

# NATIONAL Assessment Centre Services

(Ref: JA-105)

Date In: <b>15/01/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/LIP/18000888/13</b>	SAS e-filing		
Veh No: <b>SJR 7106 U</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>13/01/18</b> <b>1900</b>	i-Motor Claim Form		
OD <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( <b>N-51</b> )	Tel:	Fax:
TP Particulars:	Veh No: <b>SLJ4 9649</b>	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

NA1800356	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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:-		
	OD*		
	*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		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 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	15/01/2018 18:27
Date Of Accident	13/01/2018 19:00
Exact Location Of Accident	STAMFORD RD TWDS CITY(OUTSIDE ROBINSON)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7106U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW SHIRLEY JOANNE
NRIC No	S7718493G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96587711
Alternative Phone No	OTHERS-96587711

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE
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	SI17V10505/VPE/R04
Cover Note Number	

### Driver

Name of Driver	CHEW JIE HUI,JEFFREY(ZHOU JIEHUI)
NRIC No	S8721934H
Date Of Birth	21/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	07/06/2010
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93399355
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 639 ROWELL ROAD #25-94
Postcode	200639
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	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?	
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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ4964Y
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

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1. Please report correctly the details of the accident to speed up the claims process.
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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:

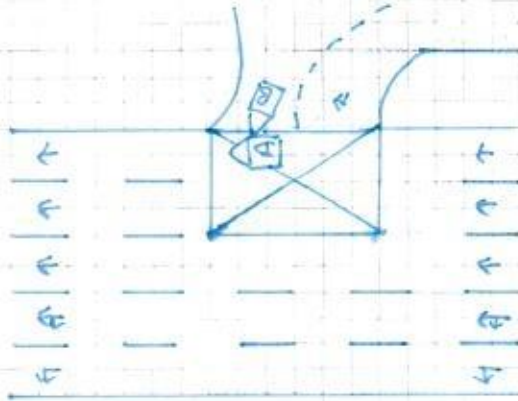
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

15/01/18

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

**SKETCH PLAN**

Stamford Road Toward City (outside Robinsons).



A-SJR 7106U

B-SLJ 4964Y

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the above date and time, I was driving along Stamford road toward city on the 1<sup>st</sup> lane of a 5 lanes road. Somewhere outside Robinsons, vehicle B (SLJ 4964Y) that was turning out from the taxi stand, suddenly vehicle B (SLJ 4964Y) turn out without checking on the oncoming traffic, The front portion of vehicle B (SLJ 4964Y) collided onto the right portion of my vehicle.

**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.:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA118007649 Vehicle Registration No: SJR 71064  
Name (as shown in NRIC) : CHEW JIE HUI, JEFFREY (ZHOU JIE HUI) NRIC/FIN/Passport No : S8721934H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 639 ROWELL RD #25-94 Singapore 200629  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 93399355  
Email Address : \_\_\_\_\_  
Date of Accident : 13/01/18 Time of Accident : 1900  
Place of Accident : STAMFORD RD TWDS CITY (OUTSIDE ROBINSON)  
Insurance Company : LIBERTY

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN PHOTO : NEVER UPLOAD

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

sgw 16/01/18  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

<b>Vehicle No.</b>	SJR 21064	<b>Model / Make</b>	Kia Forte
<b>Date of Accident</b>	13/1/18		
<b>Time of Accident</b>	19.00	<b>HRS</b>	
<b>Location of Accident</b>	Stamford Road Toward City (Outside Robinsons)		
<b>Exact purpose use during accident</b>	Private Use		
<b>Name of Owner</b>	Chew Shirley, Joanne		
<b>Telephone No.</b>	H/P: 9658 7711	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S77184936		
<b>Address</b>	Blk 641 Rowell Road #06-46 S(200641)		
<b>Claim type</b>	OD	<b>(THIRD PARTY)</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	Liberty		
<b>Type of Coverage</b>	<b>Comprehensive</b>	Third Party	Third Party / Fire /Theft
<b>Policy No.</b>	S117V10505 / VPE / K04		
<b>Name of Driver</b>	As Above (If No, Chew Jie Hui, Jeffrey		
<b>NRIC</b>	S87219341	<b>Any Passengers :</b>	Nil
<b>Date of birth</b>	21/7/1987		
<b>Occupation</b>	<b>Outdoor</b>	/	Indoor
<b>Driving License Pass Date</b>	7 Jun 2010		
<b>Gender</b>	<b>Male</b>	/	Female
<b>Contact No.</b>	H/P: 9339 9355	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	Blk 639 Rowell Road #25-94 S(200639)		
<b>Driver have any own vehicle</b>	<b>No,</b>	If yes, Reg No.	
<b>Relationship</b>	Employee,	(If no, state sibling	
<b>Weather condition</b>	Clear	<b>Raining</b>	Other
<b>Road Surface</b>	Dry	<b>Wet</b>	Other
<b>Any Injuries</b>	<b>No,</b>	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	<b>No,</b>	If Yes, Where?	
<b>Vehicle B No.</b>	SLJ 49647	<b>Any Passengers :</b>	Nil
<b>Name of Driver</b>	Contact No. :		
<b>Vehicle C No.</b>	Any Passengers :		
<b>Vehicle D No.</b>	Any Passengers :		
<b>Vehicle E no.</b>	Any Passengers :		
<b>Vehicle F No.</b>	Any Passengers :		
<b>Vehicle G No.</b>	Any Passengers :		
<b>Witness Name</b>	<b>Witness Contact :</b>		
<b>Accident Portion</b>	Right Portion		
<b>Camera Recorder</b>	<b>Yes / No</b> Not Working		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-SI Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Amos		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n5i.com.sg		



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8721934H



Name

CHEW JIE HUI, JEFFREY  
(ZHOU JIEHUI)

周傑輝

Race

CHINESE

Date of birth

21-07-1987

Country/Place of birth

SINGAPORE

Sex  
M

S8721934H

REPUBLIC OF SINGAPORE DRIVING LICENCE



U-Card Number: S8721934H  
Name

CHEW JIE HUI, JEFFREY  
(ZHOU JIEHUI)

Birth Date: 21 Jul 1987

Issue Date: 07 Jun 2010



001863308G



NRIC No. S8721934H



Date of issue

27-07-2017

Address

APT BLK 639 ROWELL ROAD  
#25-94  
SINGAPORE 200639

5775135

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

EFFECTIVE DATE

Class 3

Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

07 Jun 2010



Licence No. S8721934H

NP 428A



3146679



NRIC No. S7718493G



Blood Group: O+ Date of issue: 15-04-2000

Address: APT BLK 641 ROWELL ROAD #06-46  
SINGAPORE 200641

NRIC No: S7718493G Date: 04/01/2013 No: 7220810

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7718493G



Name: CHEW, SHIRLEY JOANNE  
(ZHOU, SHIRLEY JOANNE)  
周雪麗



Race: CHINESE

Date of Birth: 08-07-1977 Sex: F

Country of Birth: SINGAPORE





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)

**Name of Policyholder:**

CHEW SHIRLEY JOANNE

**Date of Issue:**

23 Jun 2017

**Effective Date of Commencement:**

09 Jul 2017 00:00

**Certificate No.:**

SI17V10505/ VPE / R04

**Date of Expiry:**

08 Jul 2018 23:59

**Registration No.:**

SJR7106U

**Chassis No.:**

KNAFH221395074096

**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, Buy Up Excess

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers: S\$700, Section I - Unnamed Drivers: S\$1200, Additional Excess for Young, Elderly & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100

Name of Finance Company:

Name of Producer:

MDVINE INSURANCE AGENCY (A1391-2)