

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

NAI903446

Date In: 14/03/2009 10:32	Job description	Date & Time Completed	Done by
Ref No: NAI/UP/9004619/4	SAS e-filing		
Veh No: SJQ 6664T	E-mail (w/John Shree, AIC Shree)		
D.O.A: 13/03/2009 16:40	I-Motor Claim Form		
OID / 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: SJQ 65012	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 repaler.
() 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

NAI901915	Invoice Particulars		
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$10/\$45		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP:		
	*N5: Courtesy Car / TP Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (NI): TP (Non INC) against INC \$20		
	*N12: Idau 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	14/03/2019 10:32
Date Of Accident	13/03/2019 16:40
Exact Location Of Accident	ST.ANDREWS AUTISM CENTRE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ6064T
Insured/Policyholder	
Name Of Registered Owner	SIM ENG LIM
NRIC No	S0168415I
Email Address	JSEL88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98933189
Alternative Phone No	OTHERS-98933189

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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	SI18V12656/VPE/R00/E00
Cover Note Number	

Driver

Name of Driver	SIM ENG LIM
NRIC No	S0168415I
Date Of Birth	12/01/1954
Occupation	INDOOR
Date Of Driving Pass	13/01/1973
Driving Experience	46 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98933189
Fax Number	
Contact Number	OTHERS-98933189
Email Address	JSEL88@GMAIL.COM

Address	BLK 19 QUEEN'S CLOSE #07-105
Postcode	140019
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	NO COLLISION
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)	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

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	SJQ6501Z
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96749024
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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

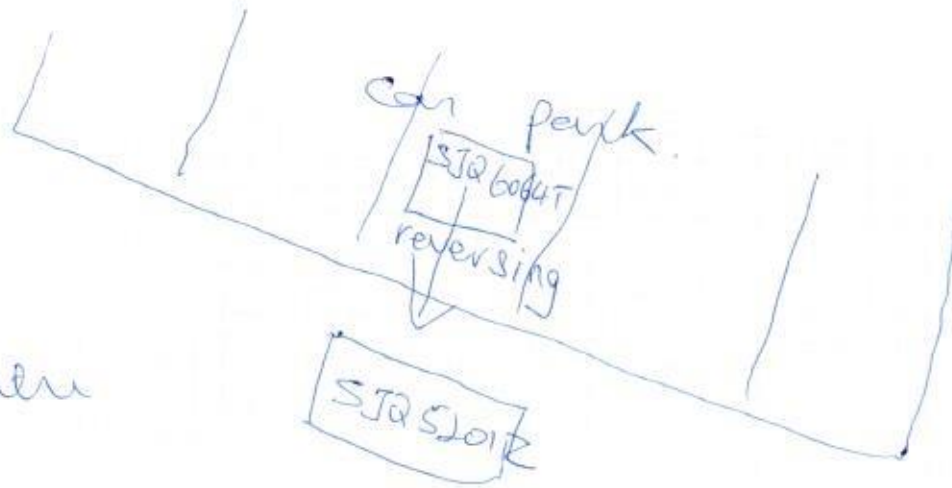
Date & Time: 14/03/19
0930 hrs

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


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

SKETCH PLAN

St Andrew's
Autism Centre
carpark.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 13.03.19, about 16.40 hrs, I was reversing out of the car park of St Andrew's Autism Centre, I put into reverse gear without stepping on the accelerator, when the reverse sensor started beeping. I immediately stopped the car and move forward. I got out of the car and realised that there was a car right behind mine. I noticed that the driver's side car door had a not so serious dent. I also noticed that the passenger side door had a bigger dent. The driver explained that he had an earlier accident on that door for which he was compensated for \$5,000 because of the hit and run case which was reported to the police and settled in court. His passenger came out of the car and looking at my car commended that there was no dent on my car, to which the driver retorted that, that part of the car (bumper) was very strong. Bumpers are made of plastics, and could not make a dent on steel door. When I suggested that he send for knocking repair, he replied that he needed the car everyday for work and earns \$400/- to \$500/- a day ferrying people around. So I suggested to leave it to my insurance company to settle the matter.

DECLARATION

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

Policyholder's Signature
Date & Time: 14/03/19
0950 hrs

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

14/03/2019
Reporting Centre Personnel's Signature
Name: Rosli
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 13/03/2019 (DD/MM/YYYY), TIME: 16.40 (HH:MM)

LOCATION: St. Andrew's Autism Centre car Park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJA 6064 T
b) INSURANCE COMPANY: Liberty Insurance
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: KIA Cerato Forte
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SIM ENG LIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S016841X I CONTACT: 98933189
c) ADDRESS: Blk 19 Queen's Close #07-10
Singapore 140019

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 12/01/1954 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13.01.1973

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)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) (NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJA 6501 Z MODEL: MIT Lancer
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 96749024

9. THIRD PARTY VEHICLE

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

email = jse188@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S01684151



Name
SIM ENG LIM

Race
CHINESE

Date of Birth
12-01-1954

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S01684151

Name
SIM ENG LIM

Birth Date: **12 Jan 1954**

Issue Date: **01 Oct 2018**



0689E

NRIC No. **S01684151**



Blood Group Date of issue
O+ 22-12-1992

APT BLK 19 QUEEN'S CLOSE #07-105
SINGAPORE 140019

NRIC No: **S01684151**

Date: **11/07/2012**

No: **7223006**

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	25 Oct 1977
Class 2A	Motorcycles between 201 cc and 400 cc	25 Oct 1977
Class 2	Motorcycles > 400 cc	25 Oct 1977
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	13 Jan 1973

NP 423A



Policy Schedule

Private Car

Name of Producer: AAS INSURANCE AGENCY PTE. LTD. (A1481-1 AAMEM)		Policy No.: SI18V12656/VPE/R00/E00
Date of Issue: 08 Oct 2018	Previous Policy No.:	

Details of Insured

Name of Insured: SIM ENG LIM	NRIC/FIN No.: S0168415I
Mailing Address: 19 QUEEN'S CLOSE, #07-105, SINGAPORE	Postal Code (140019)
Period of Insurance (both dates inclusive): From: 19 Nov 2018 00:00 To: 18 Nov 2019 23:59	Occupation: Retiree

Details of Vehicle

Registration No.: SJQ6064T	Make and Model: KIA Cerato Forte 1.6	Type of Body: SALOON
Capacity/Tonnage: 1591 C.C	Seating Capacity Including Driver: 0	Year of Manufacture/Registration: 2009 / 2009
Chassis No.: KNAFH221395067219	Engine No.: G4FC9H250788	Sum Insured: MARKET VALUE AT THE TIME OF LOSS

Hire Purchase Owner/Leasing Company:

Operative Endorsements:


V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0145, V0152, V0224, V0233, V0236, V0249, V0276, V0277A, Z011

Details of Coverage

Type of Plan:	Pte Car-Preferred Plan (Comprehensive)
Excess:	Section I - Named Drivers S\$ 600.00 Section I - Unnamed Drivers S\$ 1,100.00 Additional Excess for Young, Elderly & Inexperienced Drivers S\$ 3,000.00 Windscreen Excess S\$ 100.00
Additional Coverage(s):	Unlimited Windscreen, NCD Protection
Name of Driver(s):	SIM ENG LIM
Basic Premium:	S\$ 1,504.61
Discounts:	No Claim Discount (50%), Offence Free Discount (5%), AA Membership Discount (10%), Other discounts (S\$ 43.21)
Prevailing GST (7%):	S\$ 42.00
Total Premium Payable Inclusive of Prevailing GST (7%):	S\$ 642.00

This Schedule replaces any other Schedule. This Schedule and Policy are to be read together as one contract. Persons or classes of persons entitled to drive and limitations are to use, are as specified in the Certificate of Insurance issued in relation to this policy.

Date: 08 Oct 2018 15:18


For and on behalf of
LIBERTY INSURANCE PTE LTD