

NATIONAL Assessment Centre Services

Part 1 Jan 03

MM 11/9/30297

Date In: 2110/119 09:29	Job description	Date & Time Completed	Done by
Ref No: WA1 LIP19017309164	SAS e-filing		
Veh No: SLD 5500C	E-mail (within 3hrs, AIC 2hrs)		
DEFA: 1110/119 16:00	1-Motor Claim Form		
QD: <input checked="" type="radio"/> Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk312		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SFR 3131U	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 repaler.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC () / Non-INC ()	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	Action

WA 1907404	Invoice Information Sheet	Amount (\$)	Amount (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2003)		
Ref:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	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	02/10/2019 09:29
Date Of Accident	01/10/2019 16:00
Exact Location Of Accident	PARKWAY PARADE LEVEL 5 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5500C
Insured/Policyholder	
Name Of Registered Owner	YEO SEE HIANG
NRIC No	S1439186Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96727267
Alternative Phone No	OFFICE-96727267

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY
Exact Purpose for which vehicle was being used at time of accident	PARK
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	SI19V06543/VPC/R03
Cover Note Number	

Driver

Name of Driver	YEO SEE HIANG
NRIC No	S1439186Z
Date Of Birth	03/08/1960
Occupation	INDOOR
Date Of Driving Pass	17/08/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96727267
Fax Number	
Contact Number	OFFICE-96727267
Email Address	NOEMAIL

Address	33 PULASAN RD
Postcode	424402
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

REFER TO 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	SFR3131U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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:

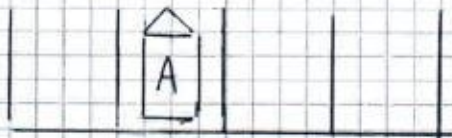


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

parkway parade
5th floor carpark

A - SLD 5500 C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was park at parkway parade 5th floor -
vehicle no. SFR 3131 4 grazed onto the front RH of
my car. the leave a mark on my front w/screen.

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.:

Accident Report Information

Accident Date	01.10.2019	Accident Time	4pm.
Location Of Accident	parkway parade level 5 carpark		
Vehicle Registration No	SLD 5500C		

INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name	Yeo See Hing		
NRIC No/ ROC No	S14391862		
Mobile Phone No	96727267	Email Address	johnnyatkatong@gmail.com

VEHICLE INFORMATION

Manufacturer/ Model	Honda odyssey		
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?	Own Damage <u>Third Party</u> Reporting Only
	COMMERCIAL USE HIRER USE		
Vehicle Category	PRIVATE USE	TAXI	TANKER
	COMMERCIAL USE	BUS	PRIVATE HIRER
	MOTORCYCLE	MOTOR TRADE	GOVERNMENT

INSURANCE COMPANY (OWN VEHICLE)

Insurance Company	Liberty Insurance	Fleet Policy	Yes / No
Policy Number	SLA906543 / UPE / R03	Type Of Coverage	Comprehensive <u>Third Party Only</u> Third Party Fire or Theft
Cover Note Number			

DRIVER IDENTIFICATION

Driver Name	Yeo See Hing	Driver NRIC	S14391862
Date Of Birth	03.08.1960	Occupation	Indoor / Outdoor
Driving Date Pass		Gender	<u>Male</u> / Female
Mobile Phone No		Email Address	
Address	33 pulasan Rd S 424402		Postcode
Relationship	Employee Relative Children Hirer <u>Owner</u> Friend Sibling Parent		

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident			
Weather Condition	Clear / Raining / Others:	Road Surface	<u>Dry</u> / Wet / Others:

OTHER INFORMATION

Injured	<input checked="" type="radio"/> No / Yes	Was there any other vehicle or property damaged?	<input checked="" type="radio"/> No / Yes
Was any injured conveyed to hospital by ambulance?	No / Yes	Was any foreign vehicle involved in this accident?	<input checked="" type="radio"/> No / Yes
Foreign Vehicle Registration Number		Foreign Vehicle Category	
Police Report	No / Yes		
Number of Passengers (Including Driver)	0		
Passenger Details	Male / Female - 1.		
	Male / Female - 2.		
	Male / Female - 3.		
	Male / Female - 4.		
	Male / Female - 5.		
Car Camera ?	No / Yes		

DETAILS OF OTHER VEHICLE 1

Vehicle Registration No	SFR 3131 U		
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF OTHER VEHICLE 2

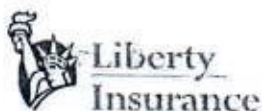
Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF OTHER VEHICLE 3

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF WITNESS

Name of Witness			
Witness 's NRIC		Contact Number	
Address Line			
Email			



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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:

YEO SEE HIANG

Date of Issue:

24 May 2019

Registration No.:

SLD5500C

Effective Date of Commencement:

17 Jun 2019 00:00

Chassis No.:

JHMRC1890GC204195

Certificate No.:

SI19V06543/ VPC / R03

Date of Expiry:

16 Jun 2020 23:59

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:

Name of Producer:

KAH MOTOR COMPANY SDN BERHAD (A1572-7)

SCJPQ12BAAAMT/SI19V06543/21-May-2019/MotorCI/1.0