

NATIONAL Assessment Centre Services

(Ref: 25/03)

19 May 18/127389

Date In: 01/06/2018 18:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/MSG/180179414	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SBT 604	i-Motor Claim Form		
D.O.A: 27/12/2018 03:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP: Reporting Only	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: —

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

NM806232

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

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:-

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: Idac Mobile \$30

Invoice dated

Fee Charged

19 May 18

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	01/10/2018 18:30
Date Of Accident	27/12/2017 02:00
Exact Location Of Accident	ALONG ENG NEO AVENUE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBT60Y
Insured/Policyholder	
Name Of Registered Owner	TAN WAH ANN @ TAN ROBERT
Co Reg No	-
Email Address	KUKIMONZTER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82809823
Alternative Phone No	OFFICE-82809823

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	28905810 SMA
Cover Note Number	

Driver

Name of Driver	LEOW HUA LIANG (LIAO HUALIANG)
NRIC No	S7828214B
Date Of Birth	06/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2002
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82809823
Fax Number	
Contact Number	OTHERS-82809823
Email Address	KUKIMONZTER@GMAIL.COM

Address	9 ZEHNDER ROAD
Postcode	117691
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO 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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NG CHIN BOON JUSTIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NPP
Police Station Address	ROAD: 158 YUNG LOH ROAD #01-58 , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180108/2076 (DRIVER NOT SURE OF THE ACCIDENT AND CAR WAS SCRAPE AFTER THE ACCIDENT)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF INJURED PERSON 1

Name	LEOW HUA LIANG (LIAO HUALIANG)
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	SBT60Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	

Postcode

DETAILS OF INJURED PERSON 2

Name NG CHIN BOON JUSTIN

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? SBT60Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

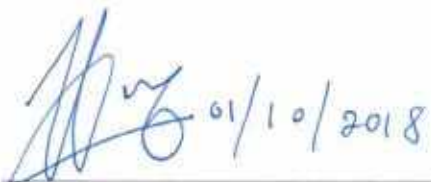
IMPORTANT NOTICE


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:

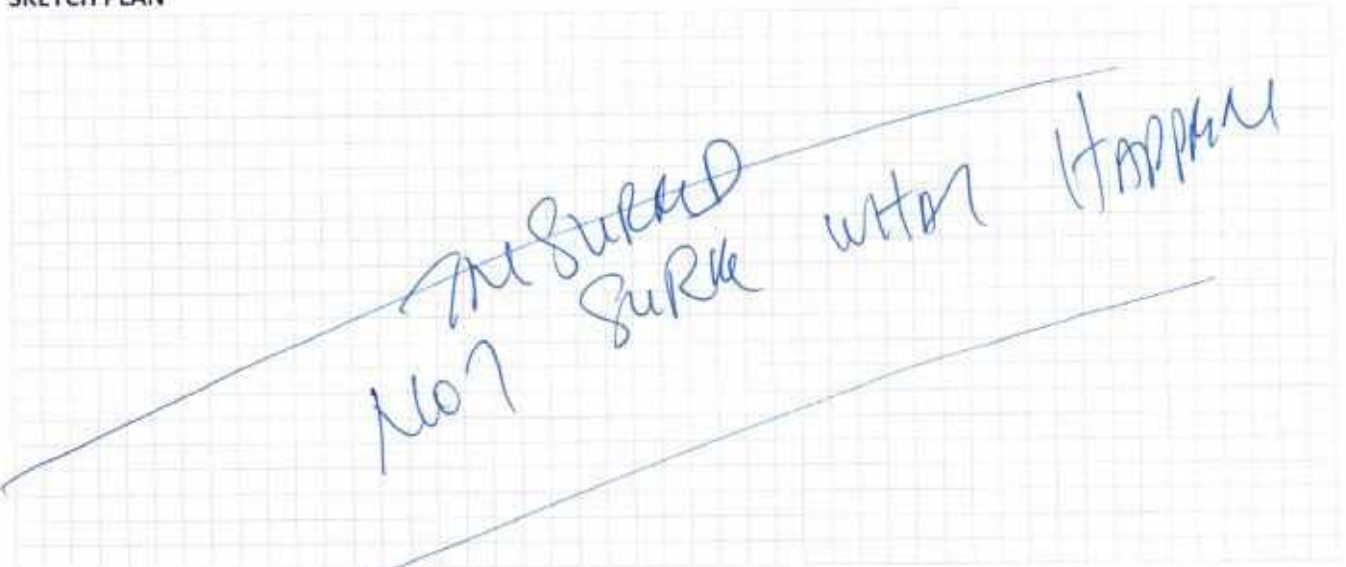
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the description area: 'P/S Puffin 16 Police Police', '7/20/86/08/2076'.

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.:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:

Jurong NPP

158 Yung Lok Road #01-58 SINGAPORE

610158

Tel No: 1800-2859699



Report No: 11201708/2018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

Det 2 ARVIN PILLAI S/O MANI RAJAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No: 65476430



Authentication Stamp

Signature: _____

Singapore Police Force

Signature Of Informant

Date/Time:

08/01/2018 14:11

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20180100/2075

2 of 3

Report No. T/20180100/2075

Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

CONTINUATION OF REPORT

Driver		ID No.	
Name	LEOW HUA LIANG	878282140	
Related Vehicle		Contact No.	
SBT60Y (Car)		82809823	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NG TENG FONG GENERAL HOSPITAL		Class 3 Date of Expiry: NIL	
Date Treatment		Date Discharge	
27/12/2017		NIL	
No. of Days granted Medical Leave		Degree of Injury	
20		Serious	
Passenger			
Name		ID No.	
NG CHIN BOON JUSTIN		S7423335Z	
Related Vehicle		Contact No.	
SBT60Y (Car)		90354854	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NG TENG FONG GENERAL HOSPITAL		Class: NIL Date of Expiry: NIL	
Date Treatment		Date Discharge	
27/12/2017		NIL	
No. of Days granted Medical Leave		Degree of Injury	
20		Serious	

Brief Details.

ON 27/12/2017 at about 0200hrs, I was driving my vehicle V1) SBT60Y along Eng Neo Avenue towards Tuas. I was driving on the 2nd lane. As I approached a bend on the left, my vehicle made a 360 degrees swerve and subsequently collided onto a railing on the right hand side of the road. A police vehicle had then attended to us. I and my passenger was then conveyed to Ng Teng Fong general hospital. My passenger was granted outpatient sick leave from 27-30/12/2017 and my passenger was also granted hospitalization leave from 30/12/2017 to 15/01/2018. I was given hospitalization leave from 27/12/2017 to 08/01/2018.

V1 is seriously damaged.



SINGAPORE
POLICE FORCE

Traffic Police
10 Lfr Avenue 3
Singapore 408940
Tel: +65 6747 1341
Fax: +65 654 1210
www.police.gov.sg

Ref: TP/JP/88281/2017
Date: 10 January 2018

IG CHIN BOON JUSTIN
LK 450B SENGKANG WEST WAY
05-347
SINGAPORE 792450

Dear Sir/Madam:

ACCIDENT INVOLVING SBT60Y ON 27.12.2017 AT 0310 HRS, ALONG PAN ISLAND
EXPRESSWAY 24.8KM

I refer to the above accident.

Please be informed that we have completed our investigations which shows that the
driver of SBT60Y has committed an offence of Driving without due care and attention under Section
6(a) Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said
offence.

If you have any queries, please contact the Investigation Officer, Rashidah Azman
telephone number 6547 6216

Yours faithfully

SITI AFIAH
FOR HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE

ACCIDENT STATEMENT

ACCIDENT DATE: 27/12/2017 (DD/MM/YYYY), TIME: 03:00 (HH:MM)

LOCATION: ALONG PJE ISLAND
BRANCH ENGIN NEW DUK LUBROS PIKE MAS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBT 60Y
b) INSURANCE COMPANY: MSJE
c) POLICY NUMBER: 570168 28905810 SMA
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA VIOS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GO MALAYSIA on 7th way
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LEOW HUA LIANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 578282148 CONTACT: 82809823
c) ADDRESS: 9, Zehnder Rd 511691

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR ABRAHAM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 16/10/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/10/2002

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son in law

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: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMAIL = IKUKIMONSTER@GMAIL.COM

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7828214B



Name
LEOW HUA LIANG
(LIAO HUALIANG)
廖华亮

Race
CHINESE

Date of birth
06-10-1978

Sex
M

Country of birth
SINGAPORE

4283407

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7828214B

Name
LEOW HUA LIANG
(LIAO HUALIANG)

Birth Date 06 Oct 1978

Issue Date 29 Mar 2004

0011807987

4283407

S7828214B

Date of issue
16-10-2008

Address
9 ZEHNDER ROAD
SINGAPORE 117591

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Oct 2002

NP 428A

Licence No: S7828214B