

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

NA19155728

Date In: 25/11/2019 17:48	Job description	Date & Time Completed	Done by
Ref No: NA19155728/4	SAS e-filing		
Veh No: 867 86417	E-mail (e-filing sheet, AIC sheet)		
DOA: 23/11/2019 1010	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 Pnx / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: STA 28534	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 ()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.

() 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	Assigns

NA1908853	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/245	
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 (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against INC \$10	
	9) NI: Idea 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	25/11/2019 17:48
Date Of Accident	23/11/2019 10:10
Exact Location Of Accident	CTE TOWARDS SLE BEFORE ANG MO KIO AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT8647T
Insured/Policyholder	
Name Of Registered Owner	PHOO CHI HIANG
NRIC No	S1845976J
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-91134435
Alternative Phone No	OTHERS-96737734

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	SI19V12559/VPE/R05/E00
Cover Note Number	

Driver

Name of Driver	YEO SOON HENG (YAO SHUNXING)
NRIC No	S7643176J
Date Of Birth	27/06/1976
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91134435
Fax Number	
Contact Number	OTHERS-96737734
Email Address	SALES@MIA.COM.SG

Address	BLK 860 WOODLANDS STREET 83 #07-160
Postcode	730860
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	4
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE 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	SHA2853X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLS5813X
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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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SDB191Z
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)	

DETAILS OF INJURED PERSON 1

Name	YEO SOON HENG (YAO SHUNXING)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SGT8647T
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.
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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.
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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.

PH00

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 25/11/2009

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No. *[Signature]*

SKETCH PLAN

CTE Toward SLE

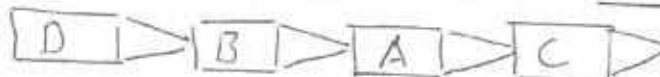
4

ASGT 8647T

3

B. SH 2853X

2



C SLS 5813X

D SBD 1912

1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CTE Toward SLE at the lane 2 of the 4 lane traffic due to heavy traffic in front my car stop and I also stop completely behind him suddenly I felt a impact from my vent and push my car forward so I alighted from my car and found I was involved in 4 car chain collision.

DECLARATION

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

PH00

Policyholder's Signature
Date & Time:

[Signature]

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

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

25/11/2019

[Signature]

Date of Accident : 23 NOV 2019 Accident Time: 1011 (24-HR-Format)
Accident Place : LTE Towards SLE before Ang Mo Kio Ave 3
Vehicle No. (Car Plate No.) : SGT 8647J Make/Model: TOYOTA VIOS
Insurance Company : _____ Policy No: _____
Owner or Company Name / IC No. : PHOO CHI HIANG (S1845976-J)
Owner or Company Contact No. : _____ Owner's Hp 91134435 Company Tel
YEO SOON HENG
DRIVER'S Name / IC No. : LYAO SHUN XING (S7643176-J)
DRIVER'S Date Of Birth : 27061976 DRIVER'S License Pass Date 15 dec 2016
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : APT BLK 860 Woodlands street 83 #07-160 (730860, Singapore
DRIVER'S Contact No. / Alt No. : (1) _____ 2) 96737734
DRIVER'S Occupation : INDOOR (OUTDOOR (e.g. working inside or outside office))
Email Address : _____ sales@mia.com.sg
Weather & Road Surface : (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES (NO)
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): 01 injury

Other Party Driver's Particular (if any)

Vehicle No: SHA 2853X
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

Vehicle No: SLS 5813X
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

SD13 191Z

Debit Note (Client)

Private Car

PHOO CHI HIANG
860 WOODLANDS STREET 83
#07-160
SINGAPORE 730860

Name of Producer:
CUSTOMER SERVICES CENTRE (D9999-CSC)

Document No.:
DN19205982

Date of Issue:
14 Oct 2019

Policy No.:
SI19V12559 / VPE / R05 / E00

Details of Policy

Name of Insured:

PHOO CHI HIANG

Mailing Address:

860 WOODLANDS STREET 83, #07-160,
SINGAPORE

Postal Code (730860)

**Period of Insurance
(both dates inclusive):**

From: 12 Nov 2019 00:00

To: 11 Nov 2020 23:59

Description of Goods or Services:

Pte Car-Preferred Plan (Comprehensive)

Details of Premium

Gross Premium: S\$ 726.32

Prevailing GST (7%): S\$ 50.84

Total Premium Payable*: S\$ 777.16

Remarks:

No official receipt will be issued for payment by check.

This is a computer - generated document and it does not require a signature.

This document shall not be invalidated solely on the ground that it is not signed.

* Premium above include prevailing GST (7%).

Please scan this barcode for AXS payment

Document No.: DN19205982

Policy No.: SI19V12559 / VPE / R05 / E00

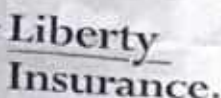
Amount Payable: S\$ 777.16



OTC1234567SD14X01234



0000777.16



1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE

 ACCIDENT RESPONSE
ROADSIDE ASSISTANCE
FLOOD ASSISTANCE

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

Motor Insurance Renewal Notice

Your Policy is due for renewal. Please return one signed copy of this Renewal Notice with your remittance before the commencement of the new period of insurance.

IMPORTANT NOTICE

- 1) The Renewal Premium is after 5% Loyalty Discount.
- 2) If you have at least 30% No Claim Discount (NCD), the Certificate of Merit/Good Driver Discount (GDD) of 5% is automatically given.
- 3) If any accident or claimable event occurs on or before the expiry of the existing policy, we reserve the right to reduce the NCD (No Claim Discount) and revise the renewal terms.

Renewal Instructions

Mode of Payment :

Premium payable (Including GST): S\$777.16

☐ Cheque Bank _____ Cheque No. _____

☐ Visa ☐ MasterCard Expiry Date : -

Card Number: - - -

Card Holder Name _____

☐ Full Annual Payment. ☐ 12 months 0% Installment (Citibank Credit Cards only) ☐ 6 months 0% Installment (Citibank Credit Cards only)

I hereby authorize LIBERTY INSURANCE PTE LTD to debit my Credit Card account specified above.

Signature of Insured _____

For update, please provide the followings :

Date of Birth _____ Mobile No. _____

REGISTRATION No.