPPER CHANGI ROAD  
EXACT PURPOSE USE DURING ACCIDENT: GOING HOME


**CAR OWNER**  
NAME OF CAR OWNER: FUYAR ENTERPRISES PRIVATE LIMITED  
CONTACT NO: 65433818  
NRIC: 197101311Z  
CLAIM TYPE: ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY  
INSURANCE COMPANY: LIBERTY ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT  
TYPE OF COVERAGE: SI/TV/08103/VPE/ROT  
POLICY NO: 8117V08103/VPE/ROT

**ACCIDENT DRIVER** ☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW  
NAME OF DRIVER: LEE CHOO KAI  
NRIC: 8728820PC NO OF PASSENGER/S: 1 M  
DATE OF BIRTH: 01.02.1972 ☒ OUTDOOR ☐ INDOOR  
OCCUPATION: 21 FEB 2002 ☒ MALE ☐ FEMALE  
DATE OF DRIVING PASS: 91387698  
GENDER: BLK 4102 FERNVALE ROAD #21-96(CS) 783410  
CONTACT NO: 91387698  
ADDRESS: BLK 4102 FERNVALE ROAD #21-96(CS) 783410

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO  
RELATIONSHIP EMPLOYEE/ IF NOT: ☐ CLEAR ☒ RAINING ☐ OTHER:  
WEATHER CONDITION ☐ DRY ☒ WET ☐ OTHER:  
ROAD SURFACE  
ANY INJURIES NO/ IF YES- NAME:  
CONTACT NO NO/ IF YES- LOCATION:  
POLICE REPORT NO/ YES  
VIDEO FOOTAGE

**3RD PARTY INFO**  
VEHICLE B NO: BN132U NO OF PASSENGER/S: ☐  
NAME: \_\_\_\_\_  
CONTACT NO: \_\_\_\_\_ NO OF PASSENGER/S: ☐  
VEHICLE C NO: \_\_\_\_\_ NO OF PASSENGER/S: ☐  
VEHICLE D NO: \_\_\_\_\_ NO OF PASSENGER/S: ☐  
VEHICLE E NO: \_\_\_\_\_ NO OF PASSENGER/S: ☐  
VEHICLE F NO: \_\_\_\_\_  
ANY WITNESS: \_\_\_\_\_  
WITNESS CONTACT NO: \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7288208C



Name  
LEE CHOO LAI



李 注 来

Race  
CHINESE


Date of birth  
01-08-1972

Sex  
M

Country of birth  
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number  
S7288208C

LEE CHOO LAI

Birth Date: 01 Aug 1972

Issue Date: 13 May 2013



9189625



NRIC No. S7288208C



Nationality  
MALAYSIAN

Date of issue  
30-01-2013

APT BLK 410C FERNVALE ROAD #21-96  
SINGAPORE 793410


NRIC No: S7288208C Date: 17/10/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

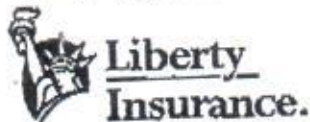
		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	21 Feb 2002
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	21 Feb 2002

NP 428A

Licence No: S7288208C







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)

<b>Name of Policyholder:</b> FUTAR ENTERPRISES PRIVATE LIMITED		<b>Certificate No.:</b> SI17V08103/ VPE / R07
<b>Date of Issue:</b> 12 May 2017	<b>Effective Date of Commencement:</b> 27 May 2017 00:00	<b>Date of Expiry:</b> 26 May 2018 23:59
<b>Registration No.:</b> SJQ7739Z	<b>Chassis No.:</b> KMHDC51DR9U163237	<b>Type of Certificate:</b> MX4

## Persons or Classes of Persons entitled to drive\*:

Any person who is driving on the Policyholder's order or with their 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
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I - Named Drivers S\$900, Section I - Unnamed Drivers S\$1400, Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	
Name of Producer:	E TAY TRADING COMPANY (A0066-2)