

NATIONAL Assessment Centre Services. (wef 1 Jan'09) MNA 18059599

Date In: 7/5/18 - 18:40	Job description	Date & Time Completed	Done by
Ref No: NA 18059598/24	SAS e-filing		
Veh No: SJB 13002	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 3/5/18 - 07:00	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJB 13002	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. 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: 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

NA 1802868	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
QC Checked by (Engr-In-Charge):	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat 1:	Invoice dated	Fee Charged	
Dat 2 / 3:			

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	07/05/2018 18:40
Date Of Accident	03/05/2018 07:00
Exact Location Of Accident	SLIP RD JURONG TOWN HALL RD TWDS AYE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB1300Z
Insured/Policyholder	
Name Of Registered Owner	TEE CHEE WAI
NRIC No	S7468467Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97799088
Alternative Phone No	OFFICE-97799088

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5M A
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	SI17V17546/VPE/R07
Cover Note Number	

Driver

Name of Driver	TEE CHEE WAI
NRIC No	S7468467Z
Date Of Birth	30/04/1974
Occupation	INDOOR
Date Of Driving Pass	27/05/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97799088
Fax Number	
Contact Number	OFFICE-97799088
Email Address	NOEMAIL

Address	BLK 34 TEBAN GARDENS ROAD #05-280
Postcode	600034
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	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?	
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)	4
Passenger 1	NAME: : LOH WEI LING GENDER: : FEMALE
Passenger 2	NAME: : TEE ANQI GENDER: : FEMALE
Passenger 3	NAME: : VERNICE WONG 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

REFER TO 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	SJM1922X
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)


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:

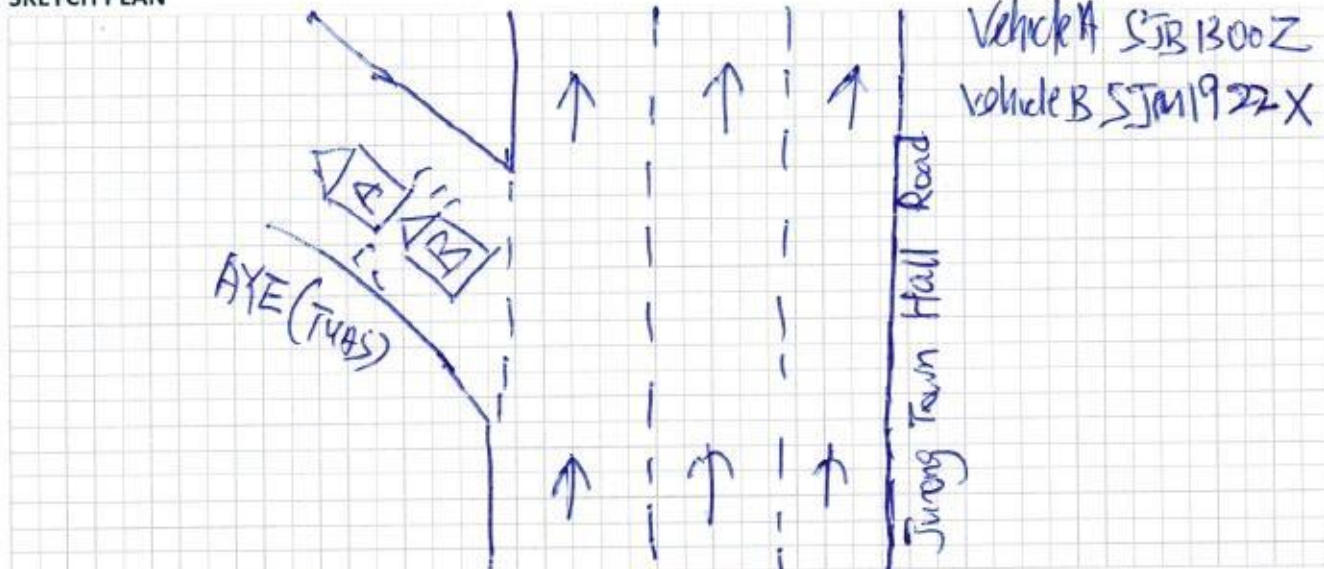
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Jorong Town Hall Rd turning to AYE (THAS), while awaiting at the filter suddenly a strong impact hit onto my rear. Scene photos and video was taken down. My rear portion was badly damaged.

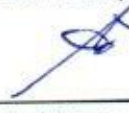
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

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:
 NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 07 05 2018
 ☆ Date Of Accident 03 05 2018 0700 hours
 ☆ Exact Location Of Accident Jurong Town Hall Rd turning AYE (Turas)
 ☆ Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

☆ Vehicle Registration Number SJB 1300 Z
Insured/Policyholder
 ☆ Name Of Registered Owner / Company Tee Chee Wai
 ☆ NRIC No / Work Permit No / ROC No S7468467 Z
 Email Address ecv@elitecarventures.com
 Mobile Phone No (LOCAL) 97799088
 Alternative Phone No Others-

Vehicle Particulars

☆ Manufacturer Honda
 ☆ Model Honda Airwave
 ☆ Exact Purpose for which vehicle was being used at time of accident Private Use / Commercial Use/ Hirer Use
 ☆ Are you claiming under your own insurance policy for repair to your vehicle?
 If No, Please state action to be taken Yes / No / Third Party

☆ Vehicle Category Private Use / Commercial Vehicle / Motorcycle / Taxi / Bus / Goods Vehicle / Tanker / Mobile Equipment / Motor Trade / Government

Insurance Company

☆ Name of Insurance Company Liberty
 ☆ Type Of Coverage Comprehensive
 Fleet Policy
 ☆ Policy Number S117V17546/VPE/ROT/E00
 Cover Note Number

Driver

☆ Name of Driver Tee Chee Wai
 ☆ NRIC No S7468467 Z
 ☆ Date Of Birth 30 04 1974
 ☆ Occupation Indoor / Outdoor
 ☆ Date Of Driving Pass 27 05 2008
 Driving Experience
 ☆ Gender Male
 ☆ Mobile Number (Local) 97799088
 Fax Number
 Contact Number
 Email Address Others-

☆ Address

☆ Postcode

☆ Was driver an employee of the Insured's Company

Yes / ☒ No

☆ If No, Relationship of the Driver with the Insured

☒ Owner / Relative / Friend / Parent / Spouse / Children / Sibling / Hirer

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

Raining / ☒ Clear / Other :

☆ Road Surface

Wet / ☒ Dry / Other :

Other Information

☆ Was any foreign vehicle involved in this accident?

Yes / ☒ No

☆ Foreign Vehicle Registration Number

☆ Was any body injured in the Accident?

Yes / ☒ No Name:

Was any other material or property damaged?

☒ Yes / No

Have been approached by unknown person(s) soliciting/offering accident claims assistance.

Yes / ☒ No

☆ Number of Passengers (Including Driver)

4 LOH WEI LING (Female) TEE ANQI (Female) Vernice Wong
(Female)

Details of Police Action

☆ Was the accident reported to the police?

Yes / ☒ No

If Yes, Please state which Police Station

Police Station Name

Police Station Address

ROAD:

POSTCODE:

COUNTRY:

Police Station Contact

TEL NO:

- FAX NO:

Was notice of intended Prosecution given?

Yes / No

If Yes, against whom?

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment?

☒ Yes / No

☆ Was there any video captured by Car Camera?

☒ Yes / No

Is there any audio recorded?

Yes / ☒ No

DETAILS OF OTHER VEHICLE PROPERTY 1

☆ Vehicle Registration Number

SJM 1922X

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

8978279



NRIC No: S7468467Z



Nationality
MALAYSIAN
Date of Birth
30-10-2008

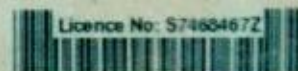
APT BLK 34 TEBAN GARDENS ROAD #05-280
SINGAPORE 600034

NRIC No: S7468467Z Date: 02/12/2010 No: 8560872

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	27 May 2008
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	27 May 2008



Licence No: S7468467Z

NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7468467Z



Name
TEE CHEE WAI

鄭志瑋

Race
CHINESE

Date of birth
30-04-1974

Country of birth
MALAYSIA

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7468467Z

Name:
TEE CHEE WAI

Birth Date: 30 Apr 1974

Issue Date: 04 Oct 2010



Motor Vehicles (Third Party Risks And Compensation) Act, Chapter 189, Motor Vehicles (Third Party Risks And Compensation) Rules 1990, Road Transport Act 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Name of Policyholder:

TEE CHEE WAI

Date of Issue:

05 Dec 2017

Registration No.:

SJB1300Z

Effective Date of Commencement:

01 Jan 2018 00:00

Chassis No.:

GJ11206137

Certificate No.:

SI17V17546/ VPE / R07

Date of Expiry:

31 Dec 2018 23:59

Type of Certificate:

MX1

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.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

A) Use for hire or reward.

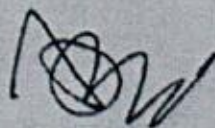
B) Use for racing, pace-making, reliability trials or speed-testing.

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.

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

Information Only:

Age(s):

Comprehensive, Unlimited Windscreen

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 S\$100

Bank of Finance Company:

MAYBANK

Agent/Producer:

SWIFT LINK INSURANCE AGENCY (A1208-2)