

NATIONAL Assessment Centre Services (with a survey)

MAIL 18048119

Date In: 11/04/2018 11:39	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP0800664714	SAS e-tiling		
Veh No: SLG 391S	E-mail (with this, AIC 2111)		
D.O.A: 09/04/2018 12:30	E-Motor Claim Form		
TP / Reporting Only	E-Motor W/O (with this, AIC 2111)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Whse		

Preferred Wksp (INC Ats/ign Wksp / OWI)	Tell	Fax
TP Particulars	Yell No: —	INC ( ) / Non-INC ( )
Owner / Drivers:	Tell	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date	Time
Insured/Driver Liability: ( )	% (Note: B/L Stand (WO): NI 0-20%; P: 21.79%; P: 30-100%)	
Year of Registration: ( )	Warranty: YBS ( ) / 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.

Driver-In ( ) / Towed-In ( ) ; Invoice: YBS ( ) / NO ( ) ; Towing Co: ( )

Remarks	Date/Time	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Re-survey Photo (Repair Cost > \$3000) ( )		

Injury: \_\_\_\_\_

Particulars: \_\_\_\_\_

11A1802306

Particulars	Invoice/Preparation Charge	Value	Done by
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INO (40)		
3) TP: Towing Fee			
4) IT: Follow Through Survey			
5) PT: Yellow Through Survey (Assessment)			
For all items except INO Only (W/O 10/11/12/13)			
6) TR: At-Accident			
7) NI: (W/DA + SMRT Survey			
8) NTUC Additional Services			
<b>Other</b>			
(N): Courtesy Car / Trip Allowance			
(N): Repair Coordination			
(N): Post Repair Inspection			
(N): OY / Collision / Coordination			
TP (ALL) TP (IN/INO) LEADERS INO			
2) Mileage Invoice			
Invoiced Date			
Invoice 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	11/04/2018 11:39
Date Of Accident	09/04/2018 12:30
Exact Location Of Accident	BLK 359A TAMPINES STREET 34 CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG391S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ELSON CHIN LONG SHENG
NRIC No	S7679030B
Email Address	ELSGP@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96809630
Alternative Phone No	OTHERS-96809630
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	216D
Exact Purpose for which vehicle was being used at time of accident	PARKING
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
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD16V12804/VPC2/R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	ELSON CHIN LONG SHENG
NRIC No	S7679030B
Date Of Birth	15/02/1976
Occupation	INDOOR
Date Of Driving Pass	08/03/1997
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96809630
Fax Number	
Contact Number	OTHERS-96809630
E-Mail Address	ELSGP@YAHOO.COM

Address	BLK 361 TAMPINES STREET 34 #09-395
Postcode	520361
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	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

**Other Information**

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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:

11 April 2018  
10:00 am



Driver's Signature

(If driver is not the policyholder)

Date & Time:

11 April 2018  
10:00 am



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/04/2018  
Kohli Wanjana

SKETCH PLAN

359A TAMPIKAS STRAIT 34 CATERPILLAR

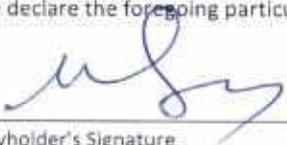


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

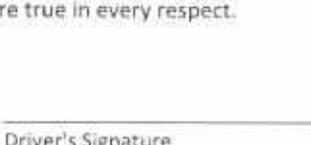
Came home during lunch and was  
 drizzling outside and windshield blur,  
 Floor wet and loss control and knock  
 into pillar myself.

DECLARATION

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

  
 Policyholder's Signature

Date & Time:  
 11 April 2018  
 10:00 am

  
 Driver's Signature  
 (If driver is not the policyholder)

Date & Time:

  
 Reporting Centre Personnel's Signature

Name:  
 NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 09/04/2018 (DD/MM/YYYY), TIME: 12:30 (HH:MM)

LOCATION: 359A Tampines Street 30, Carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 3915  
b) INSURANCE COMPANY: Liberty  
c) POLICY NUMBER: SD16U12804/VPC2/R00  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW 216D  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Parking  
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: ELSON CHIN LONG SHENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7679030B CONTACT: 96809630  
c) ADDRESS: 361 Tampines Street 30  
#01-395 Singapore 520361

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ELSON CHIN LONG SHENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7679030B CONTACT: 96809630  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 8 March 1997

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: \_\_\_\_\_ MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

email = elsgp@yahoo.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7679030B



Name  
ELSON CHIN LONG SHENG

曾 灝 圣

Race  
CHINESE

Date of birth  
15-02-1976

Country/Place of birth  
MALAYSIA

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7679030B

Name: CHIN LONG SHEN

Birth Date: 15 Feb 1976

Issue Date: 16 Oct 2003

000940951J

5229137



NRIC No. S7679030B



Date of issue  
14-10-2013

22A JALAN NOVENA BARAT  
SINGAPORE 308613

NRIC No: S7679030B

Date: 12/05/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	08 Mar 1999
Class 2A	Motorcycles between 201 CC and 400 CC	20 Jun 2005
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	08 Mar 1997

PASS DATE  
08 Mar 1999  
20 Jun 2005  
08 Mar 1997

S / No. 9000113505

S7679030B

NP 426A



License No: S7679030B



Liberty  
Insurance



**Liberty Insurance Pte Ltd**  
Registration no. 199002791Q  
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)

<b>Certificate No</b>	SD16V12804 /VPC2 /R00
<b>Form</b>	MX1
<b>Date of Issue</b>	06-OCT-2016
<b>1. Index Mark and Registration No. of Vehicle:</b>	SLG391S
<b>2. Chassis number of Vehicle:</b>	WBA2B32030V791321
<b>3. Name of Policyholder:</b>	ELSON CHIN LONG SHENG
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	19-SEP-2016 00:00 AM
<b>5. Date of Expiry of Insurance:</b>	18-SEP-2018 23:59 PM
<b>6. Persons or Classes of Persons entitled to drive*:</b>	
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.	
<b>7. Limitations as to use*:</b>	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
<b>8. The Policy does not cover:</b>	
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  <hr/> Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section 1 S\$800, Additional Excess For Young & Inexperienced Drivers: S\$2500, Windscreen Excess S\$0
<b>FINANCE COMPANY:</b>	OBS BANK LTD
<b>PRODUCER NAME:</b>	SIME DARBY SINGAPORE LIMITED

PLGG/PLGG/07-OCT-16

S1\_C1\_T1\_T3\_OE\_Template2-Ver1.

07-OCT-16