

# NATIONAL Assessment Centre Services

Date In: 05/07/19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/LIA/19011945/13	E-mail (within 8hrs, A/C 2hrs)		
Veh No: 5LH1979K	i-Motor Claim Form		
D.O.A: 04/07/19 1520	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	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: 5DH7776J	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

NA1905245	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	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) 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:-		
<b>QC Checked by (Engr-In-Charge):</b>	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	05/07/2019 16:27
Date Of Accident	04/07/2019 15:20
Exact Location Of Accident	PIE(CHANGI)B4 PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH1979K
Insured/Policyholder	
Name Of Registered Owner	TEH DAN LIN
NRIC No	S1823808Z
Email Address	TEHDL67@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96773173
Alternative Phone No	OTHERS-96773173
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	SI18V07638/VPC/R00/E00
Cover Note Number	
Driver	
Name of Driver	TEH DAN LIN
NRIC No	S1823808Z
Date Of Birth	19/09/1967
Occupation	INDOOR
Date Of Driving Pass	15/12/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96773173
Fax Number	
Contact Number	OTHERS-96773173
Email Address	TEHDL67@YAHOO.COM.SG

Address	77 BINCHANG RISE
Postcode	579970
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)	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

I WAS TRAVELLING FROM PIE(CHANGI AIRPORT)TWDS PAYA LEBAR RD ON THE LANE 4TH TURNING LANE OF A5-LANES RD.IT WAS HEAVY TRAFFIC FLOW AND MY VEH WAS STATIONARY,WHEN I'M STARTED TO MOVE OFF SUDDENLY VEH(B)BEARING REG NO SDH7776J CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

#### 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	SDH7776J
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SURIANTO LIGA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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:

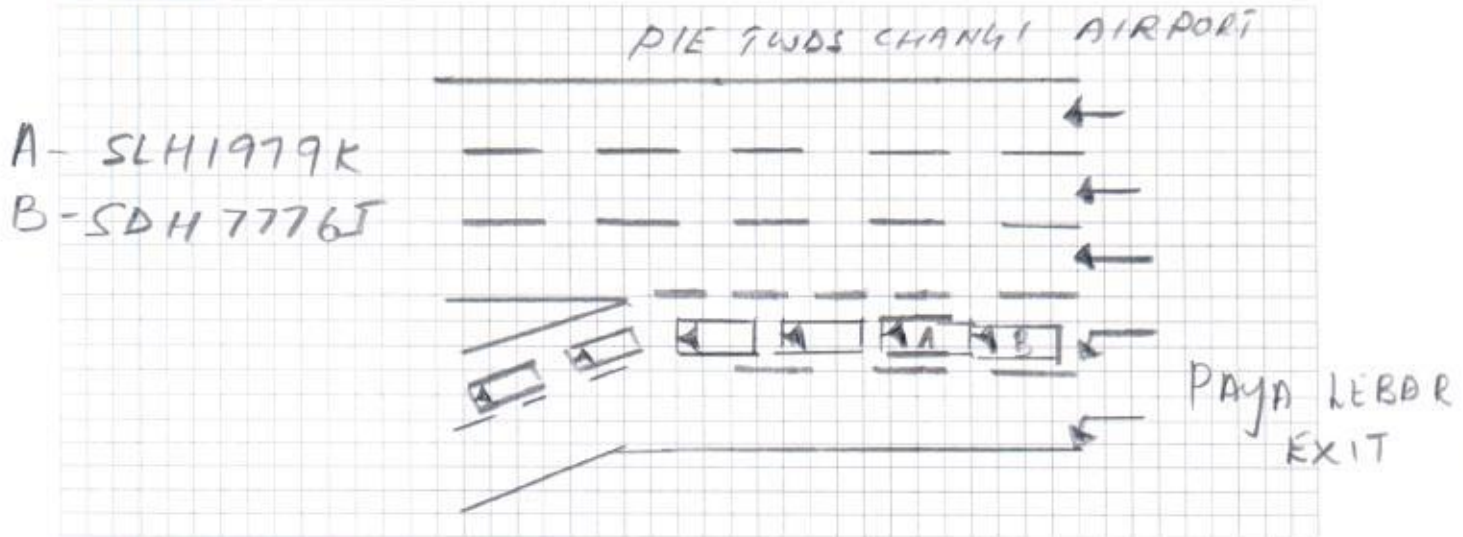
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Pls refer to the statement.

**DECLARATION**

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

Policyholder's Signature  
Date & Time:

*[Signature]* 5/7/19

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

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

*[Signature]* 05/07/19

**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 : MNA119087735 Vehicle Registration No: SLH 1979K  
Name (as shown in NRIC) : TEH DAN LIM NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96773173  
Email Address : \_\_\_\_\_  
Date of Accident : 04/01/2019 Time of Accident : 15:20  
Place of Accident : PIKE (CITIZEN) BT PAYA LARER EXIT  
Insurance Company : LIBERTY INSURANCE

**(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:

To Type Full ADDRESS OF INSURED TO BINCHONG RISK

Policyholder / Driver's Signature  
Date:

for 06/01/2019  
Reporting Centre Personnel's Signature  
Name: ROSE LIAW  
NRIC/FIN No.:  
Date:

## ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 7 / 2019) (DD/MM/YYYY), TIME: (15:20) (HH:MM)

LOCATION: PIE (towards Changi Airport) before Paya Lebar Exit

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH 1979 K  
b) INSURANCE COMPANY: Liberty  
c) POLICY NUMBER: SI18V07638 / VPC / R00 / E00  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Audi A6  
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: TEH DAN LIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1823808 Z CONTACT: 96773173  
c) ADDRESS: 77 BINGHANG RISE

\* 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: (19 / 09 / 1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15 Dec 1986

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SDH 7776 J MODEL: BMW  
b) DRIVER'S NAME: Surianto Liga  
c) NRIC/FIN/PASSPORT: CONTACT:

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SDH 7776 J MODEL: BMW  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

camera - no

email = tehdl67@yahoo.com.sg

fax =

video =

05/07/19  
waiting for  
a ✓

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1823808Z

Name: TEH DAN LIN

Birth Date: 19 Sep 1967

Issue Date: 10 Jan 2003

000102882K

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1823808Z

TEH DAN LIN

郑丹琳

Race: CHINESE

Date of Birth: 19-09-1967

Country of Birth: SINGAPORE

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Photo DATE: 15 Dec 1988

For LKK/NAC Use Only

License No: S1823808Z

NO 428A

1098635

NRIC No: S1823808Z

Blood Group: O+ Date of issue: 11-07-1993

77 BINCHANG RISE  
SINGAPORE 579970

NRIC No: S1823808Z Date: 04-03-2004 No: 4864871



www.libertyinsurance.com.sg



# 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)

**Name of Policyholder:**

TEH DAN LIN

**Certificate No.:**

SI18V07638/VPL/ROO/EDD

**Date of Issue:**

18 Jun 2018

**Effective Date of Commencement:**

12 Jun 2018 00:00

**Date of Expiry:**

24 Oct 2019 23:59

**Registration No.:**

SLH1979K

**Chassis No.:**

WAUZZZ4G2GN153420

**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 and on behalf of  
LIBERTY INSURANCE PTE LTD  
Approved Insurers

**For Information Only:**
**Coverage(s):**

Comprehensive, Unlimited Windscreen, Buy Down Excess

**Sum Insured:**

MARKET VALUE AT THE TIME OF LOSS

**Excess:**

Section I - Named Drivers: S\$000, Section I - Unnamed Drivers: S\$100, Additional Excess for Young, Elderly & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100

**Name of Finance Company:**

OVERSEA-CHINESE BANKING CORPORATION LTD

**Name of Producer:**

PREMIUM LEASING PTE LTD (A1704-7)

A1704-7/SIBAA/NT/SI/KV07638/PS-Jul-2019/MotorC/rev.3

# Policy Schedule

## Private Car

**Name of Producer:**

PREMIUM LEASING PTE LTD (A1704-7)

**Date of Issue:**

11 Jun 2018

**Previous Policy No.:**
**Policy No.:**

SI18V07638/VPC/R00/E00

**Details of Insured**
**Name of Insured:**

TEH DAN LIN

**Mailing Address:**

77 BINCHANG RISE, SINGAPORE

**Period of Insurance (both dates inclusive):**

From: 12 Jun 2018 00:00

To: 24 Oct 2019 23:59

**NRIC/FIN No.:**

S1823808Z

Postal Code (579970)

**Occupation:**

Home Maker

**Details of Vehicle**
**Registration No.:**

SLH1979K

**Capacity/Tonnage:**

1984 C.C

**Chassis No.:**

WAUZZZ4G2GN153420

**Make and Model:**

AUDI A6 2.0 TFSI MU

**Seating Capacity Including Driver:**

5

**Engine No.:**

CYP014397

**Type of Body:**

SALOON

**Year of Manufacture/Registration:**

2016 / 2016

**Sum Insured:**

MARKET VALUE AT THE TIME OF LOSS

**Hire Purchase Owner/Leasing Company:**

OVERSEA-CHINESE BANKING CORPORATION LTD

**Operative Endorsements:**

V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0145, V0152, V0225, V0233, V0237, V0249, V0276, V0281, Z011

**Details of Coverage**
**Type of Plan:**

Pte Car - Standard Plan (Comprehensive)

**Excess:**

Section I - Named Drivers S\$ 600.00

Section I - Unnamed Drivers S\$ 1,100.00

Additional Excess for Young, Elderly &amp; Inexperienced Drivers S\$ 3,000.00

Windscreen Excess S\$ 100.00

Unlimited Windscreen, Buy Down Excess

**Additional Coverage(s):**
**Name of Driver(s):**

TEH DAN LIN

**Basic Premium:**

S\$ 3,541.86

**Additional Premium:**

S\$ 41.10

**Prevailing GST (7%):**

S\$ 250.81

**Total Premium Payable Inclusive of  
Prevailing GST (7%):**

S\$ 3,833.76

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: 11 Jun 2018 11:10

For and on behalf of

LIBERTY INSURANCE PTE LTD

A1704-7/B2BAAMT/SI18V07638/11-Jun-2018/MotorPolicyNonFleet/v1.0