

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 119 133223

Date In: 8/10/19 - 12:31	Job description	Date & Time Completed	Done by
Ref No: HA/119 017629/24	SAS e-filing		
Veh No: SUB 10996	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/9/19 05:00	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:

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

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 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	08/10/2019 12:31
Date Of Accident	12/09/2018 05:00
Exact Location Of Accident	TELOK BLANGAH WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1099G
Insured/Policyholder	
Name Of Registered Owner	PHANG CHOO ONG
NRIC No	S1369379Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92746166
Alternative Phone No	OFFICE-92746166

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E280
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI18V06296/VPE/R03
Cover Note Number	

Driver

Name of Driver	TAN KIAN SAN
NRIC No	S1392613A
Date Of Birth	01/01/1959
Occupation	INDOOR
Date Of Driving Pass	01/01/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91681800
Fax Number	
Contact Number	OFFICE-91681800
Email Address	NOEMAIL

Address	BLK 546 JURONG WEST STREET 42 #09-115
Postcode	640546
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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	1
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - J/20180912/2159. VEHICLE HAS BEEN SCRAPPED.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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.:

Refer to police report - J/20180914/2019.

I wish to state that the driver drove my vehicle without my permission.

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

We declare the foregoing to be true and correct.

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

Personnel's Signature

ACCIDENT STATEMENT

ACCIDENT DATE: (12/9/18) (DD/MM/YYYY), TIME: (18:00) (HH:MM)

LOCATION: Tekong Blangah Way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S131996
 b) INSURANCE COMPANY: Liberty
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes-Benz E280
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Phang Choo ong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13693792 CONTACT: 92746166
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Iann Sen (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1392634 CONTACT: 91681800
 c) ADDRESS:

*d) DATE OF BIRTH: (1/1/1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18 years

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

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: 94119 MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email =

fax =

VIDEO =



SINGAPORE POLICE FORCE



J/20180912/2159

1 of 2

POLICE REPORT (NP299)

Report No. J/20180912/2159

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Date/Time Report Made 12/09/2018 20:39	Video Report No.	Station Diary No. 199
Name Of Informant PHANG CHOO ONG	Address ART BLK 546 JURONG WEST STREET 42 #09-115 SINGAPORE 640546	
ID Type / ID No. NRIC NO / S1369379Z	Contact No. Home/Office Mobile 92746166	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 59
Institution/School Name	Date of Birth 21/01/1959	Race Chinese
Date/Time Of Incident 12/09/2018 05:00	Location Of Incident 546 JURONG WEST STREET 42 #09-115 HDB- JURONG WEST SINGAPORE 640546	

Brief details.

On 04/09/2018 at about 1800hrs, I parked my car, SLB1099G, along Spottiswoode Park Rd beside Spottiswoode 18 Condominium Complex. I parked there as I was not feeling well and after which I took a taxi home. Everything was intact and secured. I had not been driving my car since then.

On (12/08/2018) at about 0500hrs, I was at home when I received call from the traffic police officer namely Mr Alex. He informed that my car involved in accident. I was told that the driver is Tan Kian San

Signature Of Officer Recording The Report: J / Sr Staff Sgt MUHAMMAD HAIRIN BIN JAMIL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/09/2018 20:39
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Insp CHIEW YAN LIN Contact No.: 67910000	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20180912/2159

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180912/2159

S1392613A Hp: 91681800 who is my business partner. I was not aware that he drove my car without my knowledge. I did have a spare car key which I put at my work place at SKT KTV located at 29 Kampong Bahru Rd S(169352). I put it at the counter drawer and was not lock. My car is now at Traffic Police Compound. I tried to call him several times but to no avail. Till date not respond from him. First time happened. I am lodging a police report for Traffic Police and insurance claims.

Signature Of Officer Recording The Report:

J / Sr Staff Sgt MUHAMMAD HAIRIN BIN JAMIL

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Insp CHIEW YAN LIN
Contact No.: 67910000

Authentication Stamp

Signature Of Informant:

Date/Time:
12/09/2018 20:39

Classification Of Case:

您
刚刚

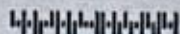
Land Transport Authority

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

11 Oct 2018

Our ref: 1110180601N053123139

KIAM CHUAN TRADING
26 WOODLANDS CRESCENT
#15-25 NORTHOAKS
SINGAPORE 738084



Dear MR TAN KIAM CHUAN

DE-REGISTRATION STATUS OF VEHICLE SLB1099G

The above-mentioned vehicle was de-registered on 11 Oct 2018. If the vehicle has yet to be disposed of, you should by no later than 11 Nov 2018, scrap it (including the engine and chassis) at an Appointed Scrapyard or submit to LTA valid documentary proof that the vehicle has been permanently exported out of Singapore. Otherwise, it constitutes an offence under the Road Traffic Act and you may be prosecuted in Court.

2. We have granted the following rebate(s), where applicable, to you. You may use the rebate(s) if there are no outstanding matters with the vehicle, e.g. no road tax arrears, submitted valid documentary proof that the vehicle has been permanently exported out of Singapore to LTA etc.

PARF Rebate Amount	: -
PARF Rebate Reference No.	: -
Expiry Date of PARF Rebate	: -
COE Rebate Amount	: \$43,095.00
COE Rebate Reference No.	: 1927043RC0000
Expiry Date of COE Rebate	: 10 Oct 2019

3. The PARF rebate may only be used to offset the Additional Registration Fee (ARF), Registration Fee (RF), Quota Premium (QP) and Used Car Surcharge, where applicable, of a motor car to be registered in your name. The COE rebate may be used to offset the ARF, RF, QP and Used Car Surcharge, where applicable, of any motor vehicle to be registered in your name. The COE rebate can also be used to offset the Prevailing Quota Premium (PQP) payable for revalidating the COE of a vehicle that is currently registered in your name. You may also transfer the PARF/COE rebate(s) together or separately to a third party. A fee of \$15.00 is payable for each transfer.



Liberty
Insurance

Liberty Insurance Pte Ltd

51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6226 3360

Date : 29 AUG 2019 Liberty Ref : IVS19/1339
Your Vehicle : SLB1099G Policy No : SI18V06296
Third Party Veh : RAILING Accident Date : 12 SEP 2018
Accident Location : TELOK BLANGAH WAY / HENDERSON ROAD
To Insured : PHANG CHOO ONG
546 JURONG WEST STREET
42 09-115
SINGAPORE 640546
Agent/Broker : TKH INSURANCE AGENCY



- ☐ We acknowledge receipt of your accident report
- ☒ Please file an accident report at any of our Preferred Workshops or Reporting Centres urgently. Kindly ignore this letter if you have already submitted the report.
- ☒ We have received Third Party claim(s) against your policy.
If you have any additional information (photos/videos/witness) which would assist us in the handling of the claim, please revert within the next 5 working days. Should we not hear from you, we will proceed to handle the claim accordingly.

In the meantime, please forward any letters or court documents from third parties to our office.
Kindly note that your No Claims Discount (NCD) may be affected as a result of this claim.

Please provide us with the following information where applicable

If you are submitting a claim against the third party insurer
If any of your passenger(s) has made a claim against the third party insurer
Traffic Police Investigation Report and any action taken against you or any other party including the final outcome.

☐ Section II / All Claims excess is payable _____

☐ Others Remarks:

Claims Handler : LOW PUI MUN SAM

Email : low.sam@libertyinsurance.com.sg

Contact No : 1800 5423 789

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: PHANG CHOO ONG		Certificate No.: SI18V06296/ VPE / R03
Date of Issue: 16 May 2018	Effective Date of Commencement: 06 Jun 2018 00:00	Date of Expiry: 05 Jun 2019 23:59
Registration No.: SLB1099G	Chassis No.: WDB2110542A844621	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): Third Party Fire & Theft
 Sum Insured: MARKET VALUE AT THE TIME OF LOSS
 Excess:
 Name of Finance Company:
 Name of Producer: TKH INSURANCE AGENCY (A0768-2)