

NATIONAL Assessment Centre Services. (ver 1 Jan 00)

NA190/475

Date In: 25/02/2009 17:52	Job description	Date & Time Completed	Done by
Ref No: NRA/4190035024	SAS e-filing		
Veh No: SX 5147C	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 23/02/2009 11:00	I-Motor Claim Form		
OD / TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: UNKNOWN CAR INC () / Non-INC () Tel: ()

Owner / Driver: ()

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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NA190/475	1) AR: Accident Reporting (\$30)	INC (\$80)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) FT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors Comments:	6) TR: Re-inspection	\$75
Date 1:	7) NI: Idas DA + EMRT Survey	\$160
Date 2:	8) NTUC Additional Services:-	
	OD:	
	*N5: Courtesy Car / Tpl Allowance	\$35
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	IF (N11): TP (Non INC) against INC	\$20
	9) N12: Idas 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	25/02/2019 17:52
Date Of Accident	23/02/2019 11:00
Exact Location Of Accident	ONE RAFFLE QUAY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5747C
Insured/Policyholder	
Name Of Registered Owner	ANTHONY CHOW TUCK WAH
NRIC No	S6968773C
Email Address	ACTWCHOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96922116
Alternative Phone No	OTHERS-96922116

Vehicle Particulars

Manufacturer	BMW
Model	420
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	SD18V03813/VPC/R00
Cover Note Number	

Driver

Name of Driver	ANTHONY CHOW TUCK WAH
NRIC No	S6968773C
Date Of Birth	07/05/1969
Occupation	INDOOR
Date Of Driving Pass	02/07/2005
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96922116
Fax Number	
Contact Number	OTHERS-96922116
Email Address	ACTWCHOW@GMAIL.COM

Address	9 NATHAN ROAD #08-03
Postcode	248730
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAI PING
NRIC/Passport Number	
Contact Number	98248242
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

VEHICLE NO: SLX5747C
ACCIDENT DATE: 23/2/19.

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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.

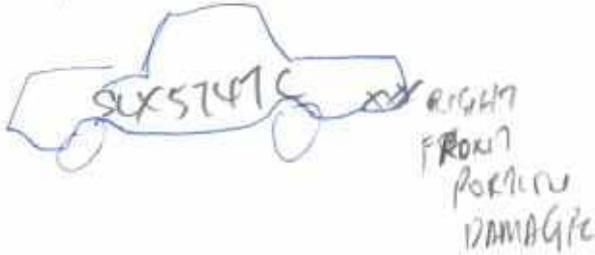
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

CAR WAS PARKED AT RAFFLES QUAY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR WAS PARKED IN ONE RAFFLES QUAY. DISCOVERED NOTE NEXT DAY 23-2-19. CAR ~~NOTE~~ NOTE ~~IS~~ GIVEN TO WORKSHOP

OWN DAMAGE () 3RD PARTY CLAIM () REPORTING ONLY (/) OWN WORKSHOP ()

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 Person's Signature:

Name: Resli Winters

NRIC/FIN No.:



NRIC No: S6968773C



Date of issue:
19-01-2018

Address:
9 NATHAN ROAD
#08-03
SINGAPORE 248730

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

Class	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	EFFECTIVE DATE
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	02 Jul 2005



NP 425A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6968773C



Name
ANTHONY CHOW TUCK WAH

周 德 華

Race
CHINESE



Date of birth
07-05-1969

Sex
M

S6968773C

Country/Place of birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6968773C**

Name:
ANTHONY CHOW TUCK WAH

Birth Date: **07 May 1969**

Issue Date: **02 Jun 2015**

002433473G

From: tony chow <actwchow@gmail.com>
Sent: Monday, 25 February, 2019 5:36 PM
To: rsbm@lkkauto.com
Subject: Insurance CI SLX57478C

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)



Liberty Insurance

www.libertyinsurance.com.sg

Name of Policyholder: ANTHONY CHOW TUCK WAH		Certificate No.: SD18V03813/ VPC / R00
Date of Issue: 20 Apr 2018	Effective Date of Commencement: 29 Mar 2018 00:00	Date of Expiry: 28 Mar 2019 23:59
Registration No.: SLX5747C	Chassis No.: WBA4H32000BH13 123	Type of Certificate: MX1
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.

Limitations as to use:

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

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.

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 Information Only:

Coverage(s): Sum Insured: Excess:

Name of Finance Company: Name of Producer:

For and on behalf of

LIBERTY INSURANCE PTE LTD

Approved Insurers:

Comprehensive, Unlimited Windscreen, NCD Protection MARKET VALUE AT THE TIME OF LOSS

Section I S\$700, Additional Excess for Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0

DBS BANK LTD
SD CONTEGO SERVICES (A1429-5)

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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