

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA 118122511

|                         |  |                       |         |
|-------------------------|--|-----------------------|---------|
| Date In: 21/9/8-11:54   | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/LP1807211/24 | SAS e-filing                             |                       |         |
| Veh No: SL068435        | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 20/9/18-17:50    | 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: JH484341 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

| Invoice Preparation Checklist                   |             | Am't (\$) | Am't (\$) |
|---|-------------|-----------|-----------|
|   |             | Est 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:-                   |             |           |           |
| QD:   |             |           |           |
| *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                             | \$0         |           |           |
| Invoice dated                                   | Fee Charged |           |           |
| Invoice dated                                   | Fee Charged |           |           |

NA 1806002

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat 1:

Dat 2/3:



## 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             | 21/09/2018 11:54                           |
| Date Of Accident           | 20/09/2018 17:50                           |
| Exact Location Of Accident | SLIP RD UPP CHANGI RD EAST TWDS PIE (TUAS) |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLU6843S             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TAN SIEW CHOON       |
| NRIC No                     | S1698845F            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96574355 |
| Alternative Phone No        | OFFICE-96574355      |

### Vehicle Particulars

|  |                         |
|--|-------------------------|
| Manufacturer   | HONDA                   |
| Model  | CIVIC 1.5 TURBO VTIS 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             | SD17V13526/VPC2/R00       |
| Cover Note Number         |                           |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | TAN SIEW CHOON       |
| NRIC No              | S1698845F            |
| Date Of Birth        | 08/08/1965           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 19/08/1986           |
| Driving Experience   | 32 YEARS AND 1 MONTH |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-96574355 |
| Fax Number           |                      |
| Contact Number       | OFFICE-96574355      |
| EMail Address        | NOEMAIL              |

|   |                 |
|---|-----------------|
| Address   | 52 JALAN MARIAM |
| Postcode  | 509330          |
| 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   | COLLISION - HEAD TO REAR |
| Weather Conditions | RAINING                  |
| Road Surface       | WET                      |

#### 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)   | 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?   | YES                       |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded?                 | NO                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SGG8434J    |
| 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:

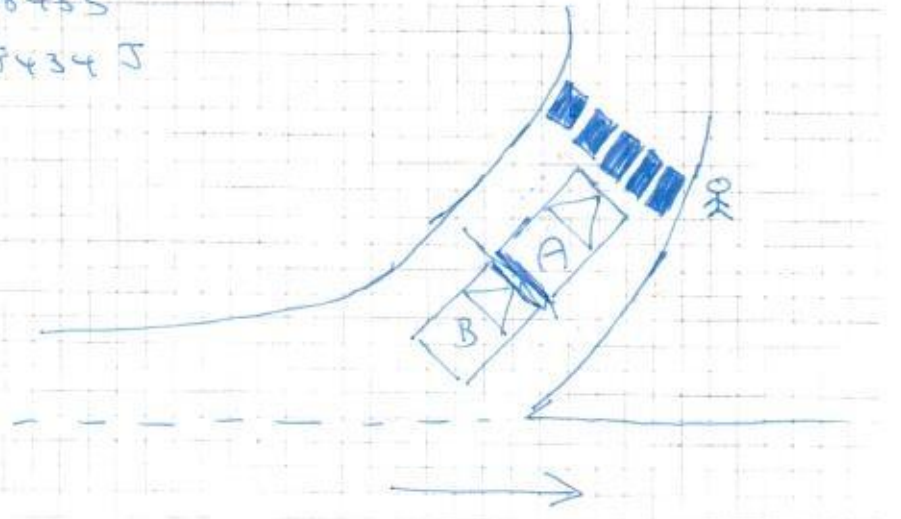
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

VEHICLE A - SLN 6843S

VEHICLE B - SGG 8434J



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG SLIP FROM UPCHANGI ROAD EAST INTO  
PIE TOWARDS THIS DIRECTION.

WHILE DRIVING FORWARD, AND THERE WAS A PEDESTRIAN GETTING READY  
TO CROSS AT THE ZEBRA CROSSING, AND SO I BRAKED TO COMPLETE  
STOP TO GIVE WAY TO THE PEDESTRIAN, WHICH THEN SUDDENLY  
I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A  
VEHICLE WITH CAR PLATE NUMBER (SGG 8434J) THAT  
COLLIDED TO THE REAR OF MY VEHICLE.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR  
CAMERA.

VEHICLE A - SLN 6843S

VEHICLE B - SGG 8434J

## 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.:



|   |   |                         |                            |
|---|---|-------------------------|----------------------------|
| <b>Vehicle No.</b>  | SLN 6443 S  | <b>Model / Make</b>     | HONDA CIVIC                |
| <b>Date of Accident</b>   | 20/09/2018  |                         |                            |
| <b>Time of Accident</b>   | 1750  | <b>HRS</b>              |                            |
| <b>Location of Accident</b>   | SLIP ROAD FROM UPPER CHANGEN ROAD EAST INTO PIE TOWARDS |                         |                            |
| <b>Exact purpose use during accident</b>  | PRIVATE USE   |                         |                            |
| <b>Name of Owner</b>  | TAN SIEW CHOON  |                         |                            |
| <b>Telephone No.</b>  | <b>H/P :</b> 96574355                                   | <b>Home :</b>           | <b>Office :</b>            |
| <b>NRIC</b>   | S169845F  |                         |                            |
| <b>Address</b>  | 52 JALAN MAMAM S(509330)                                |                         |                            |
| <b>Claim type</b>   | OD  | THIRD PARTY             | REPORTING ONLY             |
| <b>Insurance Company</b>  | Liberty Insurance                                       |                         |                            |
| <b>Type of Coverage</b>   | Comprehensive   | Third Party             | Third Party / Fire / Theft |
| <b>Policy No.</b>   | SD17V12528 / VPC2 / R40                                 |                         |                            |
| <b>Name of Driver</b>   | As Above If No,   |                         |                            |
| <b>NRIC</b>   | S1698845F   | <b>Any Passengers :</b> | 0                          |
| <b>Date of birth</b>  | 08/08/1965  |                         |                            |
| <b>Occupation</b>   | Outdoor   | /                       | Indoor                     |
| <b>Driving License Pass Date</b>  | 19 Aug 1986   |                         |                            |
| <b>Gender</b>   | Male / Female   |                         |                            |
| <b>Contact No.</b>  | <b>H/P :</b>  | <b>Home :</b>           | <b>Office :</b>            |
| <b>Address</b>  |   |                         |                            |
| <b>Driver have any own vehicle</b>  | No,   | If yes, Reg No.         |                            |
| <b>Relationship</b>   | Employee,   | If no, state OWNER      |                            |
| <b>Weather condition</b>  | Clear   | Raining                 | Other                      |
| <b>Road Surface</b>   | Dry   | Wet                     | Other                      |
| <b>Any Injuries</b>   | No,   | If Yes, Who?            |                            |
| <b>Name And Contact No.</b>   |   |                         |                            |
| <b>Name And Contact No.</b>   |   |                         |                            |
| <b>Police Report</b>  | No,   | If Yes, Where?          |                            |
| <b>Vehicle B No.</b>  | SLN 8434 J  | <b>Any Passengers :</b> | 0                          |
| <b>Name of Driver</b>   |   |                         |                            |
| <b>Vehicle C No.</b>  |   |                         |                            |
| <b>Vehicle D No.</b>  |   |                         |                            |
| <b>Vehicle E no.</b>  |   |                         |                            |
| <b>Vehicle F No.</b>  |   |                         |                            |
| <b>Vehicle G No.</b>  |   |                         |                            |
| <b>Witness Name</b>   |   |                         |                            |
| <b>Witness Contact :</b>  |   |                         |                            |
| <b>Accident Portion</b>   | REAR  |                         |                            |
| <b>Camera Recorder</b>  | Yes / No  | FRONT / REAR            |                            |
| <b>Email Address</b>  |   |                         |                            |
| <b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b> |   |                         |                            |
| Yes / No  |   |                         |                            |
| <b>PARTICULAR WORKSHOP</b>  | TUNCAR AUTOMOTIVE PIE LTD                               |                         |                            |
| <b>CONTACT NO.</b>  | 6842 0051 / 6744 0510                                   |                         |                            |
| <b>CONTACT PERSON</b>   | IAN   |                         |                            |
| <b>FAX NO</b>   | 6741 0510   |                         |                            |
| <b>WORKSHOP EMAIL ADDRESS</b>   | sales@n5i.com.sg  |                         |                            |

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1698845F



Name  
TAN SIEW CHOON

陳秀春

Race  
CHINESE  
Date of Birth  
08-08-1965 Sex  
F  
Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1698845F  
Name:

TAN SIEW CHOON

Birth Date: 08 Aug 1965  
Issue Date: 03 Oct 2003



1348920

NRIC No. S1698845F



Blood Group: B+ Date of issue: 15-10-1993

52 JALAN MARIAM  
SINGAPORE 509330  
NRIC No: S1698845F

Date: 18-06-2003 No: 4754494

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

19 Aug 1986



NP 428A





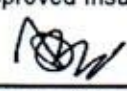
**Liberty  
Insurance.**



**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>

## 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>SD17V13526 /VPC2 /R00</b>  |
| <b>Form</b>   | <b>MX1</b>  |
| <b>Date of Issue</b>  | <b>13-DEC-2017</b>  |
| <b>1.Index Mark and Registration No. of Vehicle:</b>  | SLU6843S  |
| <b>2.Chassis number of Vehicle:</b>   | MRHFC1660HT000404   |
| <b>3.Name of Policyholder:</b>  | TAN SIEW CHOON  |
| <b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>   | 11-DEC-2017 00.00 AM  |
| <b>5.Date of Expiry of Insurance:</b>   | 10-DEC-2019 23 59 PM  |
| <b>6.Persons or Classes of Persons entitled to drive*:</b>  |   |
| 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.   |   |
| <b>7.Limitations as to use*:</b>  |   |
| Use only for social, domestic and pleasure purposes and for the Policyholder's business.  |   |
| <b>8.The Policy does not cover:</b>   |   |
| 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<br><b>LIBERTY INSURANCE PTE LTD</b><br>Approved Insurers<br><br>Authorised Signature  |   |
| <b>For Information only:</b>  |   |
| <b>COVERAGE :</b>   | Comprehensive, Unlimited Windscreen, NCD Protection   |
| <b>SUM INSURED:</b>   | MARKET VALUE AT THE TIME OF LOSS  |
| <b>EXCESS:</b>  | Section I S\$800, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 |
| <b>FINANCE COMPANY:</b>   | OVERSEA-CHINESE BANKING CORPORATION LTD   |
| <b>PRODUCER NAME:</b>   | KAH MOTOR COMPANY SDN BERHAD  |

PLMJ/PLMJ/13-DEC-17

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13-DEC-17

Dec 13, 2017, 10:40 AM