

NATIONAL Assessment Centre Services

Print : Jan'05 NA118088592

| | | | |
|-------------------------|--|-----------------------|---------|
| Date In: 9/2/18-18:42 | Job description | Date & Time Completed | Done by |
| Ref No: NA/UP1801248524 | SAS e-filing | | |
| Veh No: SKW 29234 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 6/2/18-16:15 | 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: SHN400SD | 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% P: 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| NA1804335 | Invoice Preparation Checklist | Am't (\$) for Bill | Am't (\$) 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 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | 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 | | |
| Dat. 1: | 9) N12: Idac Mobile 30 | | |
| Dat. 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 | 09/07/2018 18:42 |
| Date Of Accident | 06/07/2018 16:15 |
| Exact Location Of Accident | CARPARK OF PARKWAY PARADE |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SKW2923Y |
| Insured/Policyholder | |
| Name Of Registered Owner | LAURA ANTOINETTE CHEW TEOW BOON |
| NRIC No | S1572353Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98379551 |
| Alternative Phone No | OFFICE-98379551 |
| Vehicle Particulars | |
| Manufacturer | MERCEDES-BENZ |
| Model | A180 (R17) |
| 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 | SD17V10092/VPC/R00 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHAN GUO RONG, GABRIEL |
| NRIC No | S9131519Z |
| Date Of Birth | 07/09/1991 |
| Occupation | INDOOR |
| Date Of Driving Pass | 04/11/2016 |
| Driving Experience | 1 YEAR AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98379551 |
| Fax Number | |
| Contact Number | OFFICE-98379551 |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 122 PENDING ROAD #02-62 |
| Postcode | 670122 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

General Information of the Accident

| | |
|--------------------|---|
| Type Of Accident | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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? | |
| 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) | 0 |

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 | SGN4005D |
| 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) | 1 |

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:

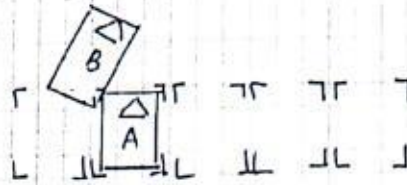

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Vehicle A: SKW7923Y

Vehicle B: SGN4005D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I returned to my vehicle, I found a note from Mr Teo (driver of SGN4005D) that he had reversed into my vehicle's front portion. I wish to state that my front bumper, front left headlamp, front diffuser, front left fog lamp cover were damaged in the midst of the accident.

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: 06 / 07 / 2018 (DD/MM/YYYY), TIME: 16 : 15 (HH:MM)

LOCATION: mpark of Parkway Parade

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 2983Y
 b) INSURANCE COMPANY: Wentz
 c) POLICY NUMBER: SD17-V10092 VPC R00/E00
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes Benz A180
 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: LAWA Antoinette Chew Teow Boon (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S1572353Z CONTACT: _____
 C) ADDRESS: 1 Sunyang East Ave #12-05 S(544811)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chan Guo Rong, Gabriel (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13151A7 CONTACT: 98379551
 c) ADDRESS: 122 Pending Road #02-82 S(670122)

* d) DATE OF BIRTH: 07 / 04 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2 years

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son-in-law

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: SGN 4005D MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1572353Z



Name

LAURA ANTOINETTE CHEW
TEOW BOON

周兆文

Race

CHINESE

Date of Birth

01-06-1963

Sex

F

Country of Birth

SINGAPORE



0 1 7 9 5 8 8



NRIC No: **S1572353Z**



Blood Group

O+

Date of Issue

10-12-1991

**1 SENGKANG EAST AVENUE #12-05
SINGAPORE 544811**

NRIC No: **S1572353Z**

Date: **10/12/2015**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S9131519Z**
Name:

CHAN GUO RONG, GABRIEL

Birth Date: **07 Sep 1991**

Issue Date: **04 Nov 2016**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9131519Z



Name

CHAN GUO RONG, GABRIEL



詹 国 荣

Race

CHINESE

Date of birth

07-09-1991

Sex

M

Country of birth

SINGAPORE



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ **04 Nov 2016**

NP 428A



Licence No: S9131519Z

3930197



NRIC No. **S9131519Z**

Date of Issue

09-09-2006

**APT BLK 122 PENDING ROAD #02-62
SINGAPORE 670122**

S9131519Z

03/01/2014

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: LAURA ANTOINETTE CHEW TEOW BOON | | Certificate No.: SD17V10092/ VPC / R00 |
| Date of Issue: 28 Aug 2017 | Effective Date of Commencement: 21 Jul 2017 00:00 | Date of Expiry: 25 Oct 2018 23:59 |
| Registration No.: SKW2923Y | Chassis No.: WDD1760422J394103 | 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\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 |
| Name of Finance Company: | MAYBANK |
| Name of Producer: | SD CONTEGO SERVICES (A1429-2) |

PLGG/PLGG/SD17V10092/09-Jul-2018/MotorCI/v1.0