

NATIONAL Assessment Centre Services

NAI 19000

MMA 118022332

Date In: 13/12/18 17:29	Job description	Date & Time Completed	Done By
Ref No: NAI LIP 19002944/Ht	SAS e-filing		
Veh No: SBP 9929 D	E-mail (within 3hrs, ASD 2hrs)		
D.O.A: 13/12/18 11:00	i-Motor Claim Form		
GD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (within: OD 3hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurers:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: GY 3954M	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

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat 1: Cat 2/3:	NAI 1801123	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		1) AR: Accident Reporting (\$30)		30.00	
		2) DA: Damage Assessment (\$100); INC (\$80)			
		3) TF: Towing Fee \$40.545			
		4) FT: Follow-Through Survey \$120			
		5) FT: Follow-Through Survey (Resurvey) \$30			
		For claims assist (INC Only) (see 13 Jan 2015)			
		6) TR: Re-inspection \$75			
		7) NI: Idas DA + SMRT Survey \$160			
		8) NTUC Additional Services -			
	QI:				
	*N6: Courtesy Car / Tpl Allowance		\$0		
	*N6: Repair Coordination		\$10		
	*N7: Post Repair Inspection		\$25		
	*N8: DV / Collect Excess Coordination		\$0		
	TE (N11) TP (N1) INC against INC		\$20		
	9) N12: Idas Mobile		\$0		
	Invoice date:	Fee Charged			
	Invoice date:	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	13/02/2018 17:28
Date Of Accident	13/02/2018 11:00
Exact Location Of Accident	UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP9929D
Insured/Policyholder	
Name Of Registered Owner	TANG SEE CHANG
NRIC No	S2117778D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91057816
Alternative Phone No	OFFICE-62581815

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250A
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	SI17V14958/WPO/R03
Cover Note Number	-

Driver

Name of Driver	TANG SEE CHANG
NRIC No	S2117778D
Date Of Birth	08/08/1943
Occupation	INDOOR
Date Of Driving Pass	15/05/1963
Driving Experience	54 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91057816
Fax Number	
Contact Number	OFFICE-62581815
EMail Address	NOEMAIL

Address 5G JLN BERJAYA
 Postcode 578599
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 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 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? YES
 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: : TAN SIEW ENG
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 GY3954M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver BEN FOO
 NRIC/Passport Number
 Contact Number 91777059
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN SIEW ENG
Approximate Age	
Injuries Sustain	HEAD
Injured person in which vehicle?	SBP9929D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

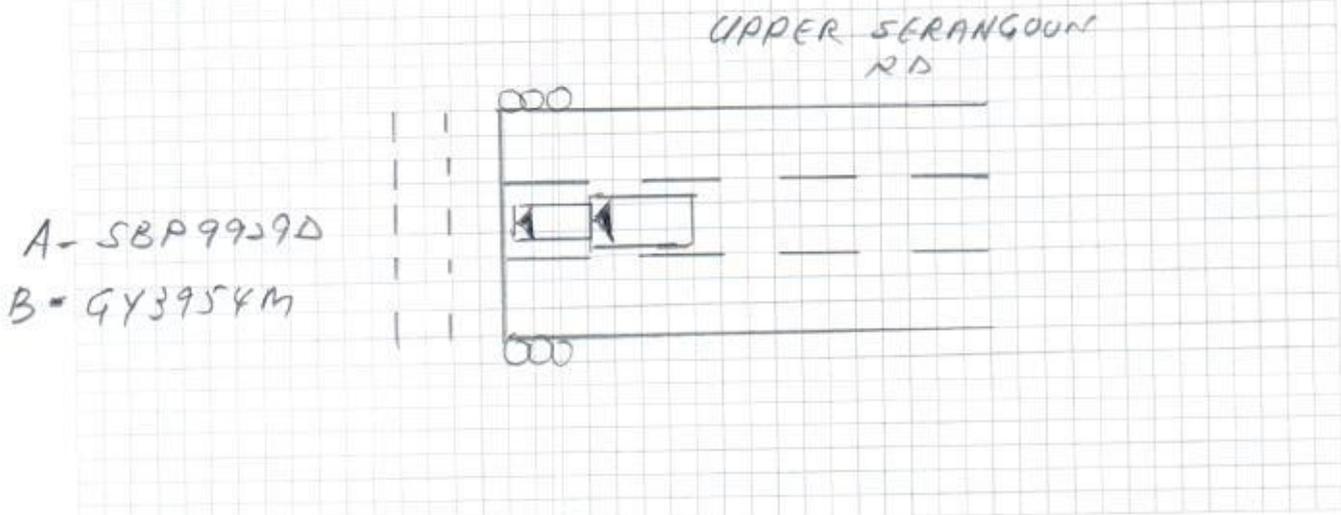
Policyholder's Signature
Date & Time:

13/FEB 2018

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

P/s refer to the attached statement.

DECLARATION

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


Policyholder's Signature
Date & Time:
13/02/2018

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


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

MY VEH WAS STATIONARY AT THE RED TRAFFIC LIGHT JUNCTION AT UPPER SERANGOON RD ON THE 2ND LANE OF A-3 LANES RD.SUDDENLY VEH(B)BEARING REG NO GY3954M CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

ACCIDENT STATEMENT

ACCIDENT DATE: (13/02/18) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: UPPER SERANGOON RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBP9929D
b) INSURANCE COMPANY: LIBERTY
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: MERCEDES BENZ EDSON
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) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: TAN SEE CHANG (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: S2117778D CONTACT: 91057816 / 62581815
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (08/08/1943) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 15/05/1963

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GY3954M MODEL: _____
b) DRIVER'S NAME: BEN FOO
c) NRIC/FIN/PASSPORT: _____ CONTACT: 91777059

9. THIRD PARTY VEHICLE

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

TAN SIEW ENG (F)

13/02/18

waiting for ci

email =

fax =



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180213/2113

CONTINUATION OF REPORT

Driver			
Name	BEN FOO	ID No.	NIL
Related Vehicle	GY3954M (Lorry)	Contact No.	91777259
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TANG SEE CHANG	ID No.	S2117778D
Related Vehicle	SBP9929D (Car)	Contact No.	91057816
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	TAN SIEW ENG	ID No.	S0651695E
Related Vehicle	SBP9929D (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/02/2018	Date Discharge	13/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was driving my car (SBP9929D) along Upper Serangoon Road towards CTE when the traffic light turned red. As such, I slowed down and came to a stop. Suddenly, I felt an impact from the rear of my vehicle. I alighted my vehicle and realized that a vehicle (GY3954M) had collided onto the rear of my vehicle. We both then took a few photos of the accident, however when I asked for his particulars, he refused to give and only gave me his name and handphone number. After which, we then went our separate ways.

I wish to state that my passenger felt pain on her head and went to Mount Alvernia. She was given 3 days of medical certificate.



**SINGAPORE
POLICE FORCE**



T/20180213/2113

3 of 4

Report No. T/20180213/2113

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180213/2113

4 of 4

Report No. T/20180213/2113

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
E /
Sgt 2 MOHAMAD FAIZAL BIN HASHIM TOH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/02/2018 16:06

Officer In Charge Of Case:
TP / AEIT /
SI DZUL HAIRIE BIN RAMLI

Classification Of Case:

Contact No.: 65476220

SINGAPORE
POLICE FORCE
Authentication Stamp
NP168

SN 061

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2117778D**

Name: **TANG SEE CHANG**

Birth Date: **08 Aug 1943**

Issue Date: **13 May 2003**

900480211G




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2117778D**

Name: **TANG SEE CHANG**
@TAN SAY CHAN
陈世田

Race: **CHINESE**

Date of Birth: **08-08-1943** Sex: **M**

Country of Birth: **JOHORE**





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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	14 Mar 1967
Class 2A	Motorcycles between 201 cc and 400 cc	14 Mar 1966
Class 2	Motorcycles exceeding 400 cc	14 Mar 1966
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 May 1963

Licence No: **S2117778D**

NP 428A



0 0 6 5 7 5 2

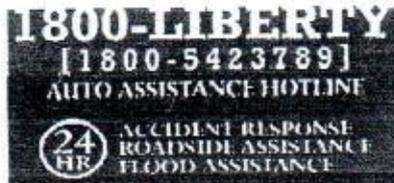
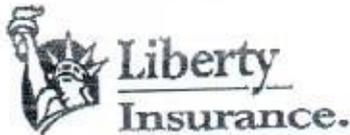
NRIC No: **S2117778D**

56 JALAN BERJAYA
SINGAPORE 578598

NRIC No: **S2117778D** Date: **27-04-2005** No: **5033893**

Blood Group: **B+** Date of issue: **30-08-1991**



Liberty Insurance Pte Ltd
 Registration no. 199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8611 Fax: (65) 6226 3360

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1990
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No **SI17V14958 /NPO /R03**
 Form **MX1**
 Date of Issue **02-OCT-2017**
 1. Index Mark and Registration No. of Vehicle: **SBP9929D**
 2. Chassis number of Vehicle: **WDD2120362A843758**
 3. Name of Policyholder: **TANG SEE CHANG**
 4. Effective date of Commencement of Insurance for the purposes of the Act: **30-OCT-2017 00:00 AM**
 5. Date of Expiry of Insurance: **29-OCT-2018 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.

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

Authorized Signature

For information only:

COVERAGE:

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen

MARKET VALUE AT THE TIME OF LOSS

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

AAS INSURANCE AGENCY PTE. LTD.

SCNE 20180213

Ver.1.260705