

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MMA 118017706

Date In: 512/18 15:26	Job description	Date & Time Completed	Done by
Ref No: NA1 LIP18002222164	SAS e-filing		
Veh No: SFX 2220	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 212/18 15:20	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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:

GU 8316T

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

NA1800801	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
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 assist INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 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 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	05/02/2018 15:26
Date Of Accident	02/02/2018 15:20
Exact Location Of Accident	PIE TWDS TUAS AFTER BKE EXIT B4 CLEMENTI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX222D
Insured/Policyholder	
Name Of Registered Owner	WONG CHIN CHUAN WAYNE
NRIC No	S7616840G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96226966
Alternative Phone No	OFFICE-96226966

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	SI17V06545/VPE/R00
Cover Note Number	-

Driver

Name of Driver	WONG TAI TONG
NRIC No	S0589611H
Date Of Birth	10/09/1946
Occupation	INDOOR
Date Of Driving Pass	13/10/1966
Driving Experience	51 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96790762
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	331 LOYANG RISE
Postcode	507303
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

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

PLEASE REFER TO 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	GU8316T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHAUN FOO KAI WEN
NRIC/Passport Number	
Contact Number	92350022
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

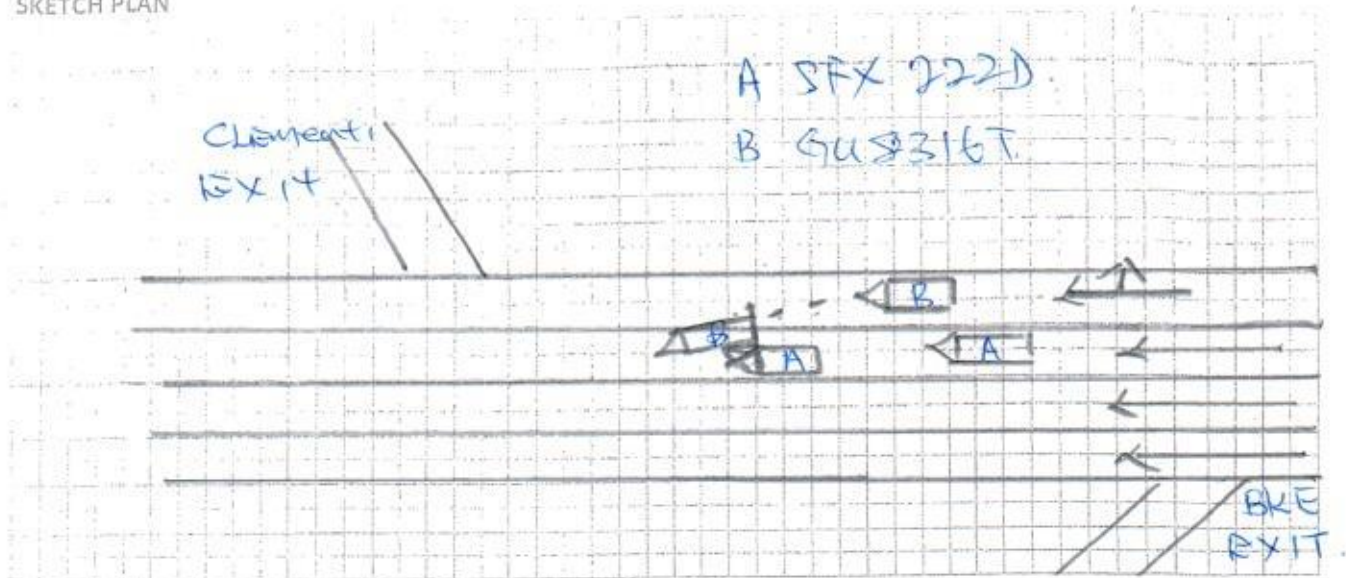


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 02/02/18 at around 3:20 pm. I was driving my vehicle SFX 222D along PIE ~~to~~ ^{towards} ~~the~~ ^{the} ~~road~~ ^{road}. I was driving on the 2nd lane of the Expressway. After I had pass BKE Exit before Clementi Exit there was a van GU8316T driving on the first lane, signal right to turn into Clementi Exit. I was driving on the 2nd lane driving. Suddenly vehicle GU8316T ~~cut~~ ^{cut} into my 2nd lane and hit onto my right ffrt 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.:

VEHICLE NO: SFX 2221

MAKE & MODEL: TOYOTA

DATE OF ACCIDENT	02 / 02 / 2018	
TIME OF ACCIDENT	around 3:20 AM / PM	
LOCATION OF ACCIDENT	PIE towards trees after BKE cut before Clementi Exit	
Exact Purpose use during accident		
NAME OF OWNER	WONG CHIN CHUAN WAYNE	
TELP NO	96226966	
NRIC	S7616840G	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES / NO?	
INSURANCE CO.	NITUC	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	As above / If No: <u>WONG TAI TONG</u>	
NRIC	S0589611H Any passengers: <u>No</u>	
DATE OF BIRTH	10 / 09 / 1946	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	13 / 10 / 1965	
GENDER	<u>Male</u> / Female	
CONTACT NO.	96790762 Office: Home:	
ADDRESS	331 LOTANG RISE SE 507303	
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:	
RELATIONSHIP	<u>Employee</u> / If No: <u>FATHER</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes: Where?	
VEHICLE B NO.	GU 8316T Any Passenger: <u>No</u>	
NAME	SHAUN FOO KAI WEN	
CONTACT NO.	92350022	
VEHICLE C NO.	Any Passenger: <u>—</u>	
VEHICLE D NO.	Any Passenger: <u>—</u>	
VEHICLE E NO.	Any Passenger: <u>—</u>	
VEHICLE F NO.	Any Passenger: <u>—</u>	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>NO</u> YES <u>NO</u>	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELP NO	1 Kaki Bukit ave 6 #02-15	
CONTACT PERSON	Autobay @ kaki bukit	
FAX NO.	Singapore 417883	
	Telp: 67476186 (6 lines)	
	Fax: 67442368	

6 speed Autoworks Pte
6speedautoworkz@gmail
.com

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Wong Tai Tong

License Number: **S0589611H**

Name: **WONG TAI TONG**

Birth Date: **10 Sep 1946**
Issue Date: **08 Aug 2003**

Barcode: 000728147H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0589611H**

Portrait photo of Wong Tai Tong

Name: **WONG TAI TONG**

Race: **王 大 隸**
Chinese: **CHINESE**

Date of Birth: **10-09-1946** Sex: **M**

Country of Birth: **SINGAPORE**

Barcode: 000728147H

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

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	27 Oct 1966
Class 2A	Motorcycles between 201 cc and 400 cc	27 Oct 1966
Class 2	Motorcycles exceeding 400 cc	27 Oct 1966
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Oct 1966

NP 423A

Barcode: License No. S0589611H

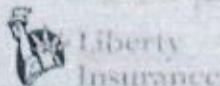
Barcode: 2352360

NPIC No. **S0589611H**

Portrait photo of 331 LUYANG RISE

Biometric Stamp: **06-09-1994**

NPIC No. **S0589611H** Date: **02-12-2006** No: **5471709**



www.libertyinsurance.com.sg



11201704 - 0022
Certificate of Insurance

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189), Motor Vehicles (Third-Party Risks And Compensation) Rules 1987 (Malaysia), Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third-Party Risks) Rules 1989 (Malaysia)

Name of Policyholder:

WONG CHIN CHUAN WAYNE

Date of Issue:

12 Apr 2017

Registration No.:

SFX222D

Effective Date of Commencement:

16 Apr 2017 00:00

Chassis No.:

MR053ZEE186157824

Certificate No.:

SI17V06545/ VPE / R00

Date of Expiry:

15 Apr 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, Buy Up Excess

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers: S\$1000, Section I - Unnamed Drivers: S\$1500, Additional Excess for Young, Elderly & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100

Name of Finance Company:

Name of Producer:

DON MOTORING PTE LTD (A1672-2)