

NATIONAL Assessment Centre Services

(Print 1 Jan 2009)

MA118049596

Date In: 14/04/2018 13:33
Ref No: NBA/LIP/0006910/V
Veh No: SX 3702T
D.O.A: 13/04/2018 13:05
OD: TP Reporting Only

Job description	Date & Time Completed	Done by
SAS e-tiling		
E-mail (within 3hrs, AIC 2hrs)		
I-Motor Claim Form		
I-Motor W/O (within 100 hrs, TP 3hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWs:

TP Particulars: Yeh No: SIV 45515
Owner / Drivers: Tel: Fax:
Policy No: Period: Cover Type:
Confirmed by: Date: Time:
Insured/Driver Liability: (%) (Note: BSL 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: Customers 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: ()

Remarks: INC hotline 6788 6616
1) Apply for Transition Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: _____

Date/Time	Actions

MA11802389

Human's Particulars	Invoice Preparation Checklist	Amount	Unit
Driver/Owner:	1) AR: Accident Reporting (330)		
Contact No:	2) DA: Damage Assessment (3100)	INC (530)	
Damaged Portion:	3) TP: Towing Fee	520/143	
	4) PT: Follow-Through Survey	330	
	5) RT: Follow-Through Survey (Resurvey)	330	
	Forfeiting against INC Only (wef 10 Jan 2010)		
	6) TR: Re-inspection	333	
	7) NI: (day DA + SMART Survey	5160	
	8) NTUC Additional Services		
	Q11:		
	*N2: Courtesy Car / TP Allowance	55	
	*N5: Repair Coordination	510	
	*N7: Post Repair Inspection	333	
	*N8: DY / Collect Excess Coordination	55	
	TP (N1) / TP (Non INC) against INC	330	
	9) N12: Idno Mobile	30	
	Invoice dated	File Charged	STAMPED 15/4/18
	Issued by	Use 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 willful 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	14/04/2018 12:33
Date Of Accident	13/04/2018 13:05
Exact Location Of Accident	BENCOOLEN STREET NEAR JUNCTION OF BRAS BASAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3702T
Insured/Policyholder	
Name Of Registered Owner	YANG HUI
NRIC No	S7178453C
Email Address	SIMONMAKSG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86913028
Alternative Phone No	OTHERS-91055168

Vehicle Particulars

Manufacturer	AUDI
Model	A3
Exact Purpose for which vehicle was being used at time of accident	DRIVING UBER
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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V02767/VPL/R00
Cover Note Number	

Driver

Name of Driver	MAK YOI MENG
NRIC No	S7020997G
Date Of Birth	28/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1999
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86913028
Fax Number	
Contact Number	OTHERS-91055168
Email Address	SIMONMAKSG@HOTMAIL.COM

Address	381 TANGLIN ROAD #14-03
Postcode	247965
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	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	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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

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	SLV4551S
Vehicle Make/Model/Colour	VOLVO XC 60
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VIBECKE LOVIK
NRIC/Passport Number	
Contact Number	97834858
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

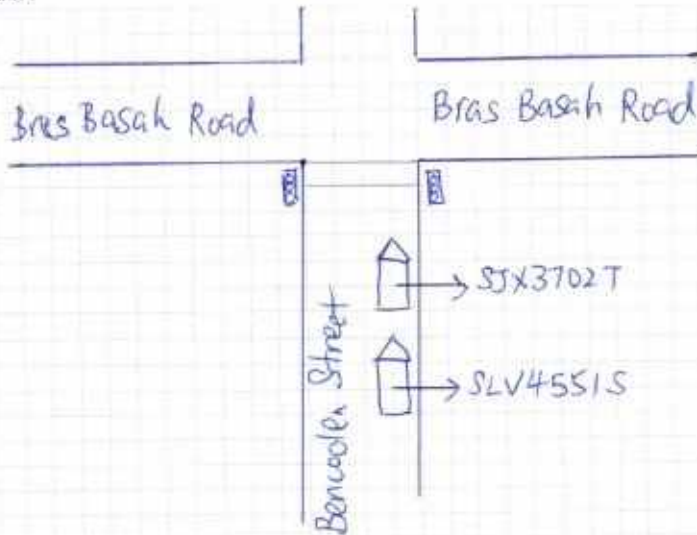
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/2018

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

@1625 hrs.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13th April 2018, I stopped at Bancroft Street near to Junction of Bras Basah Road as the traffic light is in red mode.

On the same day @1305hrs, I heard a loud bang from behind of my car and I walked out from my car and saw a Volvo car, SLV4551S has knocked onto my car back bumper. My bumper is dented inward with paint drop off.

At the point of time during the accident happened, I was driving Ubar service and ferry a female passenger to Mandarin Orchard. She did not sustained any physical injuries. The female passenger name is Tan Ai Li, mobile no: 82989442.

After exchanging the particular from the other party, I continued to ferry the female passenger to her destination.

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: 13/4/2018
@1625hrs.

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

ACCIDENT STATEMENT

ACCIDENT DATE: 13/04/2018 (DD/MM/YYYY), TIME: 13:05 (HH:MM)

LOCATION: Bencoolen Street near junction Bras Basah Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STX3702T
b) INSURANCE COMPANY: Liberty Insurance
c) POLICY NUMBER: SD18V02767/VPL/ROO
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Audi A3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Uber
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: Yang Hui (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7178453C CONTACT: 86913028
c) ADDRESS: 381, Tanglin Road, #14-03

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: mak Yoi Mang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7028997G CONTACT: 91055168
c) ADDRESS: 381, Tanglin Road, #14-03

*d) DATE OF BIRTH: 28/06/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18-11-1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Husband

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: SLV4551S MODEL: VOLVO XC60
b) DRIVER'S NAME: Vibecke Lovik
c) NRIC/FIN/PASSPORT: CONTACT: 97834858

9. THIRD PARTY VEHICLE

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

Female passenger
No of passengers
(including driver)
(02)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

Email = Simonmaksg@hotmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7020997G



MAK YOI MENG

麥銳明

Race

CHINESE

Date of Birth

28-06-1970

Country of Birth

SINGAPORE

Sex

M

1287492

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7020997G

Name

MAK YOI MENG

Birth Date: 28 Jun 1970

Issue Date: 29 Nov 2003



NRIC No. S7020997G



Blood Group

B+

Date of issue

17-09-1993

381 TANGLIN ROAD #14-03
SINGAPORE 247865
NRIC No: S7020997G

Date: 07/08/2015

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

PASS DATE

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

16 Nov 1999

NP 432A



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 SD18V02767 /VPL /R00
From MZ400B
Date Of Issue 20-MAR-2018
1. Index Mark and Registration No. of Vehicle: SJX3702T
2. Chassis number of Vehicle: WAUZZZ8V0E1017316
3. Name of Policyholder: YANG HUI
4. Effective date of Commencement of Insurance for the purpose of the Act: 20-MAR-2018 14:25 PM
5. Date of Expiry of Insurance: 19-MAR-2019 23:59 PM
6. Persons or Classes of Persons entitled to drive*:
For Uber/Grabcar Usage: MAK YOI MENG

For Social, domestic & pleasure purposes: Any Authorised Drivers driving with the permission of the Policyholder.

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*:

- A) Use for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic and pleasure purposes.


8. Policy does not cover:

- A) Use for racing, pace-making, reliability trials or speed-testing.
- B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*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
LIBERTY INSURANCE PTE LTD
Approved Insurers


Authorised Signature

For Information only:

COVERAGE:

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen, Uber/Grabcar Extension (Geographical Area: Singapore only)
MARKET VALUE AT THE TIME OF LOSS

Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100

UNITED OVERSEAS BANK LIMITED

MAXURANCE VENTURE

PLSL 20180320

Ver.1:260705