

# NATIONAL Assessment Centre Services

(wef: Jan'05)

NA118119646

Date In: 14/09/2018 17:52	Job description	Date & Time Completed	Done by
Ref No: NBA/CP/80/6850/N	SAS e-filing		
Veh No: EG 1624	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/09/2018 22:00	i-Motor Claim Form		
OD <input checked="" type="radio"/> 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:

SJR 859B

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

NA1805875

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

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: 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 (Non INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

11/11/2018



## 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	14/09/2018 17:52
Date Of Accident	07/09/2018 22:00
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EG162U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG FEI LING @FEI YEO
NRIC No	S1520737Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98307162
Alternative Phone No	OTHERS-98307162
<b>Vehicle Particulars</b>	
Manufacturer	JAGUAR
Model	F-PACE R-SPORT 3.0 V6 SC SR
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	SD17V09005/VPC2/R0-E0002
Cover Note Number	

### Driver

Name of Driver	WONG FEI LING @FEI YEO
NRIC No	S1520737Z
Date Of Birth	30/10/1962
Occupation	INDOOR
Date Of Driving Pass	30/10/1962
Driving Experience	55 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98307162
Fax Number	
Contact Number	OTHERS-98307162
EMail Address	NOEMAIL

Address	113 GALLOP PARK ROAD
Postcode	259004
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	SIDE SWIPE
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	SJR859B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN WEI LONG
NRIC/Passport Number	S8537638A
Contact Number	84811350
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :



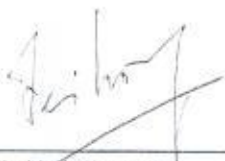
## SKETCH PLAN

### 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.



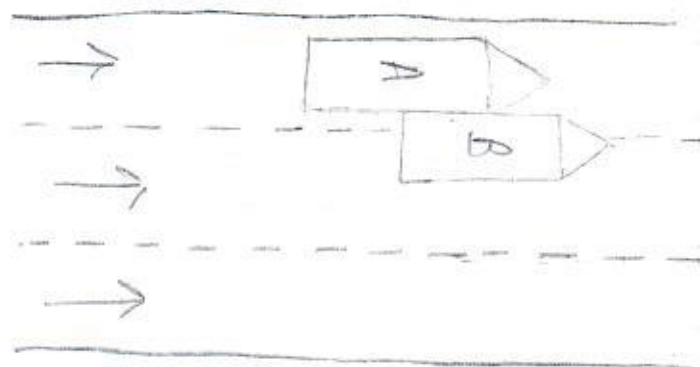
Policyholder's Signature  
Date & Time:

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



Reporting Centre Personnel's Signature  
Name: *Roshi*  
NRIC/FIN No.: *W11003*

# SKETCH PLAN



A - EQ162U  
B - STR859B

DUNLOP BUKIT TIMAH ROAD

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Friday, 7th September, around 10 pm, I was driving along Bukit Timah in the far left lane. I stopped at the traffic light in front of Baharat Plaza. After the lights changed to green, I drove off at a slow speed.

The car travelling on my right suddenly swerved and hit into the right front side of my car and the impact pushed my car to graze the curb on my left.

We stopped slightly further up to inspect the damage. We exchanged details and he proposed to a private settlement for the damage to my car.

Subsequently, he sent me a text message. Please see attached.

## 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:

14/09/2018  
Keshi Wadhwa



16:16

4G

< Accident - Wei Long



Saturday

Messages to this chat and calls are now secured with end-to-end encryption. Tap for more info.

Hi morning Mrs Yeo, hope you were not too shaken up by the accident yesterday. I sincerely apologize for the accident and hope you will be able to empathize with me as I am driving to make ends meet as I lost my job and just started driving grab to feed my young daughters and I don't earn a lot from it too. I wish to make it up to you within my means and if possible, please consider going to my workshop instead. Thank you.

09:03

Hi Wei Long,  
Thank you for texting me. I understand your situation



*aw 14/05/2018  
Rishi Workshop*

Date of Accident	Time of Accident	Country / Exact Location of Accident
7/9/18	2200 hrs	Along Bukit Timah Road

DETAILS OF OWN VEHICLE	
Vehicle Registration No:	EG 1624
Name of Owner:	Wong Fei Ling
Owner IC:	S1520737Z
Vehicle Model & Type (Audi/Toyota etc)	Jaguar
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Insurance Company	Liberty hrs.
Type of Policy	Comprehensive / Commercial / Third Party
*Policy Number	SDIFV09005/VPC2/RO-E0002
*Contact Nbr	9830 7162
*Alternative contact nbr	98307162
DRIVER	
Name of Driver	As Above
Driver IC	As Above
Date of Birth	30/10/1962
Occupation	Indoor / outdoor
*Yrs of Driving Experience	28/4/1981
Gender	Female
Contact No	
Address	113 Gallop Park Road SE 259004
Email Address	
Employee of Insured's Company?	No
If no, state relationship of Driver with Insured.	Owner
Driver's own vehicle no. & Insurance company	NA
DETAILS OF INJURED PERSONS 1	
Name	
Address	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (eg. Chain collision, head-on collision, side swipe, front rear)	Side Swipe
Weather Conditions	Clear / Raining / Others (pls state)
Road Surface	Wet / Dry / Others
Video Footage	Yes / No
Offer by other workshop	Yes / No
*No. of passengers incl driver / Gender	1 pax
OTHER INFORMATION	
Was anybody injured in the accident? *	Yes / No
Was any other vehicle or property damaged? (including Witness)	Yes / No
DETAILS OF POLICE ACTION	
Accident reported to the Police?	Yes / No
if yes, state which police station	NA
Notice of Intended Prosecution given?	Yes / No
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Reg. No.	STR 859B
Vehicle Make / Model / Colour / Properties	
Name of Driver	Tan Wei Long
IC / FIN / Passport Nbr	S8537638A
Contact Nbr	84811350
Address	
Insurance Company	
*No. of passengers incl driver / Gender	2 pax
DETAILS OF WITNESS	
Name	
Gender	
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S1520737Z**



Name

**WONG FEI LING  
@FEI YEO**

**黄菲玲**

Race

**CHINESE**

Date of birth

**30-10-1962**

Country/Place of birth

**SINGAPORE**



Sex  
**F**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S1520737Z**

Name

**WONG FEI LING**

Birth Date: **30 Oct 1962**

Issue Date: **10 Feb 2003**



1000242864H

5886813



NRIC No. **S1520737Z**



Date of issue

**08-03-2018**

Address

**113 GALLOP PARK ROAD  
SINGAPORE 259004**

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

**28 Apr 1981**

NP 428A



Licence No: S1520737Z





**Liberty  
Insurance.**

**Liberty Insurance Pte Ltd**  
Registration no. 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6225 6890  
Website: <http://www.libertyinsurance.com.sg>

## Endorsement

Class of Policy	PTE CAR - STANDARD PLAN 2YP		
Policy Number	SD17V09005 /VPC2 /R0-E0002	Account	WEARNES AUTOMOTIVE PTE LTD
Insured	WONG FEI LING @FEI YEO		
Address	113 GALLOP PARK ROAD GALLOP VILLAS SINGAPORE 259004		
Endt. Effective Date	17 JAN 2018		
Refund Premium	SGD -2,234.56		
Period of Insurance	From	22-JUN-17 To	21-JUN-19 Both Dates Inclusive

### Endt Description

AMEND NCD :

The following changes are made to the Policy as from the effective date subject always to the Terms, Conditions and Exceptions of the Policy unless hereby expressly varied:-

It is hereby noted and agreed that the Insured is entitled to a "No Claim Discount" as shown below:-

NCD : 50% and not as stated.

It is also noted and agreed that a further '5% Offence Free Discount' and 'NCD Protector Cover' are hereby allowed to the Insured.

It is therefore noted and agreed that the Premium of the Policy after GST should correctly read as 'S \$5805.53' and not as otherwise stated.

### Remarks

REG NO:EG162U

### SUBJECT TO THE FOLLOWING ENDORSEMENT, WARRANTIES AND/OR CLAUSES PRINTED IN THIS POLICY OR ATTACHED HERETO

#### NO CLAIM DISCOUNT PROTECTION

It is agreed that the No Claim Discount (NCD) entitlement in this policy is protected as follows:-

#### (1) For 50% No Claim Discount (NCD)

No. of claims made or arisen during the period of insurance	NCD Entitlement on renewal of the Policy
one	50%
two	20%
three or more	Nil

This applies only when policy is renewed with the Company.

#### (2) For 40% No Claim Discount (NCD)

No. of claims made or arisen during the period of insurance	NCD Entitlement on renewal of the Policy
one	40%
two	10%
three or more	Nil

This applies only when policy is renewed with the Company.

#### (3) For 30% No Claim Discount (NCD)

No. of claims made or arisen during the period of insurance	NCD Entitlement on renewal of the Policy
one	30%
two	NIL

This applies only when policy is renewed with the Company.

## Endorsement

This No Claim Discount Protection is not applicable to cases involving the loss of NCD as a result of not reporting or late reporting of accidents as set out under the Policy

For and on behalf of  
LIBERTY INSURANCE PTE LTD



Authorised Signature

PLGG/PLSA/02-FEB-18

S3\_CL\_T1\_T3\_TEMPLATE1-VER1 02-FEB-18