

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **MNAN2059149**

Date In: 10/7/18-17:53	Job description	Date & Time Completed	Done by
Ref No: NA1804356/24	SAS e-filing		
Veh No: LN4290L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/7/18-16:15	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: SLR3956K	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1804359	Invoice Preparation Checklist	Am't (\$) Fit 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		
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:-		
	9) N12: Idac Mobile 30		
	QC*		
	*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		
	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	10/07/2018 17:53
Date Of Accident	09/07/2018 16:15
Exact Location Of Accident	ALONG BARTLEY RD EAST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN4290L
Insured/Policyholder	
Name Of Registered Owner	889 CAR LEASING PTE LTD
Co Reg No	201306774G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64445989
Vehicle Particulars	
Manufacturer	BMW
Model	528I A
Exact Purpose for which vehicle was being used at time of accident	ROAD TEST
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18L01684/LPLIR/R5/E0
Cover Note Number	
Driver	
Name of Driver	TERNG BOH CHAI
NRIC No	S6926871D
Date Of Birth	24/08/1969
Occupation	INDOOR
Date Of Driving Pass	27/04/1990
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96621885
Fax Number	
Contact Number	OFFICE-96621885
EMail Address	NOEMAIL

Address	BLK 103 RIVERVALE WALK #09-74
Postcode	540103
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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	SLR3956K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM JIAYU
NRIC/Passport Number	S9210227J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN7622T
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN CHOON LIAN

NRIC/Passport Number

S1619393C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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.

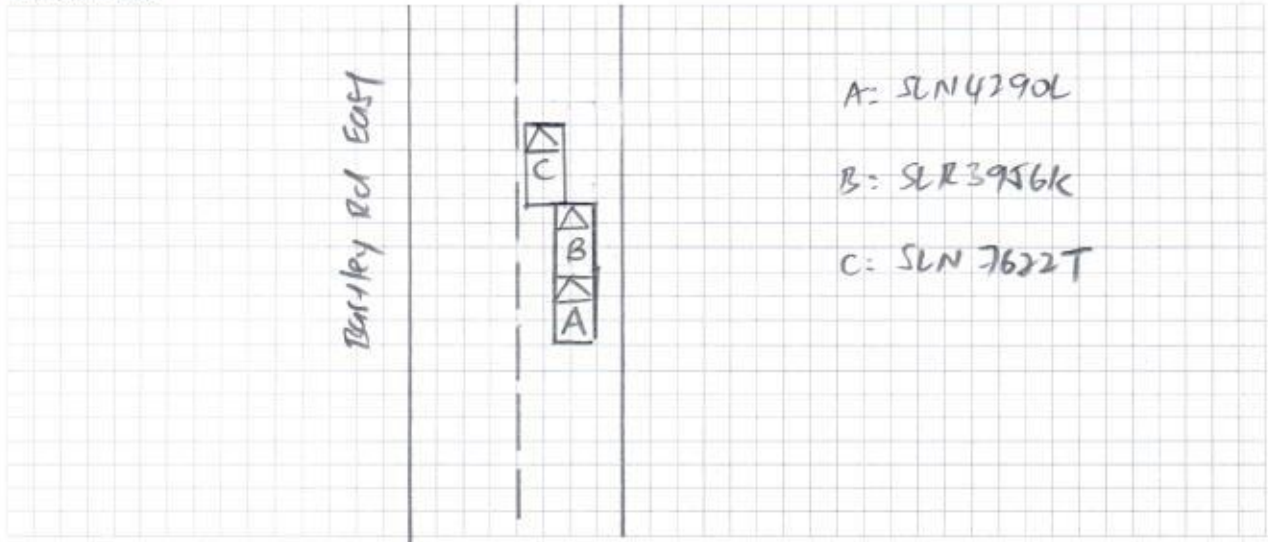


Policyholder's Signature
Date & Time:

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

Refer to statement.

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG BARTLEY RD EAST.
SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY
VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 7 / 8) (DD/MM/YYYY), TIME: (16 : 15) (HH:MM)

LOCATION: Beds Along Bentley Rd East.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN4290L
 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: Road Test
 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: 889 Car Servicing Pte Ltd (MALE / FEMALE) 7
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Teng Boh Chai (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6926871D CONTACT: 96621885
 c) ADDRESS: Blk 103 Rivervale Walk #09-24 (S4903)

*d) DATE OF BIRTH: (24 / 8 / 1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22/4/1990

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: SLR 3956K (B) MODEL: _____
 b) DRIVER'S NAME: Lim Jia Yu
 c) NRIC/FIN/PASSPORT: S9210227J CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLN76227 (C) MODEL: _____
 e) DRIVER'S NAME: Tan Choon Ugn
 f) NRIC/FIN/PASSPORT: S1619393C CONTACT: _____

* No of passenger
 (Including driver)
 (1)

* No of passenger
 (Including driver)
 (1)

* No of passenger
 (Including driver)
 (1)

Email = bcterng@yahoo

fax = bcterng@yahoo.com.sg

6445989 | 6538 2180

96766965
 ↓
 Linda

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6926871D



TERNG BOH CHAI
唐戊才
Race
CHINESE
Date of Birth 24-08-1969 Sex M
Country of Birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6926871D
Name
TERNG BOH CHAI
Born 24 Aug 1969
Issue Date 29 May 2002




1129298



NRIC No: S6926871D



Blood Group: O+ Date of issue: 13-07-1994

APT BLK 103 RIVERVALE WALK #09-74
SINGAPORE 540103
NRIC No: S6926871D Date: 07/01/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 27 Apr 1990

Licence No: S6926871D



NP 429A



**Liberty
Insurance.**

Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street

#03-00 Liberty House

Singapore 069428

Tel: (65) 6221 8611 Fax: (65) 6226 3360

website: <http://www.libertyinsurance.com.sg>

The Schedule

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Class of Policy	PUBLIC LIABILITY - INDUSTRIAL RISK	
Policy No :	SD18L01684 / LPLIR / R5 / E0	Account : ENG YUEN YEE
Insured :	889 CAR SERVICING PTE. LTD.	
Address :	10 KAKI BUKIT ROAD 2 #03-33 AND #03-34 FIRST EAST CENTRE SINGAPORE 417868	
Business/Occp :	REPAIR & MAINTENANCE OF MOTOR VEHICLE	
Period of Insurance :	From 25-JUN-2018 To 24-JUN-2019 Both dates inclusive Any subsequent period for which the insured shall pay and the Company shall agree to accept a renewal premium.	
Gross Premium :	SGD1,050.00	
Territorial Limit :	INSURED'S OPERATION AT THE UNDERNOTED ADDRESSES AND ANY OTHER PLACE IN SINGAPORE IN DIRECT CONNECTION WITH THE INSURED'S BUSINESS AS STATED IN THE POLICY :	
	1)10 KAKI BUKIT ROAD 2 #03-33 FIRST EAST CENTRE SINGAPORE 417868	
	2)10 KAKI BUKIT ROAD 2 #03-34 FIRST EAST CENTRE SINGAPORE 417868	
Limit of Indemnity :	FOR ANY ONE ACCIDENT FOR ANY ONE PERIOD	SGD500,000.00 UNLIMITED
Excess :	IT IS HEREBY DECLARED AND AGREED THAT THE INSURED SHALL BE RESPONSIBLE FOR THE FIRST S\$1,500.00 IN RESPECT OF EACH AND EVERY LOSS	
Replacing Policy No	SD17L01586	
SUBJECT TO THE FOLLOWING ENDORSEMENTS , WARRANTIES AND/OR CLAUSES PRINTED IN THIS POLICY OR ATTACHED HERETO :		
GST ON EXCESS / DEDUCTIBLES All excesses/deductibles mentioned in the policy (and its attaching clauses and endorsements) are subject to GST, if applicable.		
PREMIUM REFUND The amount of refund in the event of cancellation or reduction in Insured values / wages shall be based on standard policy conditions and subject to : - - there being no incurred claims to-date on the Policy - all premiums due from the Insured on policies effected with Liberty have been promptly paid		
CAR PARK FACILITIES This Policy is extended to cover the legal liability of the Insured in respect of loss or damage to vehicles under the control of the Insured or the Insured's Parking Attendants whilst in the Car Park of the Insured		