

# NATIONAL Assessment Centre Services

Ref: JAN05/MLA119099024-24

Date In: 29/1/14 15:41	Job description	Date & Time Completed	Done by
Ref No: NA/617901330/24	SAS e-filing		
Veh No: SL5538J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 28/1/14 - 17.20	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: SW448A	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 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

NA1905623	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*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: Idao Mobile 30		
	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	29/07/2019 15:41
Date Of Accident	28/07/2019 17:20
Exact Location Of Accident	JUNC CORPORATION RD & BOON LAY WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL5348J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN BAN HAO
NRIC No	S8932224C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83832843
Alternative Phone No	OFFICE-83832843

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3 1.6A
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	SI18V09850/VPE/R00
Cover Note Number	

### Driver

Name of Driver	TAN BAN HAO (CHEN WANHAO)
NRIC No	S8932224C
Date Of Birth	13/09/1989
Occupation	INDOOR
Date Of Driving Pass	08/09/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83832843
Fax Number	
Contact Number	OFFICE-83832843
Email Address	NOEMAIL

Address	BLK 140B CORPORATION DRIVE
	#08-46
Postcode	612140
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	SIDE SWIPE
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: : -
	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

ON STATED DATE AND TIME, AS TRAFFIC JUNCTION WAS RED, I STOPPED MY VEHICLE BEFORE THE STOPPING LINE. AS THE TRAFFIC JUNCTION TURNS GREEN, I MOVED FORWARD. A FEW SECONDS LATER, I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION. I WISH TO STATE THAT VEHICLE B WAS BEHIND OF MY VEHICLE WHEN I MOVED OFF WHEN TRAFFIC LIGHT TURNS GREEN AND SHE WAS SPEEDING.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV9448A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LI CHUNHUA
NRIC/Passport Number	S8777779J
Contact Number	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :



## SKETCH PLAN

### 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. 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.



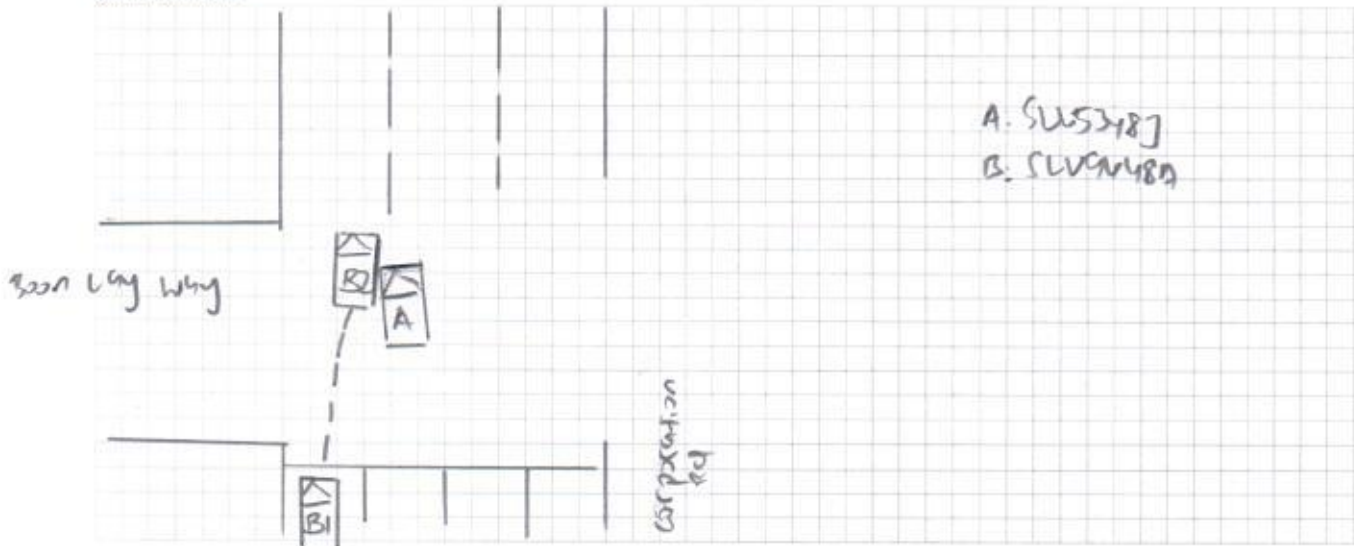
Policyholder's Signature  
Date & Time:

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

Refer to statement.

## 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.:



**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 : MNA119099034 Vehicle Registration No: SLL5348J  
Name(as shown in NRIC) : TAN BAN HAO (CHEN WANHAO) NRIC/FIN/Passport No : S8932224C  
(\*~~Vehicle Driver~~ / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 140B CORPORATION DRIVE #08-46 Singapore(612140)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 83832843  
Email Address : \_\_\_\_\_  
Date of Accident : 28/07/2019 Time of Accident : 17:20  
Place of Accident : JUNC CORPORATION RD & BOON LAY WAY  
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 from reporting only to third party claim.

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Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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

**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 : MWA119099234 Vehicle Registration No: SLCJ348J  
Name (as shown in NRIC) : Tan Ben Hoo (chen henhoo) NRIC/FIN/Passport No : S8932246  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 140B Corporation Drive #8-46 Singapore (612440)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 83832843  
Email Address : \_\_\_\_\_  
Date of Accident : 28/7/19 Time of Accident : 17:20  
Place of Accident : Junc Corporation Rd & Boon Lay Way  
Insurance Company : Liberty

### (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:

I wish to amend the statement as below.

On stated date and time as traffic junction was red, I stopped my vehicle before the stopping line. As the traffic junction turns green, I moved forward. A few seconds later, I felt an impact of my vehicle and realized that vehicle B hit onto my vehicle front left portion. I wish to state that vehicle B was behind of my vehicle when I moved off when traffic light turn green. and she was speeding.

② re-upload of video footage.

Policyholder / Driver's Signature  
Date:

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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8932224C



Name

TAN BAN HAO  
(CHEN WANHAO)

陈万瀚

Race

CHINESE

Date of birth

13-09-1989

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8932224C

Name

TAN BAN HAO  
(CHEN WANHAO)

Birth Date: 13 Sep 1989

Issue Date: 08 Sep 2010



001090575D



4030256

NRIC No. S8932224C



Date of issue

22-09-2010

APT BLK 140B CORPORATION DRIVE #08-46  
SINGAPORE 612140

NRIC No. S8932224C Date: 13/02/2019

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

EFFECTIVE DATE

Class 3 Motor Cars < 2000kg with ≤ 47 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg 08 Sep 2010

For LKK/NAC Use Only




Licence No: S8932224C

NP 423A

## 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)

<b>Certificate No</b>	<b>SI18V09850 /VPE /R00</b>
<b>Form</b>	<b>MX1</b>
<b>Date of Issue</b>	<b>25-FEB-2019</b>
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLL5348J
<b>2.Chassis number of Vehicle:</b>	KNAFZ411MH5676353
<b>3.Name of Policyholder:</b>	TAN BAN HAO
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	28-JUL-2018 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	27-AUG-2019 00:00 AM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
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.	
<b>7.Limitations as to use*:</b>	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
<b>8.The Policy does not cover:</b>	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	TOKYO CENTURY LEASING (S) PTE LTD
PRODUCER NAME:	D&S AUTO AGENCY

SCKH/SCKH/25-FEB-19

S3\_CI\_T1\_T3\_TEMPLATE2-VER1 25-FEB-19