

NATIONAL ASSESSMENT CENTRE SERVICES (M11111000)

Date In: 27/04/2018 15:17	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP18007805 FY	S&S e-illing		
Vehicle: SKM 7349A	E-mail (white sheet, AIC sheet)		
DOI: 27/04/2018 13:00	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor VVO (with 1000 2011, 27 sheet)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Whse		

Preferred Wksp (INC At sign Wksp / OWI)	Toll	Fax
TP Particulars	Yell No: SHA 1414 H, INC () / Non-NO ()	
Owner/Driver ()	Tell	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () % (Note: B/L Status (WO): NI 0.20%, PI 21.79%, PI 80.10%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: \$ ()	Loading: \$1,000 () / \$2,000 ()	

General Remarks: ()
 () Work-in-Guarantee | 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 toll no: 5788 0016	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check/Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$3000) ()			

Injury:

Date/Time	Action

NA1802693

Insured/Owner:	Invoice Preceded by QUOT/OTR/OWI
Policy No:	1) ARI Accident Reporting (300)
Insured Person:	1) DA1 Damage Assessment (300) INC (50)
C. Checked by (Engr-In-Charge):	3) TP1 Towing Fee 110
	4) TP1 Follow Through Survey 110
	5) TP1 Follow Through Survey (Resurvey) 110
	6) TP1 Repair Coordination 110
	7) NTUC Additional Survey 110
	8) NTUC Additional Survey 110
	9) NTUC Additional Survey 110
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	50) NTUC Additional Survey 110

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	27/04/2018 15:17
Date Of Accident	27/04/2018 13:00
Exact Location Of Accident	KAMPONG BAHRU RD TWDS LOWER DELTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM7349A
Insured/Policyholder	
Name Of Registered Owner	LEE SOO HIAM, GRACE
NRIC No	S6917389F
Email Address	PDC@PAULCASH-SINGAPORE.COM
Mobile Phone No	(LOCAL) +65-97820428
Alternative Phone No	OTHERS-97820428

Vehicle Particulars

Manufacturer	BMW
Model	-
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	SD17V11312/VPC2/R00
Cover Note Number	

Driver

Name of Driver	LEE SOO HIAM, GRACE
NRIC No	S6917389F
Date Of Birth	19/05/1969
Occupation	INDOOR
Date Of Driving Pass	30/04/1992
Driving Experience	25 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97820428
Fax Number	
Contact Number	OTHERS-97820428
EMail Address	PDC@PAULCASH-SINGAPORE.COM

Address	57COVE WAY #01-02
Postcode	098308
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	DRIZZLING
Road Surface	WET

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?	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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1414H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR PEH
NRIC/Passport Number	
Contact Number	81601011
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJC8746U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR LOKE
NRIC/Passport Number	
Contact Number	97356688
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

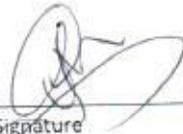
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

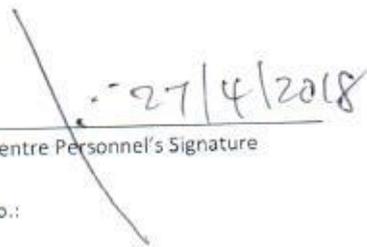
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

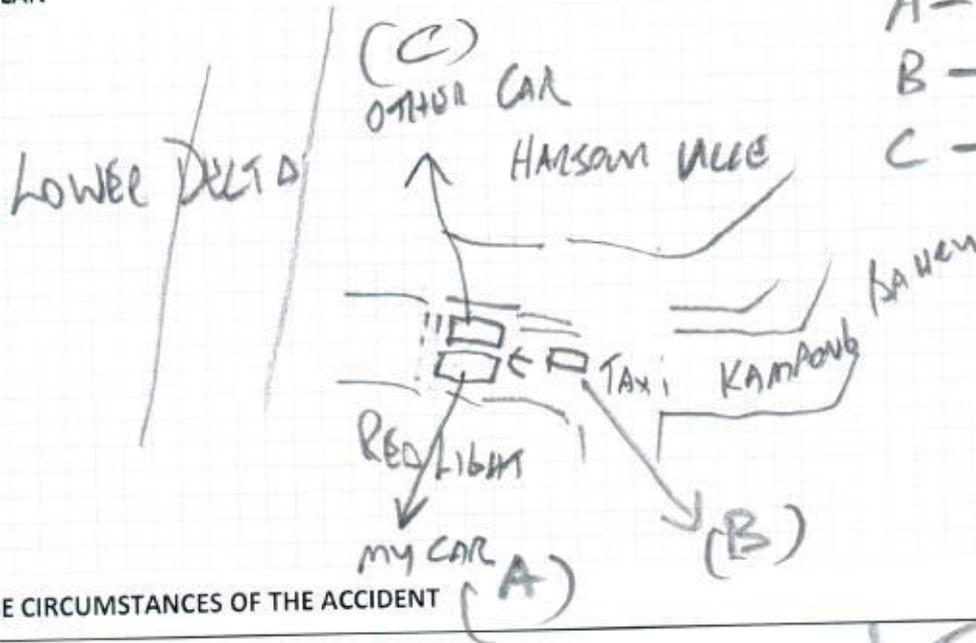


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



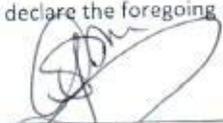
- A - SKM 7349 A
- B - SHA 1414 H
- C - SJC 8746 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

plz Refer to the Attached -

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:


Reporting Centre Personnel's Signature
Name: 27/4/2018
NRIC/FIN No.:

On 27 April, Friday, around 1pm, I was travelling on Kampong Bahru Road towards Lower Delta Road, and when approaching the traffic lights near Harbour Ville Hotel, the lights turn red and I stopped my car.

The next moment, I felt that something has hit the right rear side of my car. I noticed that a blue Comfort Taxi (SHA 1414 H) has hit my car on the right side and it has also hit a champagne gold Toyota (SJC 8746 U) on the left side.

The taxi had been changing lanes and could not stop in time and hit the rear side of both cars.

Weather conditions were wet and visibility was good.

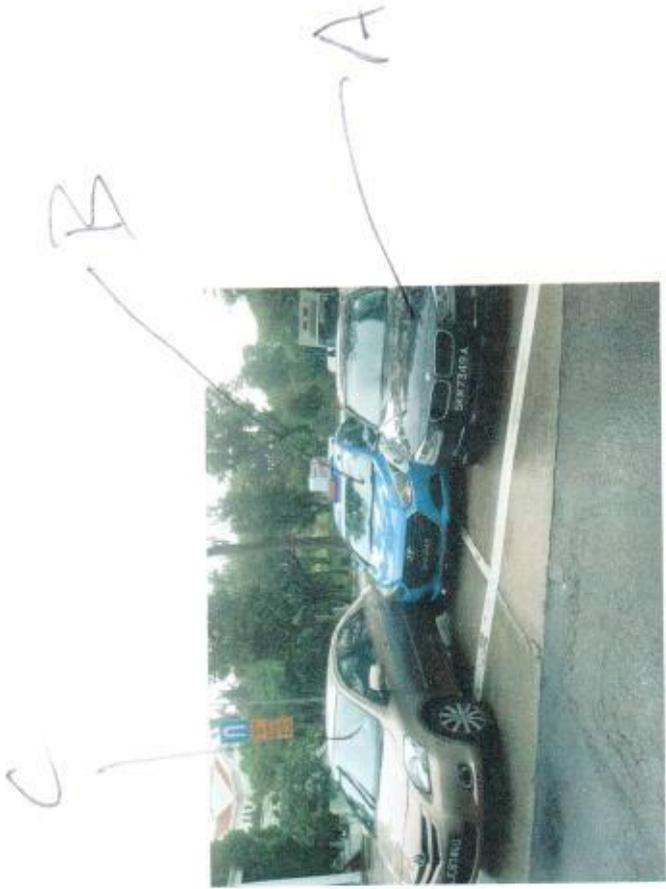
Photos of the incident site were taken and in car video is available.

Drivers contact details were exchanged:

- B- Taxi Driver : Mr Peh 81601011. Mr Peh refused to give license or any other details
- C- Other car driver : Mr Loke 97356688

Grace Lee
27th April 2018





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6917389F



Name

LEE SOO HIAM, GRACE



李素娟

Race

CHINESE

Date of Birth

19-05-1969

Sex

F

Country of Birth

SINGAPORE

S6917389F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6917389F

Name

LEE SOO HIAM, GRACE

Birth Date: 19 May 1969

Issue Date: 26 Apr 2003



000426827J

0118917



NRIC No. S6917389F



Blood Group

O+

Date of issue

02-10-1991

57 LOVE WAY #01-02
SINGAPORE 098308

NRIC No: S6917389F

Date: 03/12/2011

No: 6918703

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

PASS DATE

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

30 Apr 1992



Licence No: S6917389F

NP 428A

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	SD17V11312 /VPC2 /R00
Form	MX1
Date of Issue	29-SEP-2017
1.Index Mark and Registration No. of Vehicle:	SKM7349A
2.Chassis number of Vehicle:	WBA3A16080NS36175
3.Name of Policyholder:	LEE SOO HIAM GRACE
4.Effective date of Commencement of Insurance for the purposes of the Act:	01-OCT-2017 00:00 AM
5.Date of Expiry of Insurance:	30-SEP-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.	
<p>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.</p> <p>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.</p>	
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:	
<p>A) Use for hire or reward.</p> <p>B) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>C) Use for the carriage of goods (other than samples) in connection with any trade or business.</p> <p>D) Use for any purpose in connection with the Motor Trade.</p>	
<p>*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.</p>	
<p>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).</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>	
 <hr style="width: 20%; margin: 0 auto;"/> <p>Authorised Signature</p>	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I -Named Drivers S\$600, Section I -Unnamed Drivers S\$1100, Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	SD CONTEGO SERVICES