

# NATIONAL Assessment Centre Services

(Unit 1 - 10000)

MA1018134560

Date In: 16/01/2018 16:57

Ref No: NPA/14/16/18/19/4

Veh No: 841887X

D.O.A: 15/01/2018 17:50

OD TP / Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (with 3hrs, AIC 2hrs)

1-Motor Claim Form

1-Motor VVO (within 10 days, TP survey)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/ Hand to Owner/VKSP

Preferred Wksp / INC Assign Wksp / QW:

Tel:

Fax:

TP Particulars: Yell No: SCA 5454X

INC ( ) / Non-INC ( )

Owner / Driver (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%) (Note: B/L 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) Police 6788 6016

Date & Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury:

Date/Time

Actions

NA1806637

Insurance Broker/Owner:

Contact No:

Emergency Portion:

C. Checked by (Engn-In-Charge):

Comments:

Comments:

Comments:

Comments:

Invoice Breakdown Check/Is	Amount	Unit
1) AR: Accident Reporting (\$20)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$42	
4) FT: Follow-Through Survey	\$130	
5) PT: Follow-Through Survey (Post-urvey)	\$20	
For claim split INC Only (w/ef 10 Jan 2018)		
6) TR: Re-inspection	\$13	
7) HLT: Day DA + SMRT Survey	\$160	
8) NTUC Additional Service		
9) NTUC		
10) NTUC: Courtesy Car / Tol Allowance	\$1	
11) NTUC: Repairs Coordination	\$10	
12) NTUC: Post Repair Inspection	\$13	
13) NTUC: DY / Collect Excess Coordination	\$1	
TP (N1) / TP (Non-INC) against INC	\$20	
14) NTUC: Mileage	10	
Invoice dated	Not Charged	
Invoice total		

MA1018134560

## 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 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. 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	16/10/2018 16:57
Date Of Accident	15/10/2018 17:50
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1887X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG QINHAO, CALVIN (LIANG QINHAO, CALVIN)
NRIC No	S8438816E
Email Address	CALVIN_LEONG2001@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96521437
Alternative Phone No	OTHERS-91826327

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	DRIVING BACK HOME FROM WORK
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	SD17V02333/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	LIM CHEE YENG
NRIC No	S8279811J
Date Of Birth	26/10/1982
Occupation	INDOOR
Date Of Driving Pass	30/11/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91826327
Fax Number	
Contact Number	OTHERS-96521437
Email Address	CALVIN_LEONG2001@YAHOO.COM.SG



Address	BLK 18C HOLLAND DRIVE #08-441
Postcode	274018
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : COLLEAGUE GENDER: : FEMALE

#### 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA5494C
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KANTAYYA SUNITHA RAZU
NRIC/Passport Number	S2572861J
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: 16/10/18 1620

Driver's Signature

(If driver is not the policyholder)

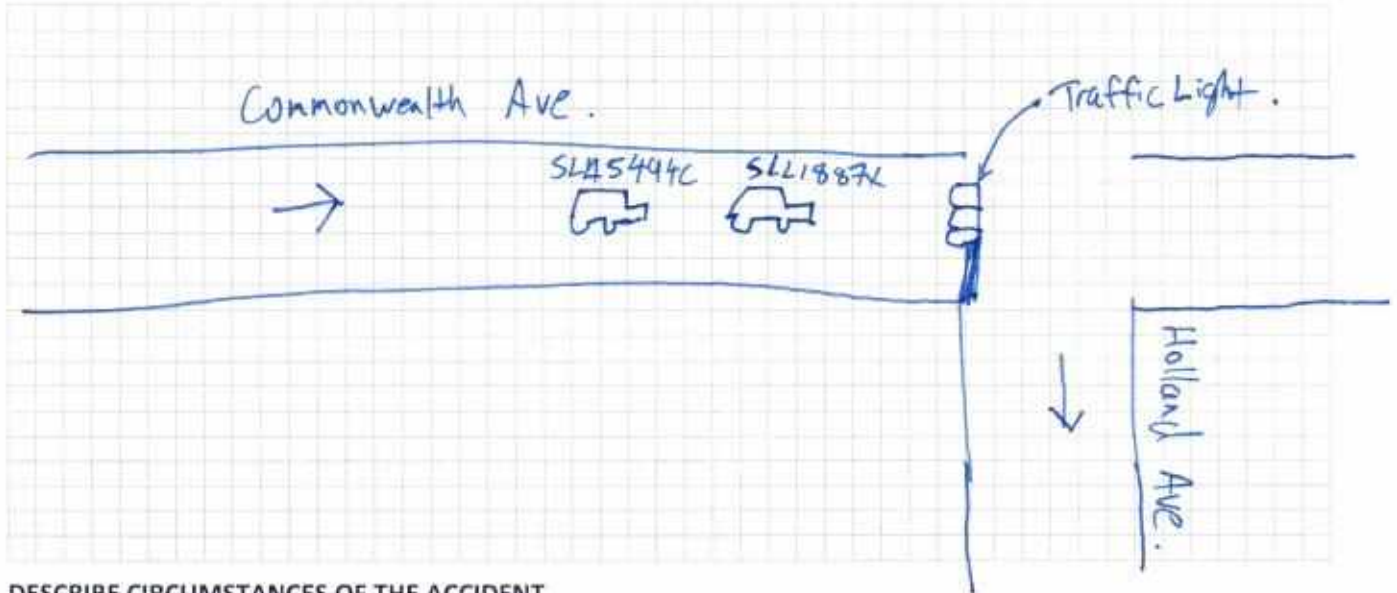
Date & Time: 16/10/18 1620

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 1750hrs, I was travelling along Commonwealth Ave on extreme right lane, stopping at the traffic light and was bang from behind by a car.

## DECLARATION

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

Policyholder's Signature

Date & Time:  
16/10/18 1620

Driver's Signature  
(If driver is not the policyholder)

Date & Time:  
16/10/18 1620

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:  
Rafiqi Umthor



# ACCIDENT STATEMENT

ACCIDENT DATE: 15/10/2018 (DD/MM/YYYY), TIME: 17:50 (HH:MM)

LOCATION: Commonwealth Road, Ave

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL 187X  
 b) INSURANCE COMPANY: Liberty Insurance Pte Ltd  
 c) POLICY NUMBER: 3017V03333/VPC2/R00  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Honda Civic  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving back home from work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: Leong Qianhao, Calvin (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 80438816E CONTACT: 96521437  
 c) ADDRESS: Blk 18C, Holland Dr. #08-441, SG 274018

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Lim Choe Yeng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 88279811J CONTACT: 91826327  
 c) ADDRESS: Blk 18C, Holland Dr. #08-441, 274018 SG

\* a) DATE OF BIRTH: 26/10/1983 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 30/11/2010

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

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: SLA 5494C MODEL: Nissan  
 b) DRIVER'S NAME: Kantayya Sunilha Razu  
 c) NRIC/FIN/PASSPORT: 82572861J CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

EMAIL = Calvin-leong2001@yahoo.com.sg

VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8279811J



Name

LIM CHEE YENG

林紫盈

Race

CHINESE

Date of birth

26-10-1982

Sex

F

Country of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8279811J

Name

LIM CHEE YENG

Birth Date: 26 Oct 1982

Issue Date: 30 Nov 2010



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8438816E



Name

LEONG QINHAI, CALVIN  
(LIANG QINHAI, CALVIN)

梁钦豪

Race

CHINESE

Date of birth

28-11-1984

Sex

M

Country/Place of birth

SINGAPORE

8871233



NRIC No: S8279811J



Nationality

MALAYSIAN

Date of issue

24-08-2007

APT BLK 18C HOLLAND DRIVE #08-441

SINGAPORE 274018

NRIC No: S8279811J

Date: 08/03/2011

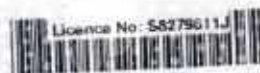
No: 7223258

NP 428A

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 30 Nov 2010



Licence No: S8279811J

5471133



NRIC No: S8438816E



Date of issue

19-05-2015

Address

APT BLK 18C HOLLAND DRIVE  
#08-441  
SINGAPORE 274018

## 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>SD17V02333 /VPC2 /R00</b>
<b>Form</b>	<b>MX1</b>
<b>Date of Issue</b>	<b>17-FEB-2017</b>
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLL1887X
<b>2.Chassis number of Vehicle:</b>	MRHFC5650GT001133
<b>3.Name of Policyholder:</b>	LEONG QINHAO, CALVIN (LIANG QINHAO, CALVIN)
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	16-FEB-2017 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	15-FEB-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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, Nod Protection
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I S\$600, Additional Excess For Young, Elderly & 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

PLYA/PLYA/20-FEB-17

S1\_CI\_T1\_T3\_OE\_Template2-Ver1

20-FEB-17



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA118134560 Vehicle Registration No: SL1287X

Name(as shown in NRIC) : Lim Chuan Yang NRIC/FIN/Passport No : S8279811J

(\*Vehicle Driver/~~Vehicle Owner~~) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore(

Contact (Tel) : \_\_\_\_\_ Mobile No.: 91826327

Email Address : \_\_\_\_\_

Date of Accident : 15/10/2018 Time of Accident : 17:50

Place of Accident : Brook Commonwealth Avenue

Insurance Company: LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER IC NUMBER 70 5827981/J

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Policyholder / Driver's Signature

Date:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

Date: