

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **NA1816242-9**

Date In: 12/12/18-17:47	Job description	Date & Time Completed	Done by
Ref No: NA/C7218022625/24	SAS e-filing		
Veh No: 5280326	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/12/18-19:00	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: 5FVJ28M	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

NA1805254	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	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:-		
	Q1:		
	*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 (N in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Ref 1:

Ref 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 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	17/12/2018 17:47
Date Of Accident	16/12/2018 19:00
Exact Location Of Accident	GRANGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8037L
Insured/Policyholder	
Name Of Registered Owner	LIEW CHEE WENG
NRIC No	S7908878A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97627022
Alternative Phone No	OFFICE-97627022

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA HYBRID 2.4X CVT AIRBAG E-4WD 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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1227831705
Cover Note Number	

Driver

Name of Driver	LIEW CHEE WENG (LIU ZHIWEI)
NRIC No	S7908878A
Date Of Birth	27/03/1979
Occupation	INDOOR
Date Of Driving Pass	10/10/2006
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97627022
Fax Number	
Contact Number	OFFICE-97627022
EMail Address	NOEMAIL

Address	5000A MARINE PARADE ROAD #05-03
Postcode	449284
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	6
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	NAME: : - GENDER: : MALE

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	SFU3218M
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG EIK CHUAN

NRIC/Passport Number

S0150438Z

Contact Number

96362826

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.
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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:

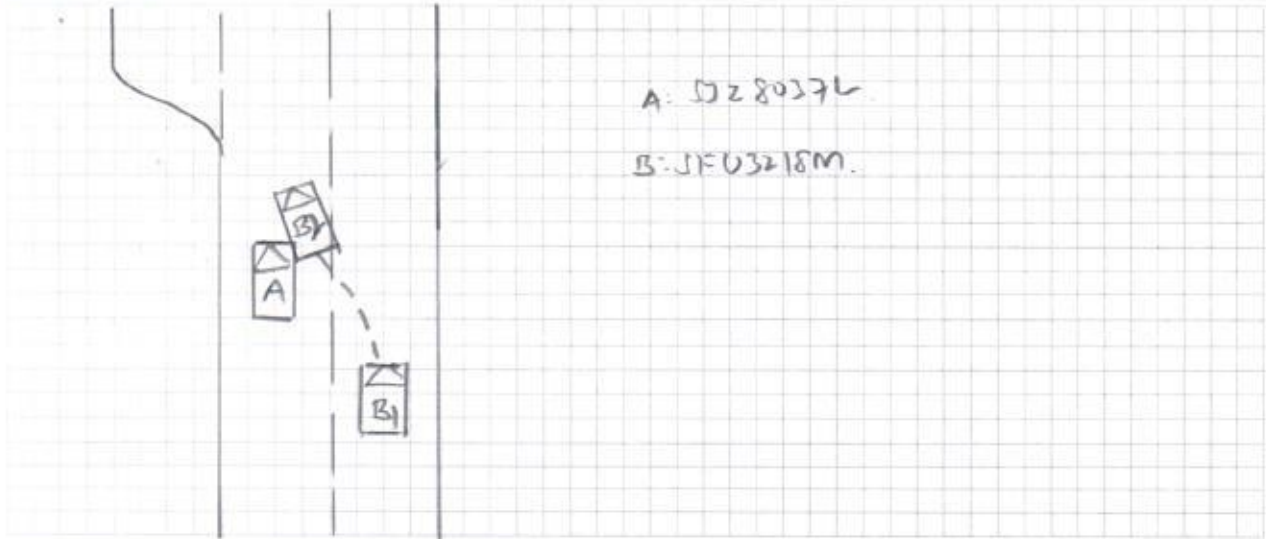
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

[A large diagonal line is drawn across the remaining lines of this section.]

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 STATED DATE AND TIME, I WAS MOVING SLOWLY ALONG THE STATED VENUE. SUDDENLY VEHICLE B CUT ONTO MY LANE FROM LANE 1 WITHOUT TURNING ON HIS VEHICLE INDICATOR LIGHT. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 11 / 18) (DD/MM/YYYY), TIME: (19 : 00) (HH:MM)

LOCATION: Grange Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5J28037L
b) INSURANCE COMPANY: C72
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: private use
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: Liew chee weng (in Chinese) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7988784 CONTACT: 97627222
c) ADDRESS: 5000A Marine Parade Road #05-03 (449264)

* 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: (12 / 3 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) OTHERS
b) ROAD SURFACE: (DRY / WET / OTHERS) OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SF03218M MODEL: _____
b) DRIVER'S NAME: Hg Eric Chuan
c) NRIC/FIN/PASSPORT: S0150382 CONTACT: 96362526

9. THIRD PARTY VEHICLE

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

Email =

fax =

video = X

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 : MNA118162442 Vehicle Registration No: SJZ8037L
Name(as shown in NRIC) : LIEW CHEE WENG (LIU ZHIWEI) NRIC/FIN/Passport No : S7908878A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 5000A MARINE PARADE ROAD #05-03 Singapore(449284)
Contact (Tel) : _____ Mobile No. : 97627022
Email Address : _____
Date of Accident : 16/12/2018 Time of Accident : 19:00
Place of Accident : GRANGE RD
Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

(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:

Amend number of passanger (1 female & 4 male)
add in TP IC number (S0150438Z)

Policyholder / Driver's Signature
Date:


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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7908878A



Name

LIEW CHEE WENG
(LIU ZHIWEI)

刘志伟

Race

CHINESE

Date of birth

27-03-1979

Sex

M

Country of birth

SINGAPORE



4380374



NRIC No. S7908878A



Date of issue

02-04-2009

5000A MARINE PARADE ROAD #05-03
SINGAPORE 449284

S7908878A

14/11/2013

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 7908878 A**

Name:

**LIEW CHEE WENG
(LIU ZHIWEI)**

Birth Date: **27 Mar 1979**

Issue Date: **10 Oct 2006**



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

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 10 Oct 2006



NP-428A

ORIGINAL

THE SCHEDULE

Agency	BR0085A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	DMPCSN1227831705
Account	BR0085A	Issued on	14/12/2017 in SINGAPORE	Replacing Policy no.	DMPCSN1227831604
Client	3105182	Acceptance Date	14/12/2017		

Period of Insurance from 28/12/2017 to 27/12/2018 , both dates inclusive

Insured's Name	LIEW CHEE WENG
Address	5000A MARINE PARADE ROAD #05-03, LAGUNA PARK SINGAPORE 449284

Business/Occupn	INDOOR CREATIVE DIRECTOR
Financial interest	OCBC BANK LTD AS HP OWNER

Premium	Base Annual Premium	\$52,478.00	
	Less 20% Loyalty Discount	\$8495.60-	
	Less 20% Autosafe Scheme	\$5396.48-	
	No Claim Discount 50.00%	\$5792.96-	
	Total Annual Premium	\$5792.96	Premium Due \$5792.96
			Premium GST \$555.51
			Total Due \$5848.47

Risk No. 001	MOTOR PRIVATE CAR		
	Original Registration Date: 28 Dec 2010		
1. Registration	SJZ8037L	Make/Model	TOYOTA ESTIMA HYBRID 2.4X CVT AIRB
Type of Cover	Comprehensive	No. of seats	7
Engine No.	2AZH602547	Capacity cc's	2362
Chassis No.	AHR207053392		Yr of Manuf/Regn 2010/2010
			Certificate Ref. MX1F
Sum Insured	Market value at the time of loss		
Named Drivers Ex Sect. I		\$51,000.00	
Additional Ex Other than Named Drivers:			
Ex Sect. I - Age <= 25		\$53,000.00	
Ex Sect. I - Age >= 26		\$5500.00	
* Age as at date of accident			
EX ON WINDSCREEN		\$5100.00	
Named Drivers	THE INSURED		

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

 One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only) - \$500.00
 Notwithstanding anything contained to the contrary, we will waive up to the first \$500.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year in respect of damage to the motorcar covered under this Policy for repairs carried out by our

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