

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 03/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/LIP/18017934/13	SAS e-filing		
Veh No: 5GR4647E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/10/18 1915	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:

5621240M

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

NA/806290

## Invoice Preparation Checklist

Am't (\$)

Est Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 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) RT: 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 / 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

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	03/10/2018 15:49
Date Of Accident	02/10/2018 19:15
Exact Location Of Accident	ALONG UPPER SERANGOON RD TWDS KOVAN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR4647E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SENG LIM
NRIC No	S1579373B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90012885
Alternative Phone No	OTHERS-90012885

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	C0081853

### Driver

Name of Driver	TAN SENG LIM
NRIC No	S1579373B
Date Of Birth	27/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2005
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90012885
Fax Number	
Contact Number	OTHERS-90012885
Email Address	NOEMAIL

Address	BLK 223A SERANGOON AVE 4 #14-223
Postcode	551223
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	CHAIN 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	
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

I WAS TRAVELLING ALONG UPP SERANGOON RD TWDS KOVAN ON THE EXTREME RIGHT LANE. SUDDENLY VEH(B) INFRT OF ME E-BRAKE AND HIT THE FRONT VEH C. I APPLIED MY BRAKE BUT MY VEH DIDN'T STOP COMPLETELY AND TOUCH THE REAR PORTION OF VEH B. TOTAL 4 VEH INVOLVED IN A CHAIN COLLISION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILES TOO BIG, CAN'T UPLOAD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ1240M
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)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLK1280B
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)	

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SKE103E
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)	



## 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:

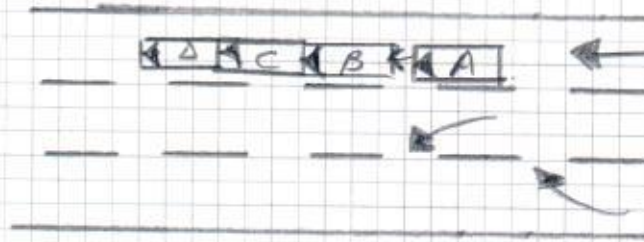
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

UPD SERANJON RD

- A - SGR 4647E
- B - SLZ 1240M
- C - SLK 1280B
- D - SKG 103E



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]* 03/10/18

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1579373B**

Name **TAN SENG LIM**

Birth Date **27 Jul 1963**

Issue Date **07 Oct 2013**

002232785J




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1579373B**

Name **TAN SENG LIM**

陈成霖

Race **CHINESE**

Date of birth **27-07-1963**

Country/Place of birth **SINGAPORE**

Sex **M**





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

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

EFFECTIVE DATE **20 Dec 2005**

NP 420A

Licence No: **S1579373B**



5232655

NRIC No. **S1579373B**

Date of issue **07-10-2013**

Address **APT BLK 223A SERANGOON AVENUE 4  
#14-223  
SINGAPORE 551223**








**VOCATIONAL LICENCE**

Licence No: **S1579373B**

Name: **TAN SENG LIM**

Issue Date: **3/3/2014**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VI	08/01/2010







www.libertyinsurance.com.sg

Excess 2000 / 11500 Singapore  
24000 / 113000 outside Sing

# Motor Cover Note

**Name of Producer:**

B.A.S. INSURANCE AGENCY (A1569)

**Date of Issue:**

18 Apr 2018

**Cover Note No.:**

C0081853

**Quotation/ Proposal/ Policy No.:**

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

**Details of Schedule**

<b>Name of Insured:</b>	TAN SENG LIM	
<b>Period of Insurance:</b>	From: 18 Apr 2018 11:52	To: 17 Apr 2019 23:59
<b>Registration No.:</b>	SGR4647E	
<b>Make and Model:</b>	TOYOTA COROLLA ALTIS 1.6 A	
<b>Type of Body:</b>	SALOONS	
<b>Capacity/Tonnage:</b>	1598	
<b>Year of Manufacture/Registration:</b>	2007/2007	
<b>Chassis No.:</b>	MR053ZEC107143473	
<b>Engine No.:</b>	3ZZ4635773	
<b>Sum Insured:</b>	MARKET VALUE AT TIME OF LOSS	
<b>Name of Finance Company:</b>	TOKYO CENTURY LEASING (S) PTE LTD	
<b>Type of Plan:</b>	Comprehensive	
<b>Excess:</b>	AS AGREED	

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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).

Not valid unless counter-signed by authorized person.



Date: 18 Apr 2018 11:52

For and on behalf of  
**LIBERTY INSURANCE PTE LTD**

A1569/A1569-1/18-Apr-2018/MotorM/CoverNote/v1.0

**IMPORTANT NOTICE**

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

Liberty Insurance Pte Ltd (Registration No. 199002791D) | GST Registration No. M2-0093571-3  
51 Club Street #03-00 Liberty House Singapore 069428 | Tel: 1800-LIBERTY (542 3789) | Fax: (+65) 6223 6434