

**NATION'S Assessment Centre Services**

Date: <b>11/04/18</b>	Job description	Date & Time Completed	Done by
Ref: <b>NA/LIP18006642/13</b>	SAS e-filing		
Veh No: <b>SLN2364X</b>	E-mail (within 8hrs, M-F 2hrs)		
DOA: <b>11/04/18 0750</b>	i-Motor Claim Form		
QI: <b>(11)</b> Reporting Only	i-Motor W/O (Within 10/2hrs, TP 4hrs)		
TP Incurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( **N-51** ) Tel: Fax:

TP Particulars: Veh No: **SJK6861A** INC ( ) / Non-INC ( ) Tel: Fax:

Owner / Driver ( ) Period ( ) Cover Type: ( )

Policy No. ( ) 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 :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	QI:		
	*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 (In-a INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	11/04/2018 11:15
Date Of Accident	11/04/2018 07:30
Exact Location Of Accident	AMK AVE 6 TWDS LENTOR AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN2364X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO YEE LIN(ZHANG YILING)
NRIC No	S7904961A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94363526
Alternative Phone No	OTHERS-94363526

### Vehicle Particulars

Manufacturer	BMW
Model	216D
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	SD17V05894/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	LEE PECK PING(LI BAIBIN)
NRIC No	S7807931B
Date Of Birth	22/03/1978
Occupation	INDOOR
Date Of Driving Pass	11/03/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94776249
Fax Number	(LOCAL) +65-87992075
Contact Number	
EMail Address	PECKPING@GMAIL.COM

Address 16 SIN MING WALK  
 #02-06  
 Postcode 575568  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SPOUSE  
 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  
 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) 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? NO  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJK8861R  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver LAWRENCE LEE  
 NRIC/Passport Number  
 Contact Number 96232782  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number GBE485J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SKB6582G

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)

**DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number

SGF1622J

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)

**DETAILS OF INJURED PERSON 1**

Name

LEE PECK PING(LI BAIBIN)

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLN2364X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

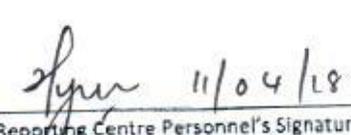
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

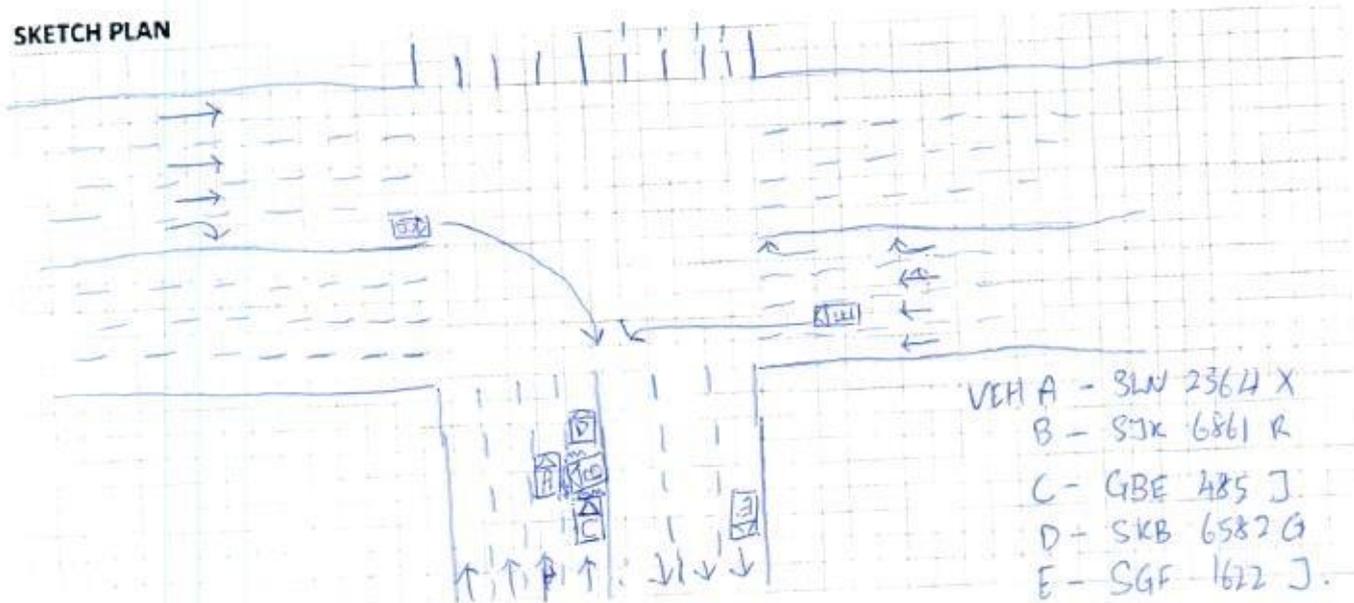
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

ANG MO KEO AVE 6 TOWARDS LENTOR AVENUE.

**SKETCH PLAN**



- VEH A - SLW 2364 X
- B - SJX 6861 R
- C - GBE 485 J
- D - SKB 6582 G
- E - SGF 1622 J.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

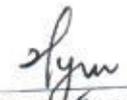
I was driving along ANG MO KEO AVE 6 Towards LENTOR AVENUE,  
 I stationary stopped at the junction of ANG MO KEO AVE 6/YFO CHU KANG  
 RD Towards LENTOR AVENUE. Suddenly, I felt an impact on my right  
 rear portion. I alighted from my vehicle and realized VEH (B) collided  
 to my veh while I at stationary stopped. It was a chain collision  
 involving of 5 vehicles.

**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:

 11/04/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

<b>Vehicle No.</b>	SLN 2364 X	<b>Model / Make</b>	Bmw 216D
<b>Date of Accident</b>	11/04/18		
<b>Time of Accident</b>	0730 AM	<b>HRS</b>	
<b>Location of Accident</b>	Ang Mo Kio AVENUE 6 Towards Lorong Avenue		
<b>Exact purpose use during accident</b>	Personal use		
<b>Name of Owner</b>	TEO YEE LIN		
<b>Telephone No.</b>	H/P: 9436 3526	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S7904961A		
<b>Address</b>	16 SIA MING WALK #02-06 S(575568)		
<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>	SD 17 V05894 / VPC2 1B00		
<b>Name of Driver</b>	As Above If No, LEE PECK PING		
<b>NRIC</b>	S7807931B	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	22/03/1978		
<b>Occupation</b>	Outdoor	/	<b>Indoor</b>
<b>Driving License Pass Date</b>	11/03/2008		
<b>Gender</b>	<b>Male</b>	/	<b>Female</b>
<b>Contact No.</b>	H/P: 9497 6249	<b>Home :</b>	8799 2075 <b>Office :</b>
<b>Address</b>	16 SIA MING WALK #02-06 S(575568)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	
<b>Weather condition</b>	<b>Clear</b>	Raining	Other
<b>Road Surface</b>	<b>Dry</b>	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who? LEE PECK PING	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SJK 6861 R	<b>Any Passengers :</b>	1 (FEMALE)
<b>Name of Driver</b>	LAWRENCE LEE	<b>Contact No. :</b>	9623 2782
<b>Vehicle C No.</b>	GBE 485 J	<b>Any Passengers :</b>	NIL
<b>Vehicle D No.</b>	SKB 6282 G	<b>Any Passengers :</b>	NIL
<b>Vehicle E no.</b>	SGF 1622 J	<b>Any Passengers :</b>	NIL
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear RIGHT PORTION		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	peckping@gmail.com		
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
			Yes / <b>No</b>
<b>PARTICULAR WORKSHOP</b>	N-51 AUTOMOTIVE		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>			
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7807931B



Name

LEE PECK PING  
(LI BAIBIN)

李 白 彬

Race

CHINESE

Date of birth

22-03-1978

Sex

M

Country of birth

SINGAPORE

S7807931B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7807931B

Name:

LEE PECK PING  
(LI BAIBIN)

Birth Date: 22 Mar 1978

Issue Date: 11 Mar 2008



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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 11 Mar 2008



NP 428A

3824301



NRIC No. S7807931B



Date of issue

20-12-2005

16 SIN MING WALK #02-06  
SINGAPORE 575588

NRIC No: S7807931B

Date: 29/06/2015

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7904961A



Name

TEO YEE LIN  
(ZHANG YILING)

张 依 玲

Race

CHINESE

Date of birth

10-02-1979

Sex

F

Country of birth

SINGAPORE

S7904961A

4 3 7 3 2 5 3



NRIC No. S7904961A



Date of Issue  
20-03-2009

16 SIN MING WALK #02-06  
SINGAPORE 575568  
NRIC No: S7904961A

Date: 28/06/2015



**Liberty Insurance Pte Ltd**  
Registration no. 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6225 6890  
Website: <http://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)

Certificate No	SD17V05894 /VPC2 /R00
Form	MX1
Date of Issue	09-MAY-2017
1.Index Mark and Registration No. of Vehicle:	SLN2364X
2.Chassis number of Vehicle:	WBA2E320X05H46077
3.Name of Policyholder:	TEO YEE LIN (ZHANG YILING)
4.Effective date of Commencement of Insurance for the purposes of the Act:	27-APR-2017 00:00 AM
5.Date of Expiry of Insurance:	26-APR-2019 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.	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers	
 _____ Authorised Signature	
<b>For Information only:</b>	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$400, Additional Excess For Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0
FINANCE COMPANY:	
PRODUCER NAME:	SD CONTEGO SERVICES

PLGG/ROBO1/11-MAY-17

S1\_CL\_T1\_T3\_OE\_Template2-Ver1.

11-MAY-17