

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NA119/57000

Date In: 28/11/09 09:55	Job description	Date & Time Completed	Done by
Ref No: NA119/021045/4	SAS e-filing		
Veh No: SLB 7876R	E-mail (w/idea sheet, AIC sheet)		
DOA: 27/11/2009 12:28	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Withlor 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: smm 64267	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:

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time	Action

NA1909058

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Author's Comments:

Ref 1:

2/3

Invoice Item	Amount	Value
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		INC (\$10)
3) TP: Towing Fee		\$40/\$43
4) PT: Follow-Through Survey		\$120
5) FT: Follow-Through Survey (Resurvey)		\$30
For claiming against INC Only (ver 10 Jan 2003)		
6) TR: Re-inspection		\$75
7) NI: Issue 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
• N9: NI: TP (Non INC) against INC		\$20
2) NI: Issue 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	28/11/2019 09:55
Date Of Accident	27/11/2019 12:25
Exact Location Of Accident	PIE TOWARDS CHANGI (AFTER KPE EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7876R
Insured/Policyholder	
Name Of Registered Owner	LOW THIA KHIANG
NRIC No	S1177549G
Email Address	THIAKHIANG.LOW@WP.SG
Mobile Phone No	(LOCAL) +65-96606633
Alternative Phone No	OTHERS-96606633

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	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	SD18V02467/VPC2/R00
Cover Note Number	

Driver

Name of Driver	LOW THIA KHIANG
NRIC No	S1177549G
Date Of Birth	05/09/1956
Occupation	INDOOR
Date Of Driving Pass	02/11/1983
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96606633
Fax Number	
Contact Number	OTHERS-96606633
Email Address	THIAKHIANG.LOW@WP.SG

Address	24 OLD UPPER THOMSON ROAD
Postcode	576217
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	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?	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

PLEASE REFER TO SKETCH AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM6426T
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 2

Vehicle Registration Number	SMK2637M
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	SLF6829M
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

IMPORTANT NOTICE

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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:

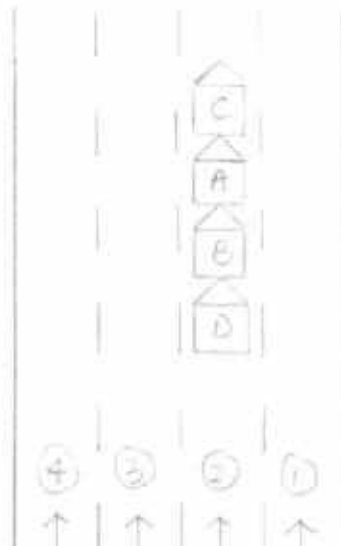
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

28/11/2019
Reporting Centre Personnel Signature
Name:
NRIC/FIN No:

SKETCH PLAN



A = SLB 7B76R

B = SMM 6426T

C = SMK 2637M

D = SLF 6B29M

PIE towards Changi

(After KPE Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

(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:

28/11/2013
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

On 27.11.19 at about 12:25 hours along PIE towards Changi (After KPE Exit). I was travelling straight on the lane 2, when the front vehicle (C) slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang and felt an impact from behind; subsequently followed by second impact and the impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C). When I alighted I realised vehicle (B) had collided onto rear portion of my vehicle (A) causing damages to front & rear portion of my vehicle (A). It was a chain collision of a total of 4 vehicles involved.

Vehicle (A): SLB 7876R

Vehicle (B): SMM 6426T

Vehicle (C): SMK 2637M

Vehicle (D): SLF 6829M

an 28/11/19
Roshdi Wani

File

SINGAPORE ACCIDENT STATEMENT

Accident Date: 27/11/2019		Time: 12:25		(hh:mm) 24 hr format	
Location PIE towards Changi (After KFE Exit)					
Vehicle Number SLB 7876R					
Insured Name Low Thia Khiong					
NRIC / FIN 511775496		Contact Number 96606633			
Make Honda		Model Odyssey			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting					
Insurance Company Liberty					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number SD18V02467 / VPC2 / R00					
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured					
NRIC / FIN		Contact Number			
Date of Birth 05/09/1956					
Driving Pass Date 02/11/1993					
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address thiakhiang.lw@wp.sg () NO EMAIL					
Address of Driver 24 Old Upper Thomson Road					
Singapore 576217					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No					
If yes, injured detail					
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B		SMM 6426T			
Veh C		SMK 2637M			
Veh D		SLF 6829M			
Veh E					
Veh F					

Driver Only.

Certificate of Insurance

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No: SD18V02467 /VPC2 /R00
Form: MX1
Date of Issue: 08-MAR-2018
1. Index Mark and Registration No. of Vehicle: SLB7876R
2. Chassis number of Vehicle: JHMRC1890GC203003
3. Name of Policyholder: LOW THIA KHIANG
4. Effective date of Commencement of Insurance for the purposes of the Act: 21-APR-2018 00:00 AM
5. Date of Expiry of Insurance: 20-APR-2020 23:59 PM
6. 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.

7. Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

8. 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 5 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.

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.

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers



Authorised Signature

For information only:

COVERAGE:

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen NCD Protection

MARKET VALUE AT THE TIME OF LOSS

Section 1: \$51000 Additional Excess For Young & Inexperienced Drivers: \$53000, Windscreen Excess: \$5100

OVERSEA-CHINESE BANKING CORPORATION LTD

KAH MOTOR COMPANY SDN BERHAD

SCDH 20191127

Ver.1.260705