

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) M NA 118074770 - 01

Date In: 8/6/18 - 18:22	Job description	Date & Time Completed	Done by
Ref No: NA/UP18010T20/24	SAS e-filing		
Veh No: 6BE733T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 7/6/18 - 12:00	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: 6BF9T196 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%. F: 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 1807640	Invoice Preparation Checklist	Am't (\$) Inv. Bill	Am't (\$) Add. Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QN*:		
	*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		
	N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee 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 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	08/06/2018 18:22
Date Of Accident	07/06/2018 12:00
Exact Location Of Accident	ALONG SUNGEI KADUT ST 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE733T
Insured/Policyholder	
Name Of Registered Owner	AULIN CONSTRUCTION PTE LTD
Co Reg No	200607893W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CITAN 109 CDI VAN EXTRA-LONG - 2 SEATERS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V11420/VCH/R02
Cover Note Number	

Driver

Name of Driver	CHING AH MOY
NRIC No	S1128694A
Date Of Birth	26/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	02/09/1975
Driving Experience	42 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81337927
Fax Number	
Contact Number	OFFICE-81337927
Email Address	NOEMAIL

Address	55 PARRY TERRACE
Postcode	547154
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
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)	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

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	GBF9519G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SONG XIN
NRIC/Passport Number	G2691429P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.:

ON STATED DATE AND TIME , I WAS TRAVELLING ALONG 2ND LANE SUNGEI KADUT ST 3. A LORRY WAS EXITING FROM BLK 15 SUNGEI KADUT ST 3 AND IT WAS OCCUPIED THE 1ST LANE. IN ORDER FOR VEHICLE B COLLIDE ONTO A CONTAINER LORRY. VEHICLE B SWERVE TO MY LANE AND HIT ONTO MY VEHICLE REAR LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 6 / 18) (DD/MM/YYYY), TIME: (12 : 00) (HH:MM)

LOCATION: Sungei Kadut St 1 Sungei Kadut St 3 Sungei Kadut St

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE7337
b) INSURANCE COMPANY: Liberty
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working
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: Aulin Construction Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ching Ah moy (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1128694A CONTACT: 81337422
c) ADDRESS: 55 Perry Terrace

*d) DATE OF BIRTH: (26 / 8 / 1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2 / 9 / 1975

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: GDF9519G MODEL: _____

b) DRIVER'S NAME: bing xin

c) NRIC/FIN/PASSPORT: G2691429P 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 =

fax =

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118J24720 Vehicle Registration No: 6DE9331
 Name(as shown in NRIC) : ching Ah moy NRIC/FIN/Passport No : S1128694A
 (*Vehicle Driver / ~~Vehicle Owner~~)(* Please delete as appropriate
 Address : 55 Perry Terrace Singapore (SU 7154)
 Contact (Tel) : _____ Mobile No. : 81337927
 Email Address : _____
 Date of Accident : 7/6/18 Time of Accident : 12:00
 Place of Accident : Mong Singi Kundat St 3
 Insurance Company: Liberty

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend policy number (S212V11420/VC4/R22)

 Policyholder / Driver's Signature
 Date:


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

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1128694A



Name
CHING AH MOY

Race
CHINESE

Date of Birth
26-08-1955

Sex
F

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1128694A**

Name
CHING AH MOY

Birth Date: **26 Aug 1955**

Issue Date: **16 Feb 2004**

001121410K




0334405



NRIC No. **S1128694A**



Blood Group
O+

Date of issue
04-05-1992

Address
**55 PARRY TERRACE
 SINGAPORE 1954**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE
02 Sep 1975

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

NP 426A

Licence No: S1128694A



The Schedule

Class of Policy: COMMERCIAL VEH-HIRE USE (Comprehensive)	Policy No: SI17V11420 /VCH /R02
The Insured: AULIN CONSTRUCTION PTE LTD 7030 ANG MO KIO AVENUE 5, #07-08 NORTHSTAR @ AMK, SINGAPORE 569880	Replacing No: SI16V12807 Account No: D9999-CSC (MBCV) Registration No: GBE733T Make/Model: MERCEDES BENZ CITAN 109 CDI VAN EXTRA-LONG - 2 SEATERS Type of Body: VAN Capacity/Tonnage: .77 Tons Seating Capacity including driver: 2 Year of Manufacture/Registration: 2015 / 2015 Engine No: K9KB608D552404 Chassis No: WDF4156052U166048 Sum Insured : MARKET VALUE AT THE TIME OF LOSS
Profession or Business: BUILDING CONSTRUCTION	Extra Coverage (\$\$): Unlimited Windscreen \$0.00
Period of Insurance: From: 27-AUG-2017 00:00 To: 26-AUG-2018 23:59 both days inclusive	
Excess (\$\$): Section I \$ 600.00 Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$ 3,000.00 Windscreen Excess \$ 100.00	
Hire Purchase Owner/Leasing Company:	
Named Drivers:	

Subject to the following operative endorsements attached:
V0001, V0010, V0011, V0012, V0013, V0095, V0097, V0108, V0153, V0233, V0244, V0281, V0288, 2011

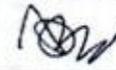
The Policy's Premium (\$\$)				
Basic Premium	NCD	Fleet / Other Discount	Good Driver Discount	
\$1,558.00	\$(233.70) (15%)	\$(66.22)	\$0.00	(0%)
Extra Premium	Sub Total	GST	Stamp Duty	Total Premium Payable
\$0.00	\$1,258.08	\$88.07 (7%)	NIL	\$1,346.15

This Schedule replaces any previous Schedule.

This Schedule and Policy are to be read together as one contract.

Person or classes of persons entitled to drive and limitations as to use, are as specified in the Certificate of Insurance issued in relation to this policy.

Signed in SINGAPORE on
12 Jul 2017
for and on behalf of
LIBERTY INSURANCE PTE LTD



Authorised Signature