

NATIONAL Assessment Centre Services <i>MAA 11885698</i>			
Date In: <i>03/07/2018 15:01</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBAKIP18012068/Y</i>	SAS e-filing		
Veh No: <i>SLG 5170E</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>03/07/2018 09:25</i>	I-Motor Claim Form		
OD <i>TP</i> 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: <i>SLH 88899</i>	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

<i>NAI804232</i>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	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		
QC Checked by (Engr-In-Charge):	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			
Auditors' Comments :-	TP (N11): TP (Non INC) against INC	\$20		
Cat. 1:	9) N12: Idac Mobile	\$0		
Cat. 2/3:	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	03/07/2018 15:01
Date Of Accident	03/07/2018 09:25
Exact Location Of Accident	ALONG DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5170E
Insured/Policyholder	
Name Of Registered Owner	TEO KELVIN
NRIC No	S7914575J
Email Address	TEOKELVIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96840097
Alternative Phone No	OTHERS-96840097
Vehicle Particulars	
Manufacturer	MASERATI
Model	QUATTROPORTE AUTOMATIC MY09
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	SD16V12642/VPS/R00
Cover Note Number	
Driver	
Name of Driver	TEO KELVIN
NRIC No	S7914575J
Date Of Birth	19/05/1979
Occupation	INDOOR
Date Of Driving Pass	26/01/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96840097
Fax Number	
Contact Number	OTHERS-96840097
Email Address	TEOKELVIN@GMAIL.COM

Address	136B HILLVIEW AVENUE #01-05
Postcode	669607
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : WIFE 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 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	SLH8589G
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALEXA KWAN YI
NRIC/Passport Number	S8522207D
Contact Number	91823333
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: 3/7/2018
2:25pm

Driver's Signature

(If driver is not the policyholder)

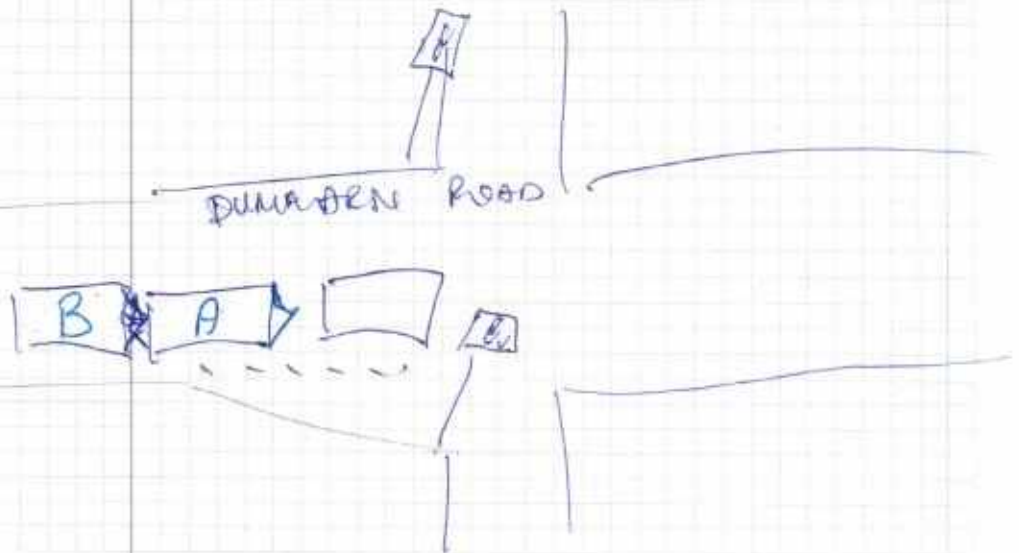
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A) SLG 5170E

B) SLH 8589 G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stopped at traffic light on Dunearn Road.
Vehicle SLH 8589 G ran into back of car.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 3/7/2018

2:27pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 03/07/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 7 / 2018) (DD/MM/YYYY), TIME: (09 : 25) (HH:MM)

LOCATION: DUNGARN ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 5170E
b) INSURANCE COMPANY: LIBERTY INSURANCE
c) POLICY NUMBER: 8216V12642 / VPS / K00
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MASERATI QUATTROPORTE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
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: TED KELVIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S79145753 CONTACT: 96840097
c) ADDRESS: 136B HILLVIEW AVE #01-05 S(669607)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SLH 8589 G MODEL: VW
b) DRIVER'S NAME: ALEXA KWAN VI
c) NRIC/FIN/PASSPORT: S8522207D CONTACT: 9182 3333

9. THIRD PARTY VEHICLE

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

email = teukelvin@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7914575J



Name

TEO KELVIN

Race

CHINESE

Date of birth

19-05-1979

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7914575J

Holder

TEO KELVIN

Birth Date 19 May 1979

Valid Date 03 Jan 2009



4408786

NRIC No. S7914575J



Date of issue

27-05-2009

Address

136B HILLVIEW AVENUE
#01-05
SINGAPORE 669607

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

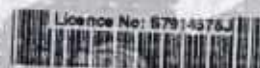
Class 3

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

PASS DATE

26 Jan 1998

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)

Certificate No

Form

SD16V12642 /VPS /R00
MX3

Date Of Issue

04-JUL-2017

1. Index Mark and Registration No. of Vehicle:

SLG5170E

2. Chassis number of Vehicle:

ZAMFK39C000047019

3. Name of Policyholder:

KELVIN TEO

4. Effective date of Commencement of Insurance
for the purposes of the Act:

04-OCT-2017 00:00 AM

5. Date of Expiry of Insurance:

23-JUL-2018 23:59 PM

6. Persons or Classes of Persons
entitled to drive*:

KELVIN TEO, NG PEIXUAN

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle 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 is not due to expire at the time of the accident loss or damage.

7. Limitations as to use*:

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

8. 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 Part IV 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
LIBERTY

Ap

Aut

For information only:

COVERAGE :

SUM INSURED:

EXCESS:

INSURANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen

MARKET VALUE AT THE TIME OF LOSS

Windscreen Excess S\$500, Section I - Singapore - S\$10000 / Outside Singapore S\$20000

ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY

PLTF 20170704

OHS
Life & General
Insurance Agency

47A Lorong 27 Geylang, Singapore 388179