

# NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In <b>24/08/19</b>	Job description	Date & Time Completed	Done by
Ref No. <b>NA/LIP19014914/13</b>	SAS e-filing		
Veh No <b>SKW7091P</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A <b>23/08/19</b> <b>1930</b>	i-Motor Claim Form		
OD <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( <b>RYDER</b> )	Tel:	Fax:
TP Particulars:	Veh No: <b>X08463P</b>	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

**NA1906371**

## Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
	1st Bill	Add Bill
<b>Claimant's Particulars :-</b>		
Driver/Owner:		
Contact No:		
Damaged Portion:		
QC Checked by (Engr-In-Charge):		
<b>Auditors' Comments :-</b>		
Cat. 1:		
Cat. 2 / 3:		

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:-	
OD*	
*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: Idac 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	24/08/2019 09:17
Date Of Accident	23/08/2019 19:30
Exact Location Of Accident	KJE SLIP RD TWDS CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW7091P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEN CHIN LAN
NRIC No	S7360537G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97852646
Alternative Phone No	OTHERS-97852646

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	S118V13240/VPC/R02
Cover Note Number	

### Driver

Name of Driver	TEN CHIN LAN
NRIC No	S7360537G
Date Of Birth	13/06/1973
Occupation	INDOOR
Date Of Driving Pass	22/10/1996
Driving Experience	22 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97852646
Fax Number	
Contact Number	OTHERS-97852646
EMail Address	NOEMAIL

Address	BLK 514 JURONG WEST ST 52 #13-26
Postcode	640514
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?	YES
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)	2
Passenger 1	NAME: : KEW MOI 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	XD8463P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TEN CHIN LAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKW7091P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	KEW MOI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKW7091P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	




## 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:

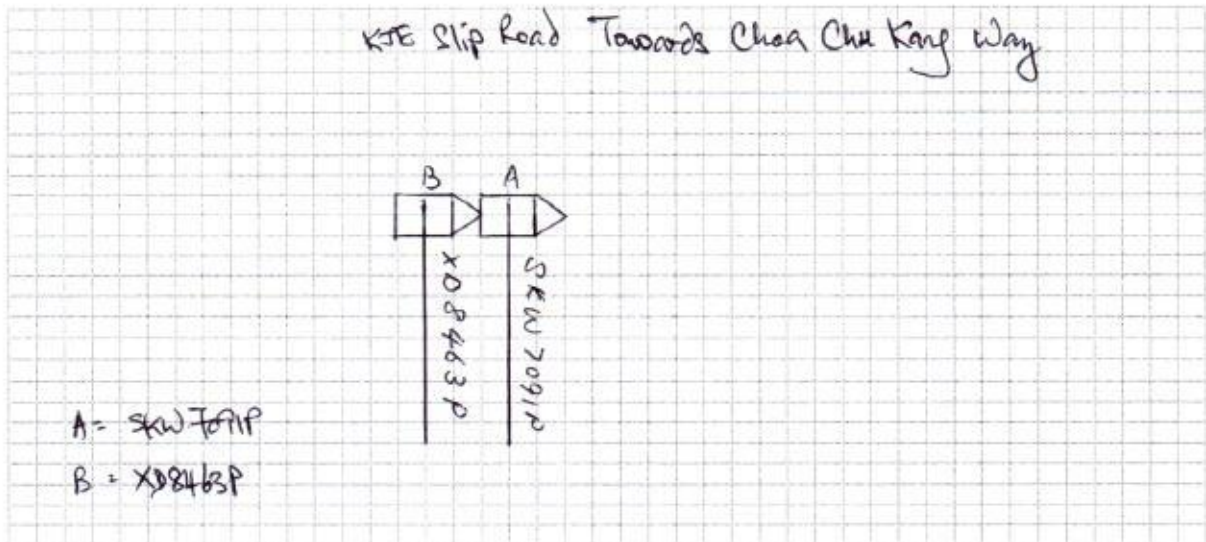
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 24/08/19  
Report Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG KJE SLIP ROAD TOWARDS CHOA CHU KANG WAY. WHILE MY VEHICLE WAS STILL STATIONARY WAITING FOR MAIN ROAD VEHICLE TO CLEAR, VEHICLE B REAR-ENDED MY VEHICLE.

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:

24/08/19


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



# Accident Reporting Draft

VEHICLE NO: SKW7091P

MODEL: TOYOTA COROLLA ALTIS

DATE OF ACCIDENT	23/8/2019		
TIME OF ACCIDENT	1930 HRS	HRS	AM/PM
LOCATION OF ACCIDENT	KJE SLIP ROAD TOWARDS CHOA CHU KANG WAY		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	TEN CHIN LAN		
CONTACT NO.	97852646		
NRIC	S7360537G		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY THIRD PARTY		
INSURANCE CO.	LIBERTY		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	SAME AS ABOVE AS ABOVE / IF NO:		
NRIC	S7360537G	ANY PASSENGER: 1	<u>Kew Mei</u> (F)
DATE OF BIRTH			
OCCUPATION	OUTDOOR / <u>INDOOR</u>		
DATE OF DRIVING PASS			
GENDER	MALE / <u>FEMALE</u>		
CONTACT NO.	97852646	OFFICE:	HOME:
ADDRESS	BLK 514 JURONG WEST STREET 52 #13-26 S(640514)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY		
ANY INJURIES	NO / IF YES: <u>2</u>		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	XD8463P	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.		ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <b>Ryder</b> Auto Pte Ltd                  2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub,                  Singapore 417921                  Email: ryderautoworkshop@gmail.com                  Tel: 67418277 Fax: 67468277             </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7360537C

Name

TEN CHIN LAN

For LKK/NAC Use Only

Birth Date 13 Jun 1973

Issue Date 24 Jan 2005



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7360537G



Name

TEN CHIN LAN

For LKK/NAC Use Only

鄧 靜 嫻

Race

CHINESE

Date of birth

13-06-1973

Sex

F

Country of birth

MALAYSIA





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

PASS DATE

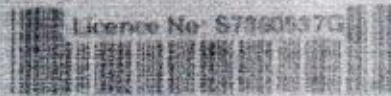
Class 2B Motorcycles  $\leq$  200 cc  
Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers,  
exclusive of the driver; and motor tractors  
/vehicles  $\leq$  2500 kg

22 Oct 1996  
29 Oct 1996

2/10/1996

**For LKK/NAC Use Only**

NP 428A



Licence No S7360537G

4182660



NRIC No S7360537G



**For LKK/NAC Use Only**

Date of issue  
29-02-2008

Address

APT BLK 514 JURONG WEST STREET 52  
#13-26  
SINGAPORE 640514



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>Name of Policyholder:</b>		<b>Certificate No.:</b>
TEN CHIN LAN		SI18V13240/ VPC / R02
<b>Date of Issue:</b>	<b>Effective Date of Commencement:</b>	<b>Date of Expiry:</b>
23 Oct 2018	12 Nov 2018 00:00	11 Nov 2019 23:59
<b>Registration No.:</b>	<b>Chassis No.:</b>	<b>Type of Certificate:</b>
SKW7091P	MR053REH104538295	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
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section 1 - Named Drivers S\$600, Section 1 - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	DBS BANK LTD
Name of Producer:	JUN SHI INSURANCE AGENCY (A1186-2)