

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA118159609

Date In: 12/12/18-19/1/16	Job description	Date & Time Completed	Done by
Ref No: NA/VIP/1502223/24	SAS e-filing		
Veh No: JLM5935J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/12/18-08:30	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: Vch No: 6BA5835X 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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 \$0		
	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 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	10/12/2018 19:16
Date Of Accident	31/10/2018 08:30
Exact Location Of Accident	OLD AIRPORT RD HAWKER CENTRE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLM5935J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PAULINE FONG
NRIC No	S6939497C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96966006
Alternative Phone No	OFFICE-96966006

**Vehicle Particulars**

Manufacturer	BMW
Model	X1 SDRIVE18I AT LED NAV
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	SD17V05672/VPC2/R00
Cover Note Number	

**Driver**

Name of Driver	PAULINE FONG
NRIC No	S6939497C
Date Of Birth	06/11/1969
Occupation	INDOOR
Date Of Driving Pass	17/05/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96966006
Fax Number	
Contact Number	OFFICE-96966006
Email Address	NOEMAIL

Address	1 AMBER ROAD #05-03
Postcode	439845
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA5835X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP7518B
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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)

0



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



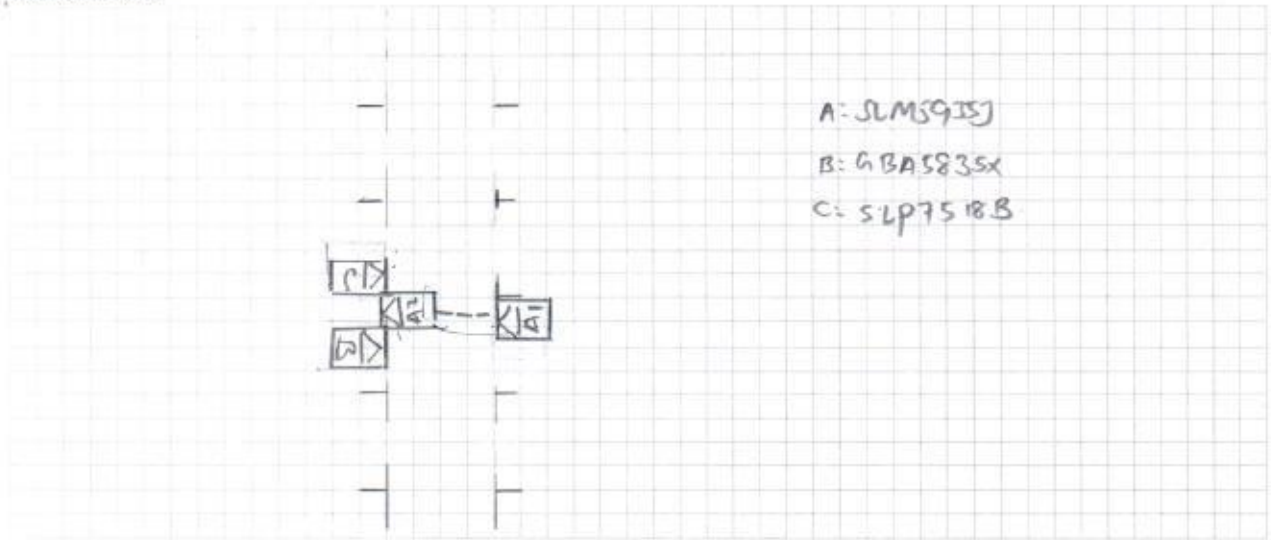
Policyholder's Signature  
Date & Time:

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

Refer to statement.

## 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.:



On 31 Oct 2018 morning, I drove into the Old Airport Road Hawker Centre open carpark. I had reversed parked my car in the lot. I thought I have parked the car but instead I was just stepping on the brakes. I was distracted momentarily for a short while and the car started to move forward slowly and bumped slightly into 2 parked vehicles in front of me. One was an old truck and another was a car. I stopped the car immediately and alighted to check on the incident. The truck driver alighted and also checked on the incident. The car driver was not around. The truck driver and I exchanged handphone numbers and he said the truck company will contact me for settlement and he drove off. I called him later but found out his hand phone number was not valid. So I waited for the company to call me to settle. I waited for many weeks so I thought the truck driver did not bother to report because of just a slight dent.

The photos I took show that the damage was very minimal since the impact was low and my car was moving at a very low speed.

I waited for the other car driver to arrive and after he checked his car, we exchanged personal particulars and he drove off too. About a day later, the car driver contacted me and informed me that he will claim against me personally for S\$450, for the car repairs and his half day loss of income as a Grab driver. I felt it was honest, fair and reasonable and agreed and we settled privately (I can show proof). His claim proved that the damage was minimal to the car and the truck (which is a lot sturdier than the car). The photos also showed minimal insignificant damage to my own car and I did not have to repair my car. In fact, the photos showed that the truck appears to have suffered previous accidents and had pre-existing damage and it was an old truck. I was truly shocked to receive the claim after 1 month and believe it is not fair and not reasonable for the truck owner now to claim more than S\$3000 for this small incident.

I am a careful driver and have never been claimed by insurance company before in my almost 30 years of driving. It is not fair for the company and insurance company to penalise me just for this very small incident.

## ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 10 / 18) (DD/MM/YYYY), TIME: (08 : 30) (HH:MM)

LOCATION: ad Airport Rd Hawker centre open space carpark.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLMS925J  
b) INSURANCE COMPANY: likeyy  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: Pauline Fong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 5693947C CONTACT: 96966006  
c) ADDRESS: F1 Amber Road #05-03 (439845)

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

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

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: UBA5835X MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLP7518B MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
(1)

\* No of passengers  
(including driver)  
(0)

\* No of passengers  
(including driver)  
(0)

Email =

fax =

video =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6939497C



PAULINE FONG

房宝琳

Race  
CHINESE

Date of Birth  
06-11-1969

Country of Birth  
SINGAPORE

Sex  
F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S6939497C

Name

PAULINE FONG

Birth Date 06 Nov 1969

Issue Date 21 Jun 2003



2940904



NRIC No. S6939497C



Blood Group B+ Date of issue 27-01-1997

SEMPER ROAD #05-03  
SINGAPORE 439845

NRIC No: S6939497C

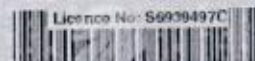
Date: 23/09/2008 (R) No: 6024365

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

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

17 May 1994



NP 428A

## 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)

Certificate No SD17V05672 /VPC2 /R00  
Form MX1

Date of Issue 03-MAY-2017

1. Index Mark and Registration No. of Vehicle: SLM5935J  
2. Chassis number of Vehicle: WBAHS120105F02888  
3. Name of Policyholder: PAULINE FONG

4. Effective date of Commencement of Insurance for the purposes of the Act: 28-APR-2017 00:00 AM

5. Date of Expiry of Insurance: 27-APR-2019 23:59 PM

6. Persons or Classes of Persons entitled to drive\*:

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.

7. Limitations as to use\*:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

8. The Policy does not cover:

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.

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  
**LIBERTY INSURANCE PTE LTD**  
Approved Insurers



Authorised Signature

For information only:

COVERAGE:

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen, NCD Protection

MARKET VALUE AT THE TIME OF LOSS

Section I S\$300, Additional Excess For Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0

MAYBANK SINGAPORE LIMITED

SD CONTEGO SERVICES

CMJW 20181210

Ver.1.260705