

NATIONAL ASSESSMENT CENTRE SERVICES (011) 10000 N/A/10000

Date Ins: 16/05/2018 18:14	Sub description	Date & Time Completed	Done by
Ref No: N8A/UP/008930/Y	DAY colling		
Veh No: SKS 1596 K	E-mail (write here, A/C here)		
P.O.N: 16/05/2018 18:14	Motor Claim Form		
OD 0 / Reporting Only	Motor VVO (write here, A/C here)		
	Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Fax/Hand to Owner/WHSP		

Preferred Pickup / Drop / Assign / Pickup / Drop / Other: () Tel: () Fax: ()
 TP Policyholder: () / Yes / No SF40C INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 Insured / Driver Liability: () % (Note: BIL, SLEW (WO): NI 0.20%; P: 21.79%; P: 30.11/0N)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()
 General Remarks: ()
 () Work-in-Garage / Customer's 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: ()

Requirement	Requirement No.	Score	Comments
1) Apply for Transit Allowance () / Courtesy Car ()			
2) QC Check/Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

[illegible]

INVOICE PREPARATION CHECKLIST		DATE	TIME
1) ADI Accident Reporting (\$500)			
2) DA Damage Allowance (\$1000)	INC (40)		
3) TP Traveling Fee	\$1000		
4) FT Follow Through Survey	\$100		
5) FT Follow Through Survey (Asurvey)	\$100		
Establishing cost INC Data (W/10/10/10)			
6) TRA Allowance	\$100		
7) HILGVOA + SMRT Survey	\$100		
8) NTUC Additional Survey			
DII			
9) HILGVOA + Tpl Allowance	\$100		
10) HILGVOA + Coordination	\$100		
11) HILGVOA + Inspection	\$100		
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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	16/05/2018 18:14
Date Of Accident	16/05/2018 14:45
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS1596K
Insured/Policyholder	
Name Of Registered Owner	YEO KIM PUAY
NRIC No	S2001387G
Email Address	KIMPUAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98349508
Alternative Phone No	OTHERS-91267338

Vehicle Particulars

Manufacturer	PEUGEOT
Model	308 SW ALLURE PURETECH 1.2 A/T 2WD S/R
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	SI18V02096/VPE/R03
Cover Note Number	

Driver

Name of Driver	CHAI YOU WEN, DANIEL
NRIC No	S9821901C
Date Of Birth	10/07/1998
Occupation	INDOOR
Date Of Driving Pass	05/11/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98349508
Fax Number	
Contact Number	OTHERS-91267338
Email Address	CHAIYOUWENDANIEL@GMAIL.COM

Address	13 ROSYTH ROAD
Postcode	546152
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GRAND SON
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SF40C
Vehicle Make/Model/Colour	CHEVROLET
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEA MENG CHENG
NRIC/Passport Number	S0134635J
Contact Number	94591690
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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.

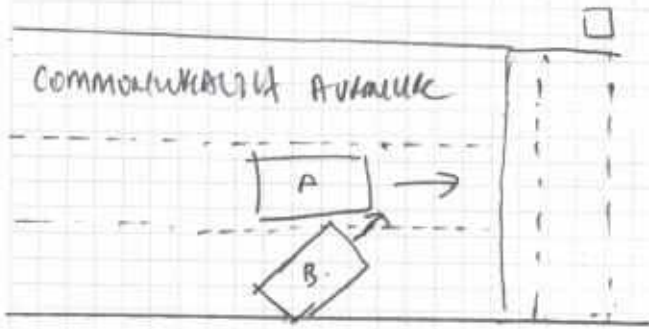
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Roshni Wadhvani*
NRIC/FIN No:

SKETCH PLAN

Along COMMONWEALTH AVENUE



A - SKS1596F

B - SP40C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~I was driving~~


I was ^{on} the ~~left~~ right most lane and change lane to the middle lane.

I was moving straight on the middle lane when the other party's car when he side-swiped me. The front of his car & damage the whole right side of my car.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 05 / 2018 (DD/MM/YYYY), TIME: 14:44 (HH:MM)

LOCATION: Commonwealth Ave W, Singapore

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS 1596R
 b) INSURANCE COMPANY: Liberty Insurance
 c) POLICY NUMBER: S18V 02096 / UPE / P03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SKS 1596R
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: YEO KIM PUAY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S200-13876 CONTACT: 94349508
 c) ADDRESS: 13 Rosyth Road
5546152

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: CHAI YOW WEN, DANIEL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9821901C CONTACT: 91269770
 c) ADDRESS: 13 Rosyth Road
5546152

*d) DATE OF BIRTH: 10 / 07 / 1998 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 6 NOV 2016

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: GRAND SON

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: SFL40C MODEL: CHEV10T
 b) DRIVER'S NAME: KEA HENG CHENG
 c) NRIC/FIN/PASSPORT: S0134635J CONTACT: 94591640

9. THIRD PARTY VEHICLE

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

(1)
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

(1)
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 PASSENGER
 INCLUDING DRIVER
 (1)
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 PASSENGER
 INCLUDING DRIVER

kimpuay@gmail.com

1) EMAIL : CHAIYOWWENDANIEL@gmail.com

2) VIDEO :

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9821901C



Name

CHAI YOU WEN, DANIEL

蔡佑文

Race

CHINESE

Date of birth

10-07-1998

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9821901C

Name

CHAI YOU WEN, DANIEL

Birth Date 10 Jul 1998

Issue Date 05 Nov 2015



5193220



NRIC No. S9821901C



Date of issue

11-07-2013

Address

13 ROSYTH ROAD
SINGAPORE 546152

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

EFFECTIVE DATE

05 Nov 2015

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg



NP 428A

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)

Name of Policyholder:

YEO KIM PUAY

Date of Issue:

14 Feb 2018

Registration No.:

SKS1596K

Effective Date of Commencement:

27 Mar 2018 00:00

Chassis No.:

VF3LRHNYWES245667

Certificate No.:

SI18V02096/ VPE / R03

Date of Expiry:

26 Mar 2019 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.

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

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$1700, Section I - Unnamed Drivers S\$1700, Additional Excess for Young & Inexperienced Drivers S\$1000, Windscreen Excess S\$100

Name of Finance Company:

UNITED OVERSEAS BANK LIMITED

Name of Producer:

SD CONTEGO SERVICES (A1429-3)