

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

NA1906294

Date In: 05/09/2019 11:30	Job description	Date & Time Completed	Done by
Ref No: NA1906294/15/17614	SAS e-filing		
Veh No: SKK 8408L	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 31/08/2019 15:45	I-Motor Claim Form		
OD : TP : Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: UNKNOWN TAX 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 repeler.	
() Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks:	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:	
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Date/Time	Action

NA1906294	
Client/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (Nil) : TP (Non INC) against INC \$20
	9) N12: Idao 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	05/09/2019 11:30
Date Of Accident	31/08/2019 15:45
Exact Location Of Accident	JUNCTION OF ORCHARD ROAD AND BIDEFORD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8403L
Insured/Policyholder	
Name Of Registered Owner	YUE MUN KIT
NRIC No	S7229599D
Email Address	LOUISEFOO1@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97858583
Alternative Phone No	OTHERS-91298540

Vehicle Particulars

Manufacturer	HONDA
Model	ODESSEY
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	SI19V08912/VPC/R03
Cover Note Number	

Driver

Name of Driver	FOO SZE LING (FU SILING)
NRIC No	S7805993A
Date Of Birth	01/03/1978
Occupation	INDOOR
Date Of Driving Pass	15/09/2006
Driving Experience	12 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97858583
Fax Number	
Contact Number	OTHERS-91298540
EMail Address	LOUISEFOO1@YAHOO.COM.SG

Address	BLK 18 DOVER CRESCENT #20-40
Postcode	130018
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	CLOUDY
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190902/2090

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH AH BAR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

NameFOO SZE LING (FU SILING)
Approximate Age
Injuries SustainSLIGHT INJURY
Injured person in which vehicle?SKE8403L
Were seat belts worn?YES
Was this injured conveyed to hospital by ambulance?NO
Address
Postcode

SKETCH PLAN

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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:



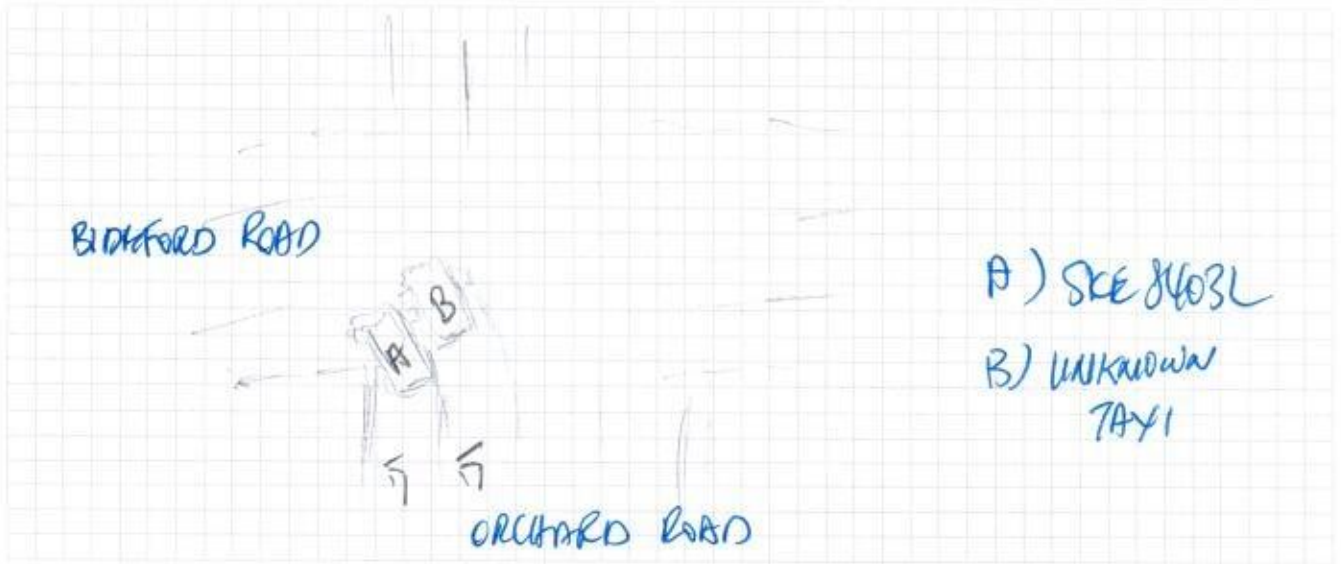
Driver's Signature
(If driver is not the policyholder)
Date & Time:



05/09/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PCS Report to Police Report
1/20/2020/2020

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.:



**SINGAPORE
POLICE FORCE**



T/20190902/2090

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20190902/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2019 13:11	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars

Name of Informant: FOO SZE LING			Address: APT BLK 18 DOVER CRESCENT #20-40 SINGAPORE 130018		
ID Type / ID No.: NRIC NO / S7805993A			Contact No.: Home/Office: Mobile: 91298540		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 41	Date of Birth: 01/03/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CUSTOMER SERVICE OFFICER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/08/2019 15:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ORCHARD ROAD				
Junction of Orchard Road and Bideford Road travelling towards CTE				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE8403L	Car	HONDA	ODYSSEY 2.4 EXV-S CVT SR		Slightly Damaged	0

Details of Person Involved

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

I wish to state that I do not have any in-vehicle camera in my vehicle. However, the other party informed that he have an in-car camera in his vehicle.



**SINGAPORE
POLICE FORCE**



T/20190902/2090

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20190902/2090

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:
D /
Sgt 2 KIM WILSON

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:
02/09/2019 13:11

Classification Of Case:

SN 50

Authentication Stamp
NP168

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 08 / 2019) (DD/MM/YYYY), TIME: (15 : 45) (HH:MM)

LOCATION: Junction of Orchard / Bidadari Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8KE 8403L
 b) INSURANCE COMPANY: LIBERTY INSURANCE
 c) POLICY NUMBER: HONDA ODYSSEY
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 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: YUE MUN KIT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7229599D CONTACT: 97858583
 c) ADDRESS: 34K 18 DOVER CRESCENT #20-40
 S7130018

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: FOO SZE LANG (F) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7805 CONTACT: 91298540
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Cloud
 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: Bukit Timah

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN Lorry
 b) DRIVER'S NAME: CHOI AH BAK
 c) NRIC/FIN/PASSPORT: S2573007 CONTACT:

9. THIRD PARTY VEHICLE

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

Email = louisefoo1@yahoo.com.sg
 VIDEO

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: YUE MUN KIT		Certificate No.: SI19V08912/ VPC / R03
Date of Issue: 16 Jul 2019	Effective Date of Commencement: 18 Jul 2019 00:00	Date of Expiry: 17 Jul 2020 23:59
Registration No.: SKE8403L	Chassis No.: JHMRC1890GC205060	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, NCD Protection
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$1000, Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	DBS BANK LTD
Name of Producer:	KAH MOTOR COMPANY SDN BERHAD (A1572-7)

SCIC/R2BAAMT/SI19V08912/16-Jul-2019/MotorCI/v1.0