

**NATIONAL Assessment Centre Services** [ref: JAN05] **MMA118077414**

Date In: <b>14/6/18 18:13</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA118010915164</b>	SAS e-filing		
Veh No: <b>SLV 3483L</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>13/6/18 20:30</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: <b>SKU 5984 L.</b>	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

<b>MA1803787</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) Est Bill	Am't (\$) Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);	<b>32.00</b>	
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments:-</b>	For claiming against INC Only (wef 10 Jan 20/05)		
<b>Est 1:</b>	6) TR: Re-inspection \$75		
<b>Est 2/3:</b>	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl 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 \$0		
	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	14/06/2018 18:13
Date Of Accident	13/06/2018 20:30
Exact Location Of Accident	ALJUNIED RD TWDS GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3483L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZHANG ZHE
NRIC No	S8674847I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86936630
Alternative Phone No	OFFICE-86936630

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5L Z CVT
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	SD18V00648/VPC/R00
Cover Note Number	-

### Driver

Name of Driver	ZHANG ZHE
NRIC No	S8674847I
Date Of Birth	21/01/1986
Occupation	INDOOR
Date Of Driving Pass	23/05/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86936630
Fax Number	
Contact Number	OFFICE-86936630
Email Address	NOEMAIL



Address	8 HOUGANG ST 11 #07-24
Postcode	534082
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 - CHANGE/CROSS LANE
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?	YES
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)	4
Passenger 1	NAME: : LI NAN GENDER: : FEMALE
Passenger 2	NAME: : ZHANG XIN YU GENDER: : FEMALE
Passenger 3	NAME: : ZHANG XIN KE EVA 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 ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU5984L
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)

#### DETAILS OF INJURED PERSON 1

Name ZHANG ZHE  
Approximate Age  
Injuries Sustain ARM  
Injured person in which vehicle? SLV3483L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name LI NAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLV3483L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name ZHANG XIN YU  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLV3483L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name ZHANG XIN KE EVA  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLV3483L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## 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:

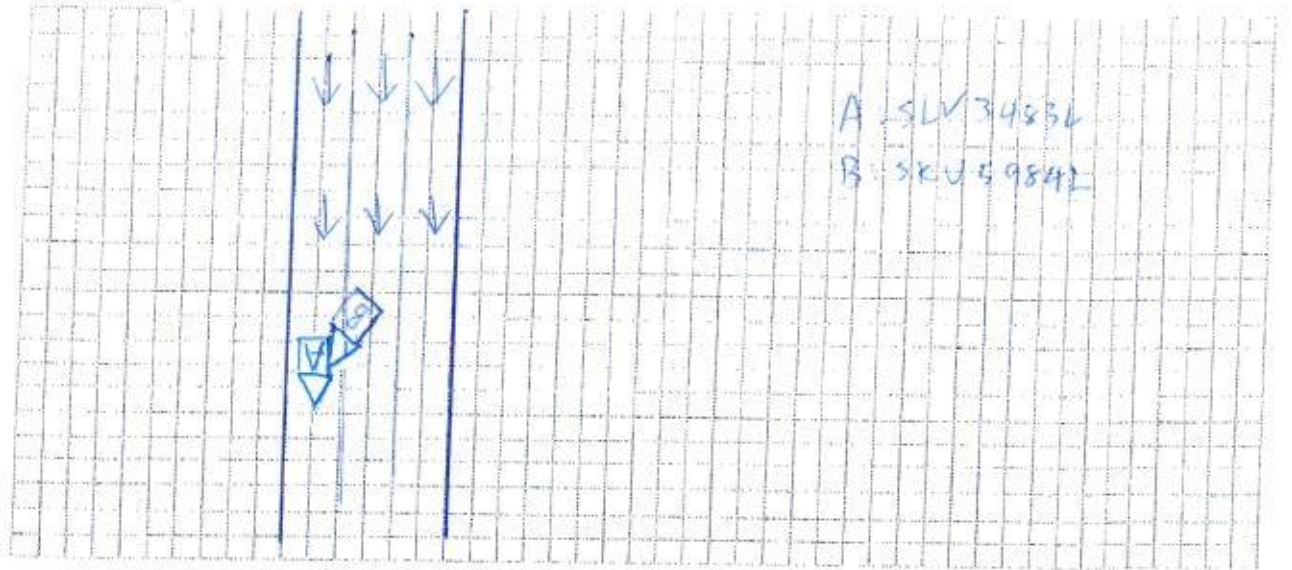
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



I was travelling straight along Aljunied Road towards Geylang . I was at the most right lane. Suddenly I felt an huge impact on the left portion of my vehicle. I got down the vehicle and realized vehicle B had swerved into my lane from the left without checking his blindspot thus , hitting onto the left portion of my vehicle.


## 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

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 13 June 2018 (DD/MM/YY) Time: 20 30pm (HH:MM)
Exact location of accident	Aljunied Rd towards Geylang

Details of vehicle

Vehicle registration number	SLV 3483L
Vehicle make and model	Toyota vellfire
Type of vehicle	Saloon <input type="checkbox"/> MPV <input checked="" type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	On the way home
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	Liberty
Policy number	SD18V00648/VPL/ROO
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	ZHANG ZHE	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	SS6748471	
Contact	8643 6630	
Address	8 Huiyuan street 11 #07-24 S(534082)	

DriverSame as insured above ☒ (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth		
Occupation	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass		

### General information of the accident

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	4 (Inclusive of driver)

#### Passenger 1

Name	ZHANG ZHE
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 2

Name	LIN HAN
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

#### Passenger 3

Name	Zhang Xin Yu
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

#### Passenger 4

Name	Zhang Xin Ke Eva
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

#### Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	



Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SKV5984L
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	ZHANG ZHE
Injuries sustained	Arm
Which vehicle person in?	SLV3483L
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	Li Nan
Injuries sustained	Body
Which vehicle person in?	SLV3483L
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 3

Name	Zhang Xin yu
Injuries sustained	Body
Which vehicle person in?	SLV3483L
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 4

Name	Zhang Xin Ke Eva
Injuries sustained	Body
Which vehicle person in?	SLV3483L
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO: **S8674847I**



Name  
**ZHANG ZHE**

张 哲

Race  
**CHINESE**

Date of birth  
**21-01-1986**

Country/Place of birth  
**CHINA**

Sex  
**M**




REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S8674847I**

Name  
**ZHANG ZHE**

Birth Date **21 Jan 1986**

Issue Date **23 May 2009**



001744963H

5240656



NRIC No: **S8674847I**



Date of issue  
**20-11-2013**

**8 HOUGANG STREET 11 #07-24**  
**SINGAPORE 534082**


NRIC No: **S8674847I**

Date: **27/05/2014**

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

PASS DATE

Class 3 Motor Cars  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of the driver; and other motor vehicles  $\leq 2500\text{kg}$  20 May 2009



Licence No: **S8674847I**

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)

**Name of Policyholder:**

ZHANG ZHE

**Certificate No.:**

SD18V00648/ VPC / R00

**Date of Issue:**

10 Jan 2018

**Effective Date of Commencement:**

28 Dec 2017 00:00

**Date of Expiry:**

27 Dec 2018 23:59

**Registration No.:**

SLV3483L

**Chassis No.:**

AGH300154151

**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).

Prime Cars Credit Pte Ltd  
61 Ubi Avenue 2  
#01-03/04 Automobile Megamart  
Singapore 408898  
Tel : 67798500 Hp : 81008500



For and on behalf of  
**LIBERTY INSURANCE PTE LTD**  
Approved Insurers

**For Information Only:**

**Coverage(s):**

Comprehensive, Unlimited Windscreen, NCD Protection

**Sum Insured:**

MARKET VALUE AT THE TIME OF LOSS

**Excess:**

Section I - Named Drivers S\$800, Section I - Unnamed Drivers S\$1300, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

**Name of Finance Company:**

PRIME CARS CREDIT PTE LTD

**Name of Producer:**

PRIME CARS CREDIT PTE LTD (A1410-2)