

# NATIONAL Assessment Centre Services

Date In: 24/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/LIA/8002976/13	SAS e-filing		
Veh No: 5453322T	E-mail (within 8hrs; AIC 2hrs)		
DOA: 21/12/18	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: (Twinear)	Tel:	Fax:
TP Particulars:	Veh No: SJW9037X	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%; F: 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

NA1808820

## Invoice Preparation Checklist

Amt (\$) Amt (\$) 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) 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 \$10	

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	24/12/2018 10:46
Date Of Accident	21/12/2018 22:00
Exact Location Of Accident	PIE TWDS CHANGI B4 EUNOS FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGS3322T
Insured/Policyholder	
Name Of Registered Owner	SEAH JOO SENG DAVID(S0268268J)
NRIC No	S0268268J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96890321
Alternative Phone No	OTHERS-96890321
Vehicle Particulars	
Manufacturer	AUDI
Model	A6
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	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	
Cover Note Number	C0079634
Driver	
Name of Driver	SEAH JOO SENG DAVID
NRIC No	S0268268J
Date Of Birth	14/05/1948
Occupation	INDOOR
Date Of Driving Pass	03/05/1968
Driving Experience	50 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96890321
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 62 JALAN MA'MOR #01-32
Postcode	320063
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	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)	3
Passenger 1	NAME: : MARY GOMES GENDER: : FEMALE
Passenger 2	NAME: : DOLES GOMES 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

PLS REFER TO THE ATTACHED 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	SJW9037X
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

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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:

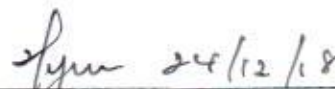
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

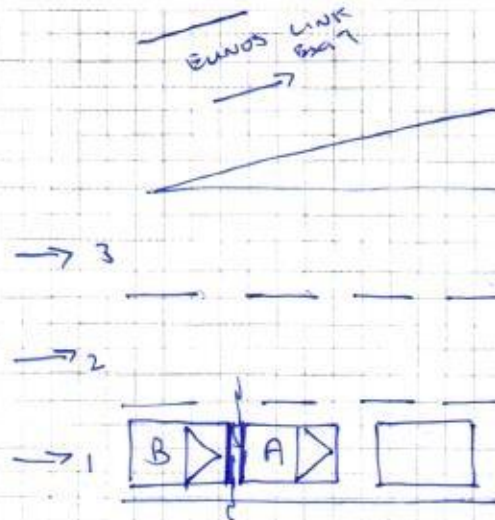
PIE TOWARD CHANGI

VEHICLE A

- SGS 3322 T

VEHICLE B

- SJW 9037 X



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARD THE DIRECTION OF CHANGI AIRPORT. I WAS ON THE EXTREME RIGHT LANE.

WHILE TRAVELLING STRAIGHT AHEAD, WHILE SOMEWHERE BEFORE THE EUNOS FLYOVER, THE VEHICLE IN FRONT BRAKED TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

THEREFOR I ALIGHT FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (SJW 9037 X) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - SGS 3322 T

VEHICLE B - SJW 9037 X

*[Handwritten signature]*

## 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.:

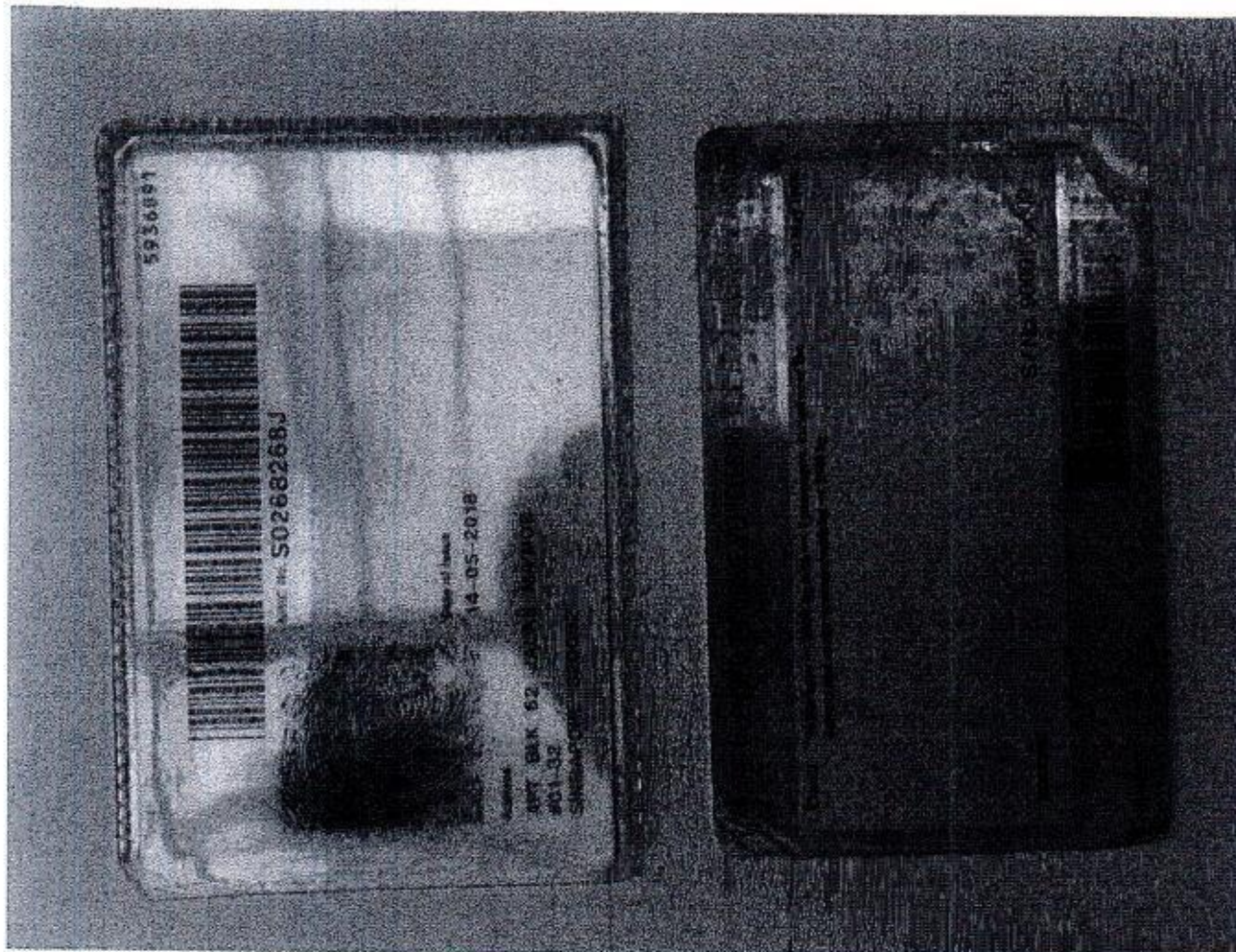


<b>Vehicle No.</b>	SAS 3322 T	<b>Model / Make</b>	Audi A6
<b>Date of Accident</b>	21 / 12 / 2018		
<b>Time of Accident</b>	2200 HRS		
<b>Location of Accident</b>	PIR TOWARD CHANGI BEFORE RUNGS FLYOVER		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	SERAH JOO SANH DAVID		
<b>Telephone No.</b>	H/P : 9689 0321	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S0268268J		
<b>Address</b>	BLK 62, JALAN MAMOR, #01-32, S(320063)		
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY		
<b>Insurance Company</b>	LIBERTY		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	C0079634		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>	S0268268J	<b>Any Passengers :</b>	2 (FEMALE)
<b>Date of birth</b>	14.05.1948	MARY GOMES / DOLES GOMES	
<b>Occupation</b>	Outdoor / <u>Indoor</u>		
<b>Driving License Pass Date</b>	3.5.1968		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P : 9689 0321	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 62, JALAN MAMOR, #01-32, S(320063)		
<b>Driver have any own vehicle</b>	<u>No</u>	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	owner
<b>Weather condition</b>	<u>Clear</u>	Raining	Other
<b>Road Surface</b>	<u>Dry</u>	Wet	Other
<b>Any Injuries</b>	<u>No</u>	If Yes, Who?	MONITORING
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No</u>	If Yes, Where?	
<b>Vehicle B No.</b>	SJW 9037 X	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	R2AR		
<b>Camera Recorder</b>	Yes / <u>No</u>		
<b>Email Address</b>			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



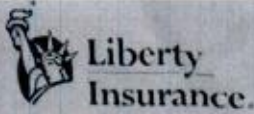






03/05/1968





www.libertyinsurance.com.sg

## Motor Cover Note

**Name of Producer:**

AAS INSURANCE AGENCY PTE. LTD. (A1481)

**Date of Issue:**

23 Jan 2018

**Cover Note No.:**

C0079634

**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**

**Name of Insured:**

SEAH JOO SENG DAVID (S0268268J)

**Period of Insurance:**

From: 12 Feb 2018 00:00

To: 11 Feb 2019 23:59

**Registration No.:**

SGS3322T

**Make and Model:**

AUDI A6 2.0T FSI MU

**Type of Body:**

SEDAN

**Capacity/Tonnage:**

1984

**Year of Manufacture/Registration:**

2006/2007

**Chassis No.:**

WAUZZZ4F47N092854

**Engine No.:**

BPJ042810

**Sum Insured:**

MARKET VALUE AT TIME OF LOSS

**Name of Finance Company:**

-

**Type of Plan:**

Comprehensive

**Excess:**

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: 23 Jan 2018 15:36

**AAS INSURANCE AGENCY PTE LTD**  
535 Kallang Bahru #02-08 GB Point  
Singapore 339351  
Tel: 6389 4241 Fax: 6734 6704  
Website: [www.aas-insurance.com.sg](http://www.aas-insurance.com.sg)  
Email: [enquiry@aas-insurance.com.sg](mailto:enquiry@aas-insurance.com.sg)

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

**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

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