

# NATIONAL Assessment Centre Services.

(use 1 Jan 2005)

1/10/05/59740

Date Inc: 03/12/04 18:56	Job description	Date & Time Completed	Done by
Ref No: N/A/KIP/9021366/Y	SAS e-filing		
Veh No: STE 9711Y	E-mail (Update first, AIC 2hrs)		
D.O.A: 02/12/04 08:05	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SK 580H	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 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:	Signature:

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OR:	
	* NS: Courtesy Car / Tpt Allowance \$3	
	* NG: Repair Co-ordination \$10	
	* NT: Post Repair Inspection \$25	
	* ND: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI: 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 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	03/12/2019 18:56
Date Of Accident	02/12/2019 08:05
Exact Location Of Accident	PIE TOWARDS TUAS NEAR EXIT 35
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE9711Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JIANG SHAN
NRIC No	S8855664Z
Email Address	JIANGEN797@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96333519
Alternative Phone No	OTHERS-96333519

### Vehicle Particulars

Manufacturer	VOLVO
Model	XC60
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	SD18V01097/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	JIANG SHAN
NRIC No	S8855664Z
Date Of Birth	13/12/1988
Occupation	INDOOR
Date Of Driving Pass	28/01/2011
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96333519
Fax Number	
Contact Number	OTHERS-96333519
Email Address	JIANGEN797@HOTMAIL.COM

Address	BLK 231 BISHAN STREET 23 #10-17
Postcode	570231
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	COLLISION - HEAD TO REAR
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?	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK5780H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SETH LIM JUN HUA
NRIC/Passport Number	S9438676D
Contact Number	97200853
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

2 Dec 2019

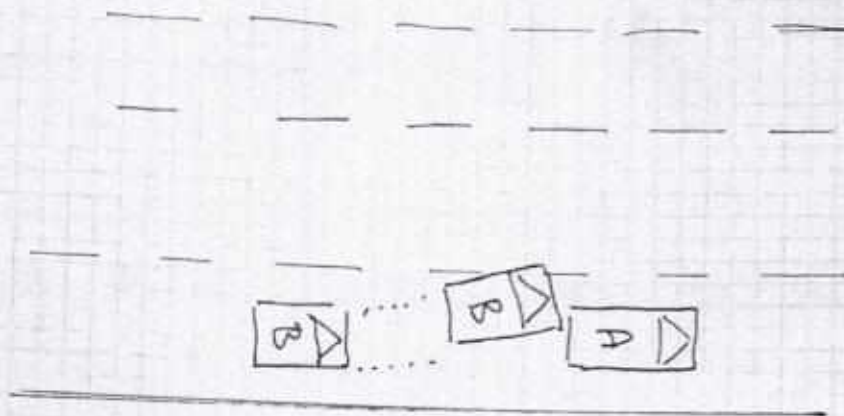
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

SKETCH PLAN

PIE TOWARD TUALS (EXP 35)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was following on the flow of the traffic towards Tuals on the pie. The vehicle in front of me slow down, so did I and the rear car behind me didn't stop on time. Being on my rear (SGK 5780H).

my vehicle (A) SJE 9811Y.  
REAR vehicle (B) SGK 5780H.

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.:



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)  
Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 2 / 12 / 2019 (dd/mm/yy) Time of Accident: 08 : 07 (24-HR-FORMAT)  
Vehicle No.: SJ69811Y Vehicle Make & Model: Volvo XC 60  
Exact location of Accident: PIE towards TUAS Near Exit 35  
Policyholder's Name / IC No.: Jiang Shan S8556648  
Driver's Name / IC No.: JIANG SHAN (As Above) ☒  
Driver's Contact No.: 96333519 Company Contact No.: 97225449  
Driver's Address: Blk 231 Bishan Street 23 #10-17 Spore 570231  
Insurance Company: Liberty Email address (if any): jiangsh797@hotmail.com

Relationship between Owner & Driver: (Please CIRCLE one only)

☒ Owner ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): \_\_\_\_\_

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☒ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: Seth Lim Jun Hua / S9438676D Vehicle No.: SGK5780H  
Driver's Contact No.: 97200853 Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No.: \_\_\_\_\_  
Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_


\*Independent Witness (If Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Preferred Workshop Name: one flexi Pte Ltd Contact No.: 9667 5455

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

## 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)

<b>Certificate No</b>	SD18V01097/VPC2/JR00
<b>Form</b>	MX1
<b>Date of Issue</b>	23-JAN-2018
<b>1. Index Mark and Registration No. of Vehicle:</b>	SJE9811Y
<b>2. Chassis number of Vehicle:</b>	YV1UZ10ACJ1034670
<b>3. Name of Policyholder:</b>	JIANG SHAN
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	26-DEC-2017 00:00 AM
<b>5. Date of Expiry of Insurance:</b>	25-DEC-2019 23:59 PM
<b>6. Persons or Classes of Persons entitled to drive*:</b>	
A) The Policyholder.	
B) Any other person who is driving on the Policyholder's order or with his permission.	
<p>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.</p> <p>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.</p>	
<b>7. Limitations as to use*:</b>	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
<b>8. The Policy does not cover:</b>	
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.	
<p>*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 (Malaysia) are not to be included under these headings.</p> <p>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).</p>	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I S\$800, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	OVERSEA-CHINESE BANKING CORPORATION LTD
<b>PRODUCER NAME:</b>	WEARNES AUTOMOTIVE PTE LTD

PLGG/PLGG/30-JAN-18

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30-JAN-18