

# NATIONAL Assessment Centre Services

Form No. 24-102

MAN/8095222

Date In: 28/07/2018 19:28	Job description	Date & Time Completed	Done by
Ref No: NAB/UP/80/3380/Y	SAS e-filing		
Veh No: SKL 5705L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/07/2018 12:35	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: SKL 199K	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>Claimant's Particulars:-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	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: Idno 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 (Non INC) against INC \$20				
9) N12: Idno Mobile \$0				
Invoice dated		Fee Charged		
Revision 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	23/07/2018 19:25
Date Of Accident	21/07/2018 12:35
Exact Location Of Accident	ALONG TANJONG KATONG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL5705L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JSG ENTERPRISE
Co Reg No	53220040C
Email Address	LCTHIAM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96682180
Alternative Phone No	OFFICE-87980962

### Vehicle Particulars

Manufacturer	INFINITI
Model	Q30-1.5 PREMIUM (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V02044/VPL/R01
Cover Note Number	

### Driver

Name of Driver	YEOH SAN SAN
NRIC No	S1343792J
Date Of Birth	14/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1984
Driving Experience	34 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87980962
Fax Number	
Contact Number	OTHERS-96682180
Email Address	LCTHIAM@YAHOO.COM



Address	BLK 6 HAIG ROAD #08-447
Postcode	430006
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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)	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

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	SKL1199K
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG SENG KEE
NRIC/Passport Number	S0596205F
Contact Number	96669897
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

## 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.



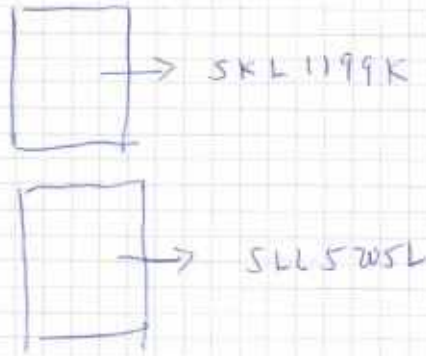
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

TANJONG KATONG ROAD TOWARDS ECP



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 21<sup>ST</sup> JULY 2018, I, JUK SAM SAM, IC NO 51343792J  
 WERE DRIVING ALONG TANJONG KATONG ROAD TOWARD ECP  
 WHILE APPROACHING THE TRAFFIC LIGHT I SLOWED DOWN AND  
 WHEN THE TRAFFIC LIGHT TURNED GREEN THE CAR (SKL 1199K)  
 OF ME MOVED A LITTLE AND SUDDENLY BRAKE WHICH RESULTED  
 THAT I COULD NOT BRAKE IN TIME THEREFORE HIT ON  
 THE BACK OF SKL 1199K.

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: (21 / 07 / 2018) (DD/MM/YYYY), TIME: (1235) (HH:MM)

LOCATION: TANJONG KATONG ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL 5705 L  
b) INSURANCE COMPANY: LIBERTY  
c) POLICY NUMBER: SD18V0204/VPL/R01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: INFINITI Q30  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: SOCIAL  
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: JSE ENTERPRISE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S3220040C CONTACT: 96682180  
c) ADDRESS: 6 HAIG ROAD  
# 08-447 SINGAPORE 430006

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: YEH SAN SAN (MALE / FEMALE) 87980962  
b) NRIC/FIN/PASSPORT: S1343792J CONTACT: 66280  
c) ADDRESS: 6 HAIG ROAD  
# 08-447 SINGAPORE 430006

\* d) DATE OF BIRTH: (14 / 10 / 1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 3/1/1984

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

### 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: SKL 1199 K MODEL: MAZDA 3  
b) DRIVER'S NAME: NA SENG KEE  
c) NRIC/FIN/PASSPORT: S0596205F CONTACT: 96669897

### 9. THIRD PARTY VEHICLE

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

Email = lcthian@yahoo.com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1343792J



YE OH SAN SAN  
楊 珊 珊  
Race  
CHINESE  
Date of Birth  
14-10-1959  
Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1343792J

Name  
YE OH SAN SAN

Birth Date 14 Oct 1959  
Issue Date 30 May 2012




002068552D

0932035



NRIC No. S1343792J

Blood Group Date of issue  
B+ 03-05-1993

Address  
APT BLK 6 HAIG ROAD  
#05-447  
SINGAPORE 1543


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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 03 Jan 1984

Licence No. S1343792J

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)

<b>Certificate No</b>	<b>SD18V02044 /NPL /R01</b>
<b>From</b>	MZ400B
<b>Date Of Issue</b>	22-FEB-2018
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLL5705L
<b>2.Chassis number of Vehicle:</b>	SJKDAAH15U1023152
<b>3.Name of Policyholder:</b>	JSG ENTERPRISE
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	28-FEB-2018 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	27-FEB-2019 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
<b>For Uber/Grabcar Usage :</b>	YEOH SAN SAN
<b>For Social, domestic &amp; pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.</b>	
<p>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.</p> <p>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.</p>	
<b>7.Limitations as to use*:</b>	
<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic and pleasure purposes.</p>	
<b>8.Policy does not cover:</b>	
<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
<p>*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.</p>	
<p>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).</p>	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p>  <hr style="width: 20%; margin-left: auto;"/> <p>Authorised Signature</p>	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, Uber/Grabcar Extension (Geographical Area: Singapore only)
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I - Singapore S\$2000 / Outside Singapore S\$4000, Section II - Singapore S\$1500 / Outside Singapore S\$3000, Additional Excess for Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	MAYBANK
<b>PRODUCER NAME:</b>	WEARNES AUTOMOTIVE PTE LTD

PLYW/PLYW/22-FEB-18

S1\_CI\_T1\_T3\_OE\_Template6-Ver1. 22-FEB-18



**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:**

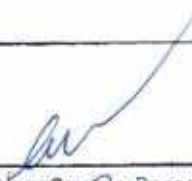
Original Report No : MMIA118095222 Vehicle Registration No: SLL5705L  
Name (as shown in NRIC) : YEOH SON SON NRIC/FIN/Passport No : S1343792J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 87980962  
Email Address : \_\_\_\_\_  
Date of Accident : 21/07/2018 Time of Accident : 12:35  
Place of Accident : \_\_\_\_\_  
Insurance Company : \_\_\_\_\_

**(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:

INS CERTIFICATE NUMBER 2 SD18V02044/VPL/RO1

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Poon Wai Hong  
NRIC/FIN No: \_\_\_\_\_  
Date: 24/07/2018