

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118 109851

Date In: 24/8/18 - 16:35	Job description	Date & Time Completed	Done by
Ref No: NA / 167100 KY40 / 24	SAS e-filing		
Veh No: SKR33344	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 23/8/18 - K:40	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: 547777D	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

NA1805370	Invoice Preparation Checklist		Am't (\$) Int 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)			
2at. 1:	6) TR: Re-inspection \$75			
2at. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	24/08/2018 16:35
Date Of Accident	23/08/2018 15:40
Exact Location Of Accident	MARINE PARADE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ3334Y
Insured/Policyholder	
Name Of Registered Owner	FAN KAI MINH
NRIC No	S2643520Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97461239
Alternative Phone No	OFFICE-97461239
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	3008 1.6 E-HDI ETG ACTIVE SUV
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	SI17V16622/VPE/R02
Cover Note Number	

Driver

Name of Driver	WEN SHE CHIEN
NRIC No	S2698179D
Date Of Birth	07/11/1954
Occupation	INDOOR
Date Of Driving Pass	03/02/2001
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97461239
Fax Number	
Contact Number	OFFICE-97461239
Email Address	NOEMAIL

Address	68 MARINE PARADE ROAD #12-22
Postcode	449301
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180824/7014.

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	SLT7527D
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.
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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:

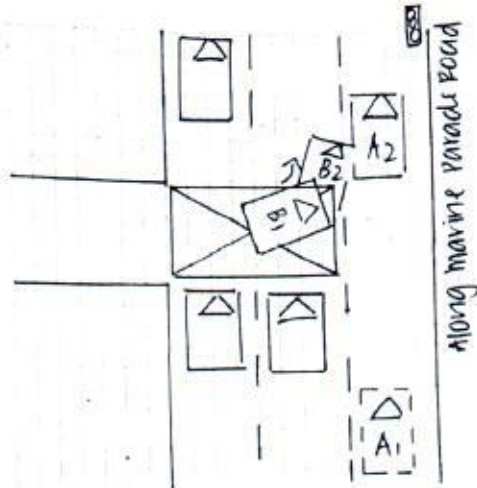

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch

Vehicle B: SLT7527D



Refer to Police Report.

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: 23/08/2016 (DD/MM/YYYY) TIME: 15:30 (HH:MM)
 LOCATION: MAINIC TAVAK ROAD

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SL6334Y
 b) INSURANCE COMPANY: LIAMU
 c) POLICY NUMBER: SL17V16633 VPE R02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA / 3000
 f) TYPE: (SEDAN / 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)?
 f) NO, PLEASE STATE (THIRD PARTY) CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

a) NAME: SAVI KAI WANG (MALE / FEMALE)
 b) NRIC/PRN/PASSPORT: 26425202 CONTACT:
 c) ADDRESS: 66 MANIC TAVAK ROAD #12-22
S(440301)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: WEN SUE CHEN (MALE / FEMALE)
 b) NRIC/PRN/PASSPORT: 37647770D CONTACT: 47461739
 c) ADDRESS: 66 MANIC TAVAK ROAD #12-22
S(440301)

* DATE OF BIRTH: 03/11/1954 (DD/MM/YYYY)

a) OCCUPATION: (INDOOR / OUTDOOR) IT (CNC)

b) YEARS OF DRIVING EXPERIENCE: 17 (YRS)

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

5. IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: POULAR

6. WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

7. ROAD SURFACE: (DRY / WET / OTHERS)

8. WAS ANYBODY INJURED (YES / NO)

9. IF REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SL17527D MODEL:

b) DRIVER'S NAME:

c) NRIC/PRN/PASSPORT: CONTACT:

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/PRN/PASSPORT: CONTACT:

Chari =

Pax =

No of passengers
 (including driver)
03
 PASSENGERS:
0 MALES

No of passengers
 (including driver)
01
 PASSENGERS:
0 MALES



**SINGAPORE
POLICE FORCE**



T/20180824/7014

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180824/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2018 15:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WEN SHE CHIEN			Address: 68 MARINE PARADE ROAD #12-22 SINGAPORE 449301		
ID Type / ID No.: NRIC NO / S2698179D			Contact No.: Home/Office: Mobile: 97461239		
Nationality: SINGAPORE CITIZEN			Email: johnwen_hm@hotmail.com		
Sex: Male	Age: 63	Date of Birth: 05/11/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/08/2018 15:35	Type of Location: T-Junction
Location: MARINE PARADE CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ3334Y	Car	PEUGEOT	3008		Slightly Damaged	3
SLT7527D	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180824/7014

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180824/7014

CONTINUATION OF REPORT

Driver			
Name	WEN SHE CHIEN	ID No.	S2698179D
Related Vehicle	SKQ3334Y (Car)	Contact No.	97461239
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 23/08/2018, AT ABOUT 15:38HR, I WAS DRIVING MY VEHICLE - SKQ3334Y, ALONG MARINE PARADE ROAD, NEAR TO THE JUNCTION OF PARKWAY PARADE, VEHICLE NUMBER - SLT7527D, CAME OUT FROM THE YELLOW BOX, WHILST TURNING, GRAZED ONTO MY VEHICLE'S LEFT PORTION. I WISH TO STATE THAT AT THE POINT OF IMPACT, I WAS TRAVELLING STRAIGHT IN MY LANE. UPON THE COLLISION, I STOPPED AT THE TRAFFIC LIGHT, INTENDING TO APPROACH VEHICLE NUMBER - SLT7527D. THE LADY DRIVER LOOKED AT ME FOR A SECOND, AND DROVE OFF. SHE DROVE OFF WHEN THE TRAFFIC LIGHT WAS RED.



**SINGAPORE
POLICE FORCE**



T/20180824/7014

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180824/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
GOH GEOK LYE
Contact No.: 65476148

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
24/08/2018 15:24

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2643520Z



Name

FAN KAI MINH



樊 愷 明

Race

CHINESE

Date of Birth

28-10-1965

Sex

F

Country of Birth

VIETNAM



2983166



NRIC No. **S2643520Z**

Blood Group

Date of issue

O+

01-10-1997

68 MARINE PARADE ROAD #12-22
SINGAPORE 449301

NRIC No: S2643520Z

Date: 19/01/2008

No: 5881440

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2698179D



Name

WEN SHE CHIEN

文 碩 健

Race

CHINESE

Date of birth

07-11-1954

Sex

M

Country of birth

VIETNAM



REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: S2698179D

Name:

WEN SHE CHIEN

Birth Date: 07 Nov 1954

Issue Date: 04 Jan 2003



000117215H

3 5 2 2 2 6 4



NRIC No. S2698179D



Date of Issue
27-04-2004

68 MARINE PARADE ROAD #12-22
SINGAPORE 449301

NRIC No: S2698179D

Date: 19/01/2008

No: 5881439

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

03 Feb 2001

Licence No: S2698179D



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)

Name of Policyholder:

FAN KAI MINH

Date of Issue:

14 Nov 2017

Effective Date of Commencement:

21 Nov 2017 00:00

Certificate No.:

SI17V16622/ VPE / R02

Date of Expiry:

20 Nov 2018 23:59

Registration No.:

SKQ3334Y

Chassis No.:

VF30U9HD8ES182061

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.

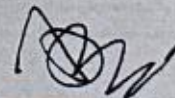
B) Use for racing, pace-making, reliability trials or speed-testing.

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 - Named Drivers S\$1500, Section I - Unnamed Drivers S\$1500, Additional Excess for Young & Inexperienced Drivers S\$1000, Windscreen Excess S\$0

Name of Finance Company:

DBS BANK LTD

Name of Producer:

SD CONTEGO SERVICES (A1429-3)

PI RM/E3BAAMT/SI17V16622/14-Nov-2017/MotorC/L/W/L0