

NATIONAL Assessment Centre Services (NCS) (v1.1 10/00)

NA/18023448

Date In: 19/02/2018 10:10	Job description	Date & Time Completed	Done by
Ref No: NBA/LRP/0003191Y	SAS e-billing		
Veh No: 2LB 3400 G	E-mail (within 3hrs, AIO 2hrs)		
D.O.A: 15/02/2018 18:00	E-Motor Claim Form		
OD / TP / Reopening Only	E-Motor VVO (Within 24 hrs, 27 hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars	Veh No: 2LB 3400 G	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 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:	Done by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo (Repair Cost > \$3000) ()	

Injury:

On-site / Action:

NA/1801024	Invoice Preparation Checklist
Insured's Details:	1) AR: Accident Reporting (\$20)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$20)
Contact No:	3) TP: Towing Fee (\$40/14)
Assigned Portion:	4) PT: Follow Through Survey (\$120)
	5) PT: Follow Through Survey (Resurvey) (\$30)
	6) TR: Re-inspection (\$33)
	7) NI: 144 DA + SMRT Survey (\$160)
	8) NTUC Additional Services
	9) NI: 144 DA + SMRT Survey (\$160)
	10) NI: 144 DA + SMRT Survey (\$160)
	11) NI: 144 DA + SMRT Survey (\$160)
	12) NI: 144 DA + SMRT Survey (\$160)
	13) NI: 144 DA + SMRT Survey (\$160)
	14) NI: 144 DA + SMRT Survey (\$160)
	15) NI: 144 DA + SMRT Survey (\$160)
	16) NI: 144 DA + SMRT Survey (\$160)
	17) NI: 144 DA + SMRT Survey (\$160)
	18) NI: 144 DA + SMRT Survey (\$160)
	19) NI: 144 DA + SMRT Survey (\$160)
	20) NI: 144 DA + SMRT Survey (\$160)
	21) NI: 144 DA + SMRT Survey (\$160)
	22) NI: 144 DA + SMRT Survey (\$160)
	23) NI: 144 DA + SMRT Survey (\$160)
	24) NI: 144 DA + SMRT Survey (\$160)
	25) NI: 144 DA + SMRT Survey (\$160)
	26) NI: 144 DA + SMRT Survey (\$160)
	27) NI: 144 DA + SMRT Survey (\$160)
	28) NI: 144 DA + SMRT Survey (\$160)
	29) NI: 144 DA + SMRT Survey (\$160)
	30) NI: 144 DA + SMRT Survey (\$160)
	31) NI: 144 DA + SMRT Survey (\$160)
	32) NI: 144 DA + SMRT Survey (\$160)
	33) NI: 144 DA + SMRT Survey (\$160)
	34) NI: 144 DA + SMRT Survey (\$160)
	35) NI: 144 DA + SMRT Survey (\$160)
	36) NI: 144 DA + SMRT Survey (\$160)
	37) NI: 144 DA + SMRT Survey (\$160)
	38) NI: 144 DA + SMRT Survey (\$160)
	39) NI: 144 DA + SMRT Survey (\$160)
	40) NI: 144 DA + SMRT Survey (\$160)
	41) NI: 144 DA + SMRT Survey (\$160)
	42) NI: 144 DA + SMRT Survey (\$160)
	43) NI: 144 DA + SMRT Survey (\$160)
	44) NI: 144 DA + SMRT Survey (\$160)
	45) NI: 144 DA + SMRT Survey (\$160)
	46) NI: 144 DA + SMRT Survey (\$160)
	47) NI: 144 DA + SMRT Survey (\$160)
	48) NI: 144 DA + SMRT Survey (\$160)
	49) NI: 144 DA + SMRT Survey (\$160)
	50) NI: 144 DA + SMRT Survey (\$160)
	51) NI: 144 DA + SMRT Survey (\$160)
	52) NI: 144 DA + SMRT Survey (\$160)
	53) NI: 144 DA + SMRT Survey (\$160)
	54) NI: 144 DA + SMRT Survey (\$160)
	55) NI: 144 DA + SMRT Survey (\$160)
	56) NI: 144 DA + SMRT Survey (\$160)
	57) NI: 144 DA + SMRT Survey (\$160)
	58) NI: 144 DA + SMRT Survey (\$160)
	59) NI: 144 DA + SMRT Survey (\$160)
	60) NI: 144 DA + SMRT Survey (\$160)
	61) NI: 144 DA + SMRT Survey (\$160)
	62) NI: 144 DA + SMRT Survey (\$160)
	63) NI: 144 DA + SMRT Survey (\$160)
	64) NI: 144 DA + SMRT Survey (\$160)
	65) NI: 144 DA + SMRT Survey (\$160)
	66) NI: 144 DA + SMRT Survey (\$160)
	67) NI: 144 DA + SMRT Survey (\$160)
	68) NI: 144 DA + SMRT Survey (\$160)
	69) NI: 144 DA + SMRT Survey (\$160)
	70) NI: 144 DA + SMRT Survey (\$160)
	71) NI: 144 DA + SMRT Survey (\$160)
	72) NI: 144 DA + SMRT Survey (\$160)
	73) NI: 144 DA + SMRT Survey (\$160)
	74) NI: 144 DA + SMRT Survey (\$160)
	75) NI: 144 DA + SMRT Survey (\$160)
	76) NI: 144 DA + SMRT Survey (\$160)
	77) NI: 144 DA + SMRT Survey (\$160)
	78) NI: 144 DA + SMRT Survey (\$160)
	79) NI: 144 DA + SMRT Survey (\$160)
	80) NI: 144 DA + SMRT Survey (\$160)
	81) NI: 144 DA + SMRT Survey (\$160)
	82) NI: 144 DA + SMRT Survey (\$160)
	83) NI: 144 DA + SMRT Survey (\$160)
	84) NI: 144 DA + SMRT Survey (\$160)
	85) NI: 144 DA + SMRT Survey (\$160)
	86) NI: 144 DA + SMRT Survey (\$160)
	87) NI: 144 DA + SMRT Survey (\$160)
	88) NI: 144 DA + SMRT Survey (\$160)
	89) NI: 144 DA + SMRT Survey (\$160)
	90) NI: 144 DA + SMRT Survey (\$160)
	91) NI: 144 DA + SMRT Survey (\$160)
	92) NI: 144 DA + SMRT Survey (\$160)
	93) NI: 144 DA + SMRT Survey (\$160)
	94) NI: 144 DA + SMRT Survey (\$160)
	95) NI: 144 DA + SMRT Survey (\$160)
	96) NI: 144 DA + SMRT Survey (\$160)
	97) NI: 144 DA + SMRT Survey (\$160)
	98) NI: 144 DA + SMRT Survey (\$160)
	99) NI: 144 DA + SMRT Survey (\$160)
	100) NI: 144 DA + SMRT Survey (\$160)

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	19/02/2018 10:10
Date Of Accident	15/02/2018 18:00
Exact Location Of Accident	ALONG BOON LAY PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB3400G
Insured/Policyholder	
Name Of Registered Owner	SOH ZHAN RUI
NRIC No	S8219960H
Email Address	SZHANRUI@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97266173
Alternative Phone No	OTHERS-97266173
Vehicle Particulars	
Manufacturer	HONDA
Model	STEPWAGON SPADA-1.5 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V05750/VPE/R01/E00
Cover Note Number	

Driver

Name of Driver	SOH ZHAN RUI
NRIC No	S8219960H
Date Of Birth	04/07/1982
Occupation	INDOOR
Date Of Driving Pass	16/01/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97266173
Fax Number	
Contact Number	OTHERS-97266173
Email Address	SZHANRUI@YAHOO.COM

Address	10 BOON LAY DRIVE #12-30
Postcode	649929
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	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 SKETCH PLAN

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	SJY1826C
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MENON RESHMA SAJITH
NRIC/Passport Number	G3050853Q
Contact Number	82840557
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GZ6777H
-----------------------------	---------

Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHONG CHING LEONG
NRIC/Passport Number	S1368875C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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:

19/02/18

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

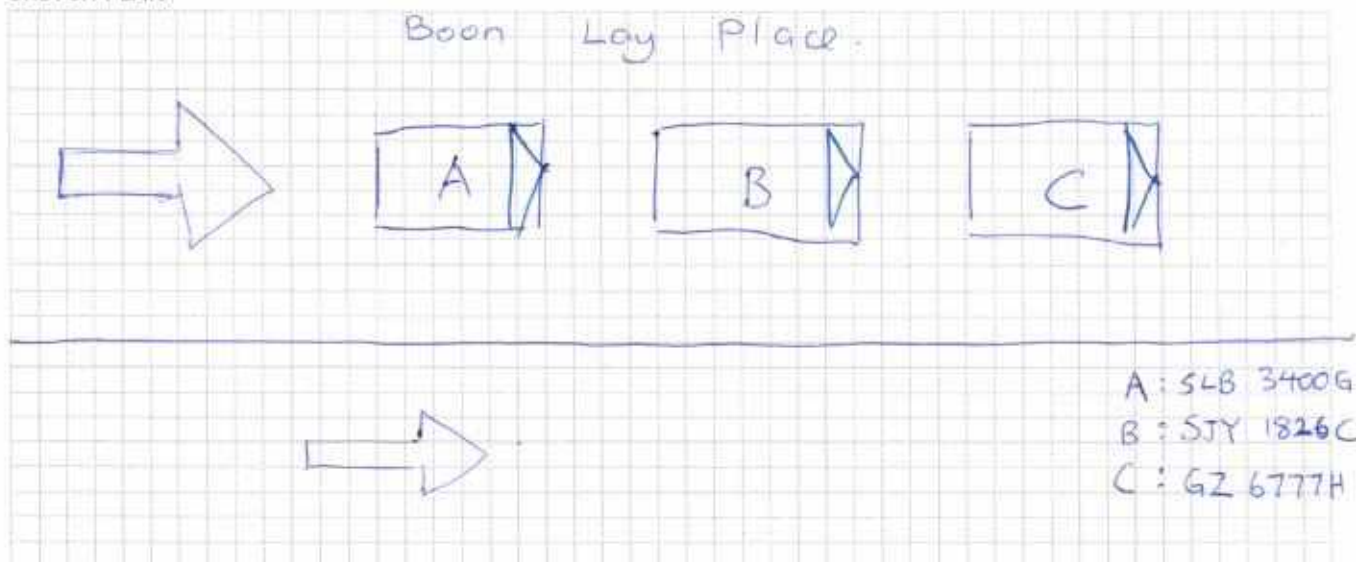
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



19/02/2018

Koshi Winters

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15 Feb 2018 around 6pm, I was travelling along Boon Lay Place. Vehicle C came to an abrupt stop. Vehicle B collided into Vehicle C. I jammed on my brakes but could not stop in time and collided into vehicle B.

DECLARATION

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

 19/02/18

Policyholder's Signature

Date & Time:

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

 19/02/2018

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

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 02 / 18 (DD/MM/YYYY), TIME: 18:00 (HH:MM)

LOCATION: Boon Lay Place

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB 3400G
 b) INSURANCE COMPANY: Liberty Insurance
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Honda Step Wagon
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: Soh Zhan Rui (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8219960H CONTACT: 97266173
 c) ADDRESS: 10 Boon Lay Drive #12-30 S(649929)

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/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)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SDY 1826C MODEL: Nissan Sylphy
 b) DRIVER'S NAME: Megan Reshma Sajith
 c) NRIC/FIN/PASSPORT: G3050853Q CONTACT: 82840557

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: G2 6777H MODEL: Nissan Cab Star
 e) DRIVER'S NAME: Cheng Ching Leong
 f) NRIC/FIN/PASSPORT: S1368875C CONTACT: _____

email = SZhanrui@YAHOO.COM

fax =

V1020

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8219960H



Name

SOH ZHAN RUI

苏展锐

Race

CHINESE

Date of birth

04-07-1982

Country/Place of birth

SINGAPORE

Sex

M



5185662



NRIC No. S8219960H



Date of issue

24-06-2013

Address

10 BOON LAY DRIVE
#12-30
SINGAPORE 649929

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8219960H

Name

SOH ZHAN RUI

Birth Date 04 Jul 1982

Issue Date 16 Jan 2003



1000132883H

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

VALID DATE
16 Jan 2003

NP 428A



Licence No: S8219960H

Policy Schedule

Private Car

Name of Producer: PRIME CARS CREDIT PTE LTD (A1410-2 PI)		Policy No.: SI17V05750/VPE/R01/E00
Date of Issue: 29 Mar 2017	Previous Policy No.: SI16V05611	

Details of Insured

Name of Insured: SOH ZHAN RUI	NRIC/FIN No.: S8219960H
Mailing Address: 10 BOON LAY DRIVE, 12-30, SUMMERDALE, SINGAPORE	Postal Code: (649929)
Period of Insurance (both dates inclusive): From: 01 Apr 2017 00:00 To: 31 Mar 2018 23:59	Occupation: Engineer (Others)

Details of Vehicle

Registration No.: SLB3400G	Make and Model: HONDA Stepwagon Spada	Type of Body: MPV
Capacity/Tonnage: 1496 C.C	Seating Capacity Including Driver: 0	Year of Manufacture/Registration: 2016 / 2016
Chassis No.: RP31030545	Engine No.: L15B3613093	Sum Insured: MARKET VALUE AT THE TIME OF LOSS
Hire Purchase Owner/Leasing Company: UNITED OVERSEAS BANK LIMITED		
Operative Endorsements: V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0143, V0145, V0152, V0224, V0233, V0236, V0237, V0249, V0276, V0281, Z011		

Details of Coverage

Type of Plan:	Pte Car-Preferred Plan (Comprehensive)
Excess:	Section I - Named Drivers S\$ 1,500.00 Section I - Unnamed Drivers S\$ 2,000.00 Additional Excess for Young, Elderly & Inexperienced Drivers S\$ 3,000.00 Windscreen Excess S\$ 100.00
Additional Coverage(s):	Unlimited Windscreen, NCD Protection
Name of Driver(s):	SOH ZHAN RUI
Basic Premium:	S\$ 2,842.49
Discounts:	No Claim Discount (50%), Offence Free Discount (5%), Other discounts (S\$ 67.51)
Additional Premium:	S\$ 128.27
Prevailing GST (7%):	S\$ 98.77
Total Premium Payable Inclusive of Prevailing GST (7%):	S\$ 1,509.71

This Schedule replaces any other Schedule. This Schedule and Policy are to be read together as one contract. Persons or classes of persons entitled to drive and limitations are to use, are as specified in the Certificate of Insurance issued in relation to this policy.

Date: 29 Mar 2017 17:35

For and on behalf of
LIBERTY INSURANCE PTE LTD