

NATIONAL Assessment Centre Services. (M11 11000) **NA18018039349**

Date In: **23/03/2018** 10:35

Ref No: **NBA/LIP/00054244**

Veh No: **SFX 44 R**

D.O.A: **22/03/2018** 21:00

OO ☒ TP / Reporting Only

TP Insured:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with photo, AIC form)		
E-motor Claim Form		
E-motor SV/O (with AIC form, TP claim)		
E-photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/VWSP		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Yeh No: **SJJ 9242M**, INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: B/L Stand (WO): NI 0-20%; PI 21-79%; PI 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 repeller.

() Total Loss Case: () to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Removals: () (INC Hotline: 6788 6016) Date Time Completed: () Done by: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Dispute / Action: ()

NA1801877

Invoice Breakdown Details	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$100)	
3) TP: Towing Fee	\$10/\$15	
4) FT: Follow Through Survey	\$150	
5) PT: Follow Through Survey (Recovery)	\$20	
Estimate applied INC Only (over 10 Jan 2018)		
6) TR: Assessment	\$30	
7) NI: NI + DA + SMRT Survey	\$140	
8) NTUC Additional Services		
Q11		
NI: Courtesy Car / Tpl Allowance	\$3	
NI: Repair Coordination	\$10	
NI: Post Repair Inspection	\$20	
NI: DV / Collision Coordination	\$3	
TP (NI) / TP (Non-INC) / Repair INC	\$30	
7) NI: NI + DA	\$10	
Invoice total		
Amount paid		
Net Charged		
Amount Received		

C. Checked by (Sign-in-Charge): ()

Signature: ()

Date: ()

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	23/03/2018 10:35
Date Of Accident	22/03/2018 21:00
Exact Location Of Accident	ALONG NORTH CANAL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX48R
Insured/Policyholder	
Name Of Registered Owner	THNG HUI LIN MELISSA(TANG HUILIN MELISSA)
NRIC No	S8423299H
Email Address	MELTHNG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93800300
Alternative Phone No	OTHERS-93800300

Vehicle Particulars

Manufacturer	BMW
Model	435
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	SI17V10890/VPC/R01/E00
Cover Note Number	

Driver

Name of Driver	THNG HUI LIN MELISSA(TANG HUILIN MELISSA)
NRIC No	S8423299H
Date Of Birth	17/08/1984
Occupation	INDOOR
Date Of Driving Pass	10/09/2003
Driving Experience	14 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93800300
Fax Number	
Contact Number	OTHERS-93800300
Email Address	MELTHNG@GMAIL.COM

Address	48 BINJAI PARK
Postcode	589849
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	SJJ9242M
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG NGEE PHU, LEONARD
NRIC/Passport Number	S9132007Z
Contact Number	96211692
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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:

23/03/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

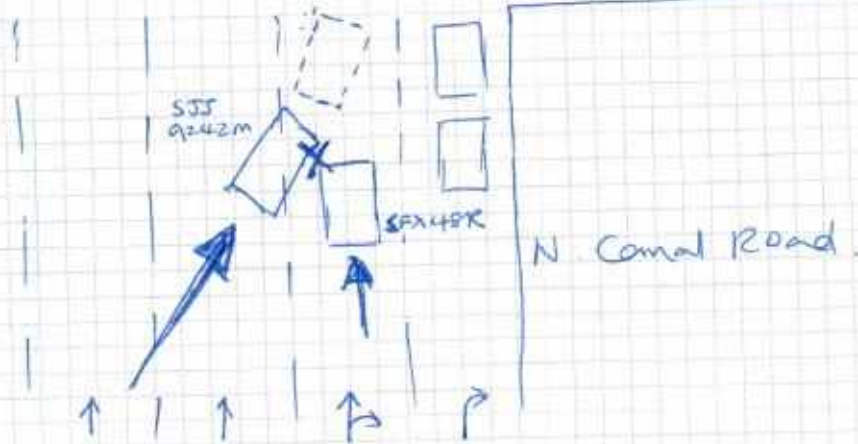
NRIC/FIN No.:

23/03/2018

SKETCH PLAN

RED LIGHT

Eu Tong Sen St



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the second lane from the right, travelling slowly because it was a red light.

The road was empty except for a few cars in the turning lane (stopped).

Suddenly, SJS 9242M came from behind out of nowhere, and cut into my lane. He came from a very sharp angle.

I stopped immediately upon impact, but he was going so fast he went straight through and scraped his entire side - he stopped about half a car length in front. (i...i).

You can see from the photos that he came from the back at a very sharp angle. The road was clear so I

suspect

he was

cutting across a few lanes

from quite far away and was trying to get onto a turning lane in front of me.



DECLARATION

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

Policyholder's Signature

Date & Time:

23/03/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

23/03/2018

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 02 / 2018 (DD/MM/YYYY), TIME: 21.00 (HH:MM)

LOCATION: N. Canal Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFX 48R
 b) INSURANCE COMPANY: Liberty Insurance
 c) POLICY NUMBER: SI 17V10890/VPC/RO1/EOO
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 435
 f) TYPE: (SALOON / COUP / 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)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: THUNG MI LIN MEUSSA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S84232794 CONTACT: 93800200
 c) ADDRESS: 48 BINJAI PARK
SINGAPORE 589849

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
 d) NAME: _____ (MALE / FEMALE)
 e) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 f) ADDRESS: _____

- * d) DATE OF BIRTH: 17 / 08 / 1984 (DD/MM/YYYY)
 e) OCCUPATION: INDOOR / OUTDOOR
 f) DATE OF DRIVING PASS: 10 SEPT 2003
 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: _____

No of passenger
(including driver)
(2)

3. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJS 9242M MODEL: HONDA
 b) DRIVER'S NAME: ANG NGEE PHU, LEONARD
 c) NRIC/FIN/PASSPORT: S91320072 CONTACT: 96211692

No of passenger
(including driver)
()

4. THIRD PARTY VEHICLE

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

Email: me1thng@gmail.com

Fax: _____

V: 020

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8423299H



Name
THNG HUI LIN MELISSA
(TANG HUILIN MELISSA)

Race
CHINESE
Date of birth 17-08-1984
Country of birth SINGAPORE

Sex
F

50723299H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8423299H

THNG HUI LIN MELISSA
(TANG HUILIN MELISSA)

Birth Date 17 Aug 1984
Issue Date 23 Sep 2009



001787201J

4473752



NRIC No. S8423299H



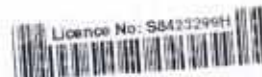
Date of issue
23-09-2009

Address
48 BINJAI PARK
SINGAPORE 589849

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PAST DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 10 Sep 2003



Licence No: S8423299H

NP 403A

Name of Producer:

ANIKAI INSURANCE BROKERS & CONSULTANTS PTE LTD (B9008-5)

Date of Issue:

03 Jul 2017

Previous Policy No.:

SD16V10645

Policy No.:

SI17V10890/VPC/R01/E00

Details of Insured
Name of Insured:

THNG HUI LIN MELISSA (TANG HUILIN MELISSA)

Mailing Address:

48 BINJAI PARK, BINJAI PARK, SINGAPORE

Period of Insurance (both dates inclusive):

From: 23 Jul 2017 00:00

To: 22 Jul 2018 23:59

NRIC/FIN No.:

S8423299H

Postal Code (589849)

Occupation:

Manager

Details of Vehicle
Registration No.:

SFX48R

Capacity/Tonnage:

2979 C.C

Chassis No.:

WBA3R12080K002747

Hire Purchase Owner/Leasing Company:
Make and Model:

BMW 435I COUPE D/AB SR HID NAV
HUD M SPORT

Seating Capacity Including Driver:

5

Engine No.:

06218964N55B30A

Type of Body:

COUPE/SPORTS

Year of Manufacture/Registration:

2014 / 2015

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Operative Endorsements:

V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0145, V0152, V0225, V0233, V0236, V0237, V0249, V0276, V0281, V011

Details of Coverage
Type of Plan:

Pte Car - Standard Plan (Comprehensive)

Excess:

Section I - Named Drivers S\$ 600.00

Section I - Unnamed Drivers S\$ 1,100.00

Section I - Named Drivers S\$ 900.00

Section I - Unnamed Drivers S\$ 1,400.00

Additional Excess for Young, Elderly & Inexperienced Drivers S\$ 3,000.00

Windscreen Excess S\$ 100.00

Unlimited Windscreen, NCD Protection

Additional Coverage(s):
Name of Driver(s):

THNG HUI LIN MELISSA (TANG HUILIN MELISSA), THNG HAROLD, LIM SOO KIANG
AMY MRS AMY THNG

Basic Premium:

S\$ 2,428.52

Discounts:

No Claim Discount (50%), Offence Free Discount (5%), Other discounts (S\$ 63.45)

Additional Premium:

S\$ 115.36

Prevailing GST (7%):

S\$ 84.38

Total Premium Payable Inclusive of

S\$ 1,289.84

Prevailing GST (7%):
