

# NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

MNA119139111-01

Date In: 21/10/2019 12:25	Job description	Date & Time Completed	Done by
Ref No: NDA/LIP19018510/F	SAS e-filing		
Veh No: G8G 5615H	E-mail (w/John Sims, AIC 2hrs)		
D.O.A: 19/10/2019 19:35	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (With/In OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SKP 6057H	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 repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time	Ass't

NDA1907857	1) AR: Accident Reporting (\$30)	
Comments/Particulars:	2) DA: Damage Assessment (\$100) INC (\$40)	
Driver/Owner:	3) TP: Towing Fee \$40/\$45	
Contact No:	4) PT: Follow-Through Survey \$120	
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75	
Architect's Comments:	7) NI: Idao DA + SMRT Survey \$160	
Ref 1:	8) NTUC Additional Services:	
2/2	ON:	
	*N5: Courtesy Car / Tpl Allowance \$35	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TE (N11): TP (N11) against INC \$30	
	2) 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 willful 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	21/10/2019 12:25
Date Of Accident	19/10/2019 19:35
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5615H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VOLKSWAGEN GROUP SINGAPORE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91090190

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TRANSPORTER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V00307/VCV/R1
Cover Note Number	

### Driver

Name of Driver	LIU JIARONG, CONDREY
NRIC No	S8604681D
Date Of Birth	26/01/1986
Occupation	INDOOR
Date Of Driving Pass	30/04/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91090190
Fax Number	
Contact Number	
Email Address	CONDREY.LIU@SWIMMING.ORG.SG

Address	BLK 489B CHOA CHU KANG AVE 5 #13-207 SINGAPORE
Postcode	682489
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SPONSOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### 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	SKP6057H
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HUANG JUNHUI
NRIC/Passport Number	S8536425A
Contact Number	91690600
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK4856J
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Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEE WEN PING
NRIC/Passport Number	S8525943A
Contact Number	91162299
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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 : MNA119139111 Vehicle Registration No: G8G5615H  
Name (as shown in NRIC) : LIU JIARONG, CONGREY NRIC/FIN/Passport No : 38604681D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : RIK 489B CHOA CHU KANG AVE S #13-207 Singapore (682489)  
Contact (Tel) : - Mobile No. : 91090190  
Email Address : CONGREY.LIU@SWIMMING.ORG.SG  
Date of Accident : 19/10/2019 Time of Accident : 19:35  
Place of Accident : PIE TWDS ~~PIA~~ TUAS  
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:

ERROR in Place of accident.

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: ParaSuram  
NRIC/FIN No.: 39526439E  
Date: 6/11/19



# ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 10 / 2019) (DD/MM/YYYY), TIME: (19 : 33) (HH:MM)

LOCATION: PIE TOWARDS ~~JURONG~~ <sup>TUAS</sup> APPROXIMATE CTE EXIT RAMP

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GDB 5615 H  
 b) INSURANCE COMPANY: LIBERTY  
 c) POLICY NUMBER: SI 19V 00307  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: VOLKSWAGEN TRANSPORTER  
 f) TYPE: (~~SALOON / COUPE~~ / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (~~PRIVATE~~ / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL  
 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: VOLKSWAGEN GROUP SINGAPORE PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91090190  
 c) ADDRESS: 247 ALEXANDRA ROAD

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: LIU JIARONG CONDRY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S86046810 CONTACT: 91090190  
 c) ADDRESS: 489B CHOA CHU KANG AVE 5 #13-207, 8682489

\* d) DATE OF BIRTH: (26 / 01 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 30 APR 2010

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPONSOR

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR)

b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

## 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: 3MK 4856 J MODEL: TOYOTA  
 b) DRIVER'S NAME: WEE WEN PING  
 c) NRIC/FIN/PASSPORT: S8525943A CONTACT: 9116 2299

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 3KP6057H MODEL: KIA  
 b) DRIVER'S NAME: HUANG JUNHUI  
 c) NRIC/FIN/PASSPORT: S8536425A CONTACT: 9169 0600

(MARK - HUSBAND'S NUMBER)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
(4)

email = condry.liu@swimming.org.sg

VIDEO



## 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.**
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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.

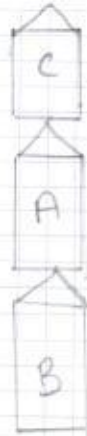
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

VENUE: PIE  
TWO'S  
TUAS.



VEH A: GBG 561SH  
VEH B: SKP 6057H  
VEH C: SMK 4856J


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was driving along PIE towards TUAS. when cars ahead of me suddenly  
braked hard in succession. I too stepped on my brakes. and was slowing  
However, it was very quickly that I felt an impact both at the front and  
back of 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:

  
Reporting Centre Person's  
Name:  
NRIC/FIN No.:



Date : 21/10/19

Dear Sir or Madam :

To whom it may concern,

RE: Authorization to act on behalf

Vehicle No.: GBG 5615 H

I, Volkswagen Group's 'partner', bearing NRIC Number 1991014942,

would like to authorize LIU JIARONG CONOREY, bearing NRIC

Number 88604081D, to act on my behalf for all documents

and repair for the above said vehicle.

Thank You.

Yours Sincerely,



Signature



**Liberty  
Insurance.**

## The Schedule

Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street

#03-00 Liberty House

Singapore 069428

Tel: (65) 6221 8611 Fax: (65) 6226 3360

website: <http://www.libertyinsurance.com.sg>

<b>Class of Policy</b> <b>COMMERCIAL VEH-PTE USE (Comprehensive)</b>		<b>Policy No.</b> SI19V00307 / VCV / R1																													
<b>The Insured</b> VOLKSWAGEN GROUP SINGAPORE PRIVATE LIMITED 247 ALEXANDRA ROAD SINGAPORE 159934  <b>Profession or Business:</b>  <b>Period of Insurance:</b> From 03 JAN 2019 00:00 to 02 JAN 2020 23:59 both days inclusive  <b>Excess</b> Section I - S\$500 Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers - S\$3000 Windscreen Excess - S\$100  <b>Hire Purchase Owner/Leasing Company</b>  <b>Named Drivers:</b>		<table style="width: 100%;"> <tr> <td style="width: 40%;"><b>Replacing No.</b></td> <td>SD18V00332</td> </tr> <tr> <td><b>Account No.</b></td> <td>DACSSA</td> </tr> <tr> <td><b>Registration No.</b></td> <td>GBG5615H</td> </tr> <tr> <td><b>Make / Model</b></td> <td>VOLKSWAGEN TRANSPORTER T5 2.0 TDI A/T 5DR (3T) CAAC</td> </tr> <tr> <td><b>Type of Body</b></td> <td>VAN</td> </tr> <tr> <td><b>Capacity/Tonnage</b></td> <td>1.18 Tons</td> </tr> <tr> <td><b>Seating capacity including driver</b></td> <td>2</td> </tr> <tr> <td><b>Year of Manufacture/Registration</b></td> <td>2014/2017</td> </tr> <tr> <td><b>Engine No.</b></td> <td>CAA801042</td> </tr> <tr> <td><b>Chassis No.</b></td> <td>WV1ZZZ7HZFH078048</td> </tr> <tr> <td><b>Sum Insured</b></td> <td>Market value at the time of loss</td> </tr> <tr> <td><b>Extra Coverage</b></td> <td></td> </tr> <tr> <td>Unlimited Windscreen</td> <td>SGD 00.00</td> </tr> <tr> <td>Buy Down Excess</td> <td>SGD 30.00</td> </tr> </table>		<b>Replacing No.</b>	SD18V00332	<b>Account No.</b>	DACSSA	<b>Registration No.</b>	GBG5615H	<b>Make / Model</b>	VOLKSWAGEN TRANSPORTER T5 2.0 TDI A/T 5DR (3T) CAAC	<b>Type of Body</b>	VAN	<b>Capacity/Tonnage</b>	1.18 Tons	<b>Seating capacity including driver</b>	2	<b>Year of Manufacture/Registration</b>	2014/2017	<b>Engine No.</b>	CAA801042	<b>Chassis No.</b>	WV1ZZZ7HZFH078048	<b>Sum Insured</b>	Market value at the time of loss	<b>Extra Coverage</b>		Unlimited Windscreen	SGD 00.00	Buy Down Excess	SGD 30.00
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<b>Subject to the following operative endorsements attached:</b> V0001V0010V0011V0012V0013V0065V0095V0097V0108V0153V0233V0244V0281V0288Z011																															
<b>The Policy's Premium (SINGAPORE DOLLAR)</b>																															
<b>Basic Premium</b> 1,965.21	<b>NCB</b> 196.52 ( 10.00%)	<b>Fleet / Other Disc</b> .00	<b>Good Driver Discount</b> 0.00 (0.00%)																												
<b>Extra Premium</b> 30.00	<b>Sub Total</b> 1,798.69	<b>GST</b> 125.91 ( 7.00%)	<b>Stamp duty</b> NIL																												
			<b>Total Premium Payable</b> 1,924.60																												
This Schedule replaces any previous Schedule.  This Schedule and Policy are to be read together as one contract.  Person or classes of persons entitled to drive and limitations as to use, are as specified in the Certificate of Insurance issued in relation to this policy.  SCLT / B2BAAMT /20190315			Signed in SINGAPORE on 02 JAN 2019 for and on behalf of <b>LIBERTY INSURANCE PTE LTD</b>   _____ Authorised Signature																												