

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNR 1140 6447-21

Date In: 21/5/14 - 10:30	Job description	Date & Time Completed	Done by
Ref No: NIA/LP1400848/27	SAS e-filing		
Veh No: SLL3703E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/5/14 - 18:15	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: PBL976A	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

NA1003716	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
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		
	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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat 1:	9) N12: Idac Mobile 30		
Dat 2 / 3:	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	21/05/2019 10:30
Date Of Accident	17/05/2019 18:15
Exact Location Of Accident	KJE (PIE) TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3703E
Insured/Policyholder	
Name Of Registered Owner	NSK
Co Reg No	53347079W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	HRV 1.5 DX CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V05635/VPL/R00
Cover Note Number	

Driver

Name of Driver	NG SOON KENG
NRIC No	S1668186E
Date Of Birth	02/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	31/12/1996
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90283315
Fax Number	
Contact Number	OFFICE-90283315
Email Address	NOEMAIL

Address	BLK 452 CHOA CHU KANG AVENUE 4 #02-143
Postcode	680452
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?	
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)	2
Passenger 1	NAME: : PETER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190517/2149.

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	FBC9766A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.



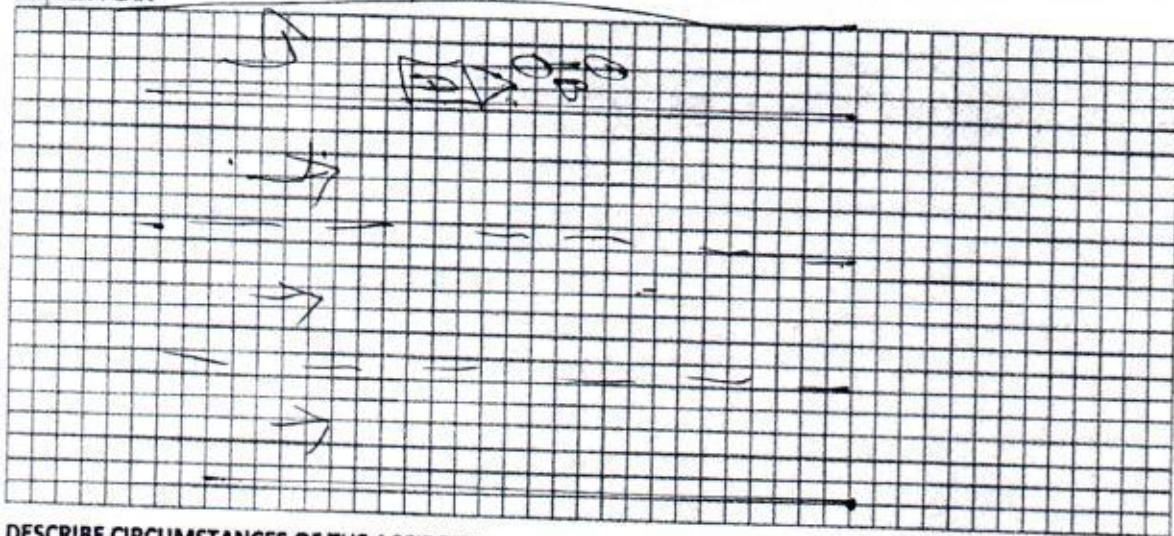
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

KJE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS A police Report T/20190517/2149

DECLARATION

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

NSK

Policyholder's Signature
Date & Time:

NSK

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

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

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17/05/2019 (dd/mm/yy) Time of Accident: 18:45 (24-HR-FORMAT)
Vehicle No.: SLL3703E Vehicle Make & Model: _____
Exact location of Accident: Kranji Expressway 53.347079 W
Policyholder's Name / IC No.: NSK
Driver's Name / IC No.: Ng Soon Keng 51668186E (As Above) ☐
Driver's Contact No.: 90283315 Company Contact No.: _____
Driver's Address: _____
Insurance Company: Liberty Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner ☐ Spouse ☐ Children ☐ Friend ☐ Parents ☐ Sibling ☐ Relative ☐ Employee ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☐ Other Vehicle (The one you want to claim against) ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use ☒ Work purpose

Occupation (nature of job) ☐ Indoor ☒ Outdoor

No. of Passengers (Including Driver): 02 peter (M)

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry ☐ Raining & Wet ☐ After-Rain & Wet ☐ Drizzling & Wet ☐ Others: _____

Was there any video captured by your Car Camera? ☐ Yes ☐ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes ☐ No (If YES) Which Police Station: Choa Chu Kang NPC

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: FB C 9766A

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



**SINGAPORE
POLICE FORCE**



T/20190517/2149

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20190517/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2019 20:16		Vide Report No.: J/20190517/0109		Station Diary No.: 123	
Informant's Particulars					
Name of Informant: NG SOON KENG			Address: APT BLK 452 CHOA CHU KANG AVENUE 4 #02-143 SINGAPORE 680452		
ID Type / ID No.: NRIC NO / S1668186E			Contact No.: Home/Office: 90283315 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 02/10/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GO JEK DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/05/2019 18:15	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY (PIE) 3KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC9766A	Motorcycle				Slightly Damaged	0
SLL3703E	Car	HONDA	HRV 1.5 DX CVT	Black	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Rider			
Name	KAMALIYA BITE ZAINOL	ID No.	S8435066D
Related Vehicle	FBC9766A (Motorcycle)	Contact No.	81004958
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG SOON KENG	ID No.	S1668186E
Related Vehicle	SLL3703E (Car)	Contact No.	90283315
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/05/2019 at about 1815hrs, I was driving my vehicle bearing the plate number of SLL3703E from KJE(PIE) towards Tuas. There was one passenger at that point of time. I was driving along the left lane (Lane 2).

at that point of time traffic was moderate. I then made a left turn to lane 1 to exit Kranji expressway towards Choa Chu Kang. Suddenly one motorcycle bearing the plate number FBC9766A from my rear cut into me and hit onto the front left bumper of my vehicle, the rider then lost control and fall to the ground. I stopped and assist the rider. we managed to change particulars. I called ambulance. Police and Ambulance came to scene. The rider was subsequently conveyed by ambulance. Traffic officer then took my 16GB micro SD card for investigation purpose. Traffic police then advised me to lodged a police report.

I/C - Syed tel 65476090



**SINGAPORE
POLICE FORCE**



T/20190517/2149

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20190517/2149

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Staff Sgt AHMAD ADHA BIN SAHARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/05/2019 20:16

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178

Signature :



Classification Of Case:

Authentication Stamp

NP168

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 : MNA119064973 Vehicle Registration No: SLL3703E

Name(as shown in NRIC) : NSK NRIC/FIN/Passport No : 53347079W

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 17/05/2019 Time of Accident : 18:15

Place of Accident : KJE (PIE) TWDS TUAS

Insurance Company: Liberty Insurance 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 vehicle category _____

Policyholder / Driver's Signature
Date:



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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensed Person: **S1668186E**

Name: **NG SOON KENG**

Birth Date: **02 Oct 1964**

Issue Date: **04 Dec 2017**

002750072F



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1668186E**



Name: **NG SOON KENG**

黄顺景

Race: **CHINESE**

Date of Birth: **02-10-1964** Sex: **M**

Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	24 Feb 1983
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	31 Dec 1996

Licence No: **S1668186E**

NP 428A

2719010

Barcode

NRIC No. **S1668186E**

Address: **APT B1K 452 CHOY KANG AVENUE 4 #02-143 SINGAPORE 660452**

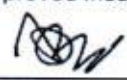
NRIC No: **S1668186E** Date: **20/12/2010** No: **6632920**

Blood Group: **O+** Date of issue: **13-10-1995**



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	SD19V05635 /NPL /R00
From	MZ400B
Date Of Issue	03-MAY-2019
1.Index Mark and Registration No. of Vehicle:	SLL3703E
2.Chassis number of Vehicle:	JHMRU1810GX201779
3.Name of Policyholder:	NSK
4.Effective date of Commencement of Insurance for the purpose of the Act:	04-MAY-2019 00:00 AM
5.Date of Expiry of Insurance:	03-MAY-2020 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
For Private Hire Vehicle (PHV) Usage :	NG SOON KENG
For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.	
<p>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.</p> <p>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.</p>	
7.Limitations as to use*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*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 and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	CUSTOMER SERVICES CENTRE

PLSU/PLSL/03-MAY-19

S1_CI_T1_T3_OE_Template6-Ver1. 03-MAY-19