

NATIONAL Assessment Centre Services (wef: Jan 05)

Date In: 22/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/LIA18011402/13	SAS e-filing		
Veh No: SKM8312 E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/05/18 0850	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SL5725A	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

NA1803928

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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:-		
	OD*		
	*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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:	Invoice dated	Fee Charged	
Cat 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	22/06/2018 16:11
Date Of Accident	11/05/2018 08:50
Exact Location Of Accident	PIE FROM CHANGI SLIP RD TO JLN EUNOS(ECP)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM8312E
Insured/Policyholder	
Name Of Registered Owner	AW YUAN HWEE
NRIC No	S2557488E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84681162
Alternative Phone No	OTHERS-84681162

Vehicle Particulars

Manufacturer	BMW
Model	1.6
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V00804/VPC/R02
Cover Note Number	

Driver

Name of Driver	AW YUAN HWEE
NRIC No	S2557488E
Date Of Birth	01/11/1962
Occupation	INDOOR
Date Of Driving Pass	05/12/1992
Driving Experience	25 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84681162
Fax Number	
Contact Number	OTHERS-84681162
Email Address	NOEMAIL

Address	BLK 495C TAMPINES ST 43 #12-388
Postcode	522495
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	
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

I WAS TRAVELLING FROM PIE SLIP RD TWDS JALAN EUNOS ON THE LEFT LANE OF A2-LANES RD. SUDDENLY INFRT OF MY VEH E-BRAKE AFTER HIS VEH SLIGHTLY OUT FROM THE GIVEWAY LINE. I JAMMED BRAKE TOO BUT MY VEH DIDN'T STOP COMPLETELY AND TOUCH THE REAR PORTION OF VEH B. BOTH PARTY AGREE FOR PRIVATE SETTLEMENT BUT AT THE END THE VEH B DRIVER DIDN'T TURN UP AT MY WORKSHOP ON THE DATE THAT WE HAD ARRANGED.

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	SLS725A
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TENZA ELISEO JR PASCUAL
NRIC/Passport Number	F0827497P
Contact Number	94874814
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:

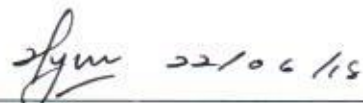
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

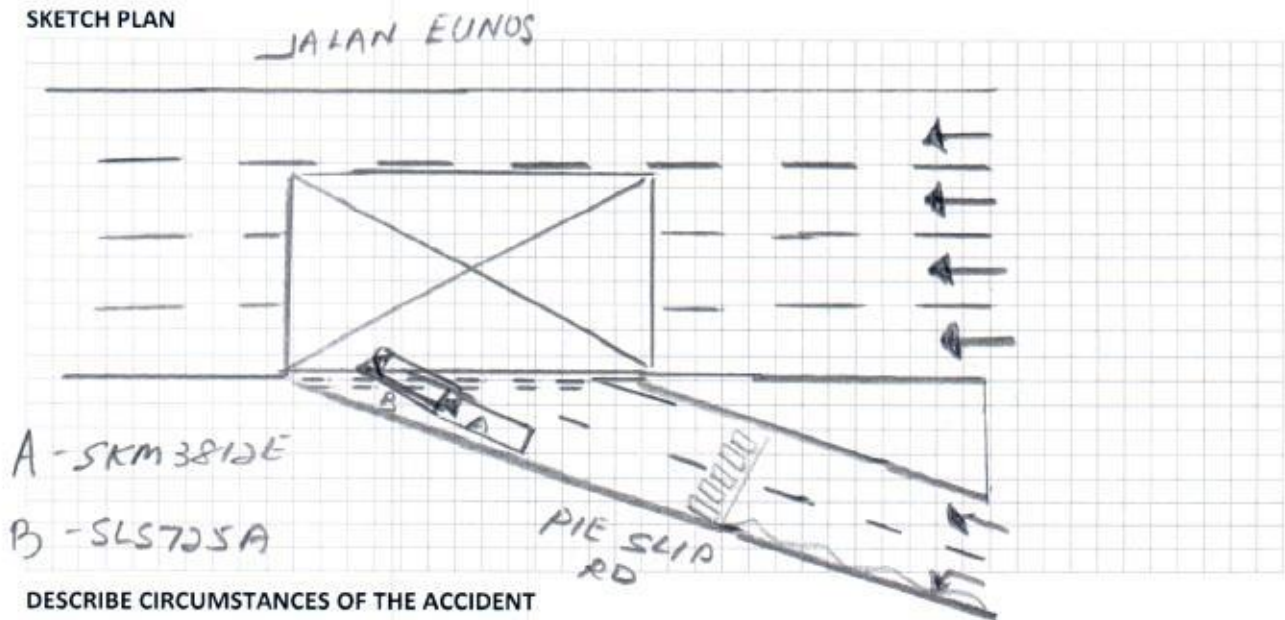
22/6/18

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

Pls refer to the attached statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature] 22/6/18
 Policyholder's Signature
 Date & Time:

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

[Signature] 22/6/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

I WAS TRAVELLING FROM PIE SLIP RD TWDS JALAN EUNOS ON THE LEFT LANE OF A2-LANES RD. SUDDENLY INFRT OF MY VEH E-BRAKE AFTER HIS VEH SLIGHTLY OUT FROM THE GIVEWAY LINE. I JAMMED BRAKE TOO BUT MY VEH DIDN'T STOP COMPLETELY AND TOUCH THE REAR PORTION OF VEH B. BOTH PARTY AGREE FOR PRIVATE SETTLEMENT BUT AT THE END THE VEH B DRIVER DIDN'T TURN UP AT MY WORKSHOP ON THE DATE THAT WE HAD ARRANGED.

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 : MNA118080698 Vehicle Registration No: SKM8312E
Name(as shown in NRIC) : AW YUAN HWEI NRIC/FIN/Passport No : S2557488E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 495C TAMPINES ST 43 #12-388 Singapore(522495)
Contact (Tel) : _____ Mobile No.: 84681162
Email Address : _____
Date of Accident : 11/06/18 Time of Accident : 08:50
Place of Accident : PIE FROM CHANGI SLIP RD TO JLN EUNOS (ECP)
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:

AMEND DATE OF ACCIDENT

Policyholder / Driver's Signature
Date:

afm 22/06/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

ACCIDENT STATEMENT

ACCIDENT DATE: (11/5/2018) (DD/MM/YYYY), TIME: (8:50) (HH:MM)

LOCATION: PIE FROM CHANGI SLIP ROAD TO JALAN KUNING (ECP)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKM 3812 E
 b) INSURANCE COMPANY: LIBERTY INSURANCE PTE LTD.
 c) POLICY NUMBER: S118V00809
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 1.6 A
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK
 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: MR AN YUAN HWEI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2557488E CONTACT: 84681162
 c) ADDRESS: BLK 495C #12-388
TAMPINES STREET 43 SPOKE S22495

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: (01/11/1962) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 1992

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWN

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: SLC 725 A MODEL: WELCHER RENT
 b) DRIVER'S NAME: TENZA ELISEO JR PASCHAL
 c) NRIC/FIN/PASSPORT: P0827497P CONTACT: 99874814

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)

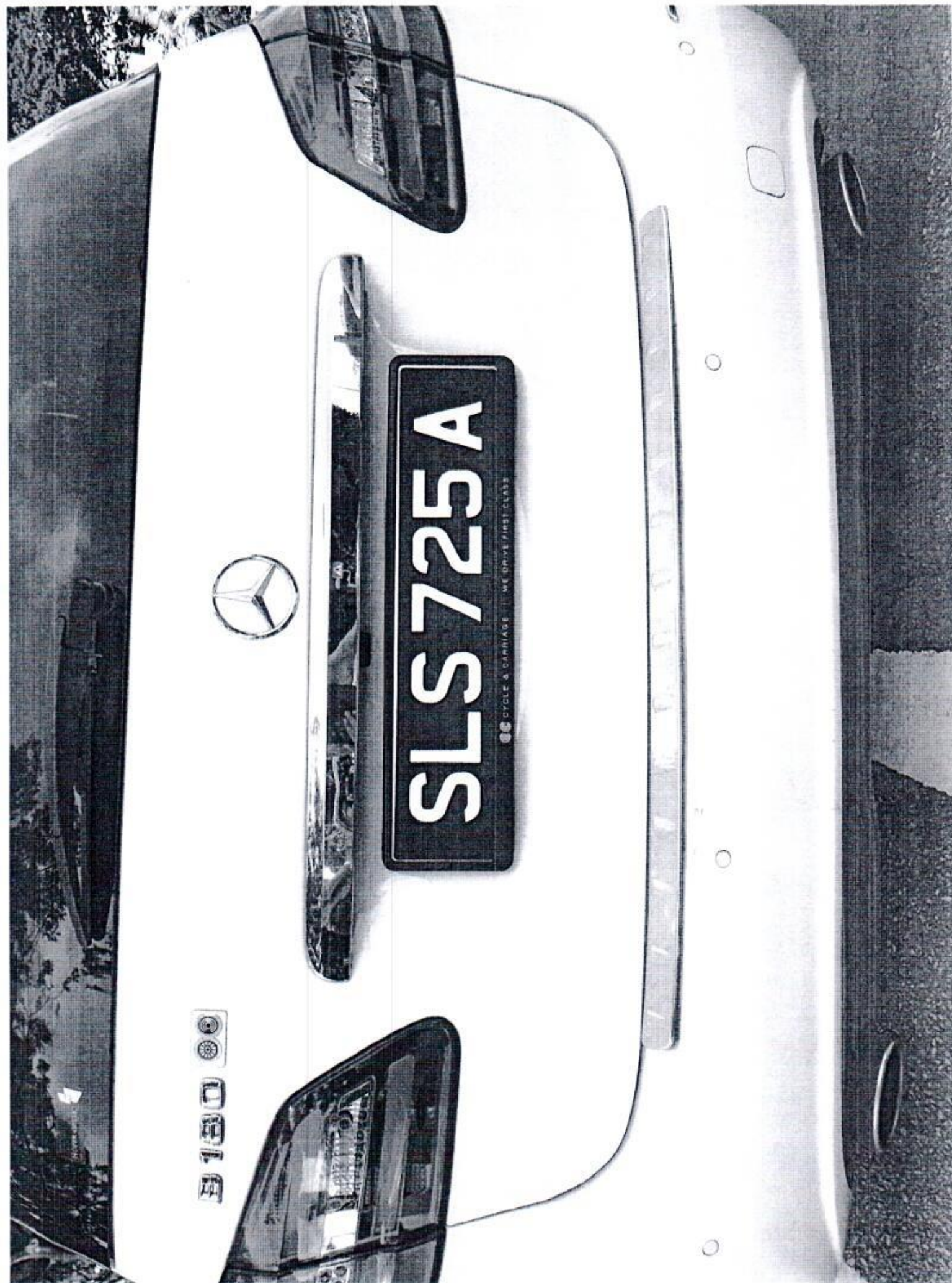
* No of passenger (including driver) (-)

22/06/18
 waiting for
 CI

email =

fax =





REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **F0827497P**
Name:

TENZA ELISEO JR PASCUAL

Birth Date: **05 Sep 1942**

Issue Date: **05 Jan 2017**

Valid Till **04/01/2022**



002644693D

TP

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: **S2557488E**

Name: **AW YUAN HWEE**

Birth Date: **01 Nov 1962**

Issue Date: **18 Oct 2003**

1000932299E



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2557488E**



Name

AW YUAN HWEE

欧彦辉

Race
CHINESE

Date of birth
01-11-1962

Country/Place of birth
MALAYSIA

Sex
M



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

PASS DATE

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms** **05 Dec 1992**

NP 428A



Licence No: **S2557488E**

5825084



NRIC No: **S2557488E**



Date of issue
07-11-2017

Address

**APT BLK 495C TAMPINES STREET 43
#12-388
SINGAPORE 522495**

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: AW YUAN HWEE		Certificate No.: SI18V00804/ VPC / R02
Date of Issue: 12 Jan 2018	Effective Date of Commencement: 25 Feb 2018 00:00	Date of Expiry: 24 Feb 2019 23:59
Registration No.: SKM3812E	Chassis No.: WBA3A16010NS36325	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, NCD Protection
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$600, Additional Excess for Young, Elderly & Inexperienced Drivers S\$2500, Windscreen Excess S\$0
Name of Finance Company:	
Name of Producer:	SD CONTEGO SERVICES (A1429-5)

PLRM/R2BAAMT/SI18V00804/22-Jun-2018/MotorCI/v1.0