

# NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MMA 119166555

|   |  |                       |         |
|---|--|-----------------------|---------|
| Date In: 18/12/19 14:56                             | Job description                          | Date & Time Completed | Done by |
| Ref No: MAI LIP19022267164                          | SAS e-filing                             |                       |         |
| Veh No: SMM 4910A                                   | E-mail (within 2hrs, A/C 2hrs)           |                       |         |
| D.F.A: 17/12/19 21:05                               | i-Motor Claim Form                       |                       |         |
| (1) <input checked="" type="radio"/> Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|   | i-Photo Uploaded                         |                       |         |
|   | Assessment/Survey Report                 |                       |         |
| TP Insurer:   | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

|  |                    |                       |
|--|--------------------|-----------------------|
| TP Particulars:  | Veh No: SLP 8756 Z | 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 Routine 6788/6616)

|   |  |  |
|---|--|--|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |  |  |
| 2) QC Check / Post Repair Inspection ( )                |  |  |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |  |  |

Injury: \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |             |
|---------------------------------|---|-------------|-------------|
| Client's Particulars:           | Invoice Preparation Checklist                   | Amf (\$)    | St Amf (\$) |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               | 30.00       |             |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$30)    |             |             |
| Damaged Portion:                | 3) TP: Towing Fee \$40/\$45                     |             |             |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |             |             |
| Auditors' Comments:             | 5) PT: Follow-Through Survey (Resurvey) \$30    |             |             |
|                                 | For claiming against INC Only (wef 10 Jan 2023) |             |             |
|                                 | 6) TR: Re-inspection \$75                       |             |             |
|                                 | 7) N1: Idao 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: 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             | 18/12/2019 14:56 |
| Date Of Accident           | 17/12/2019 21:05 |
| Exact Location Of Accident | GEYLANG LOR 6    |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMM4910A             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | IRIS TOH WEI PING    |
| NRIC No                     | S7818154J            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96825575 |
| Alternative Phone No        | OFFICE-96825575      |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | BMW          |
| Model  | 520I-2.0 (A) |
| Exact Purpose for which vehicle was being used at time of accident           | PARKED       |
| 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             | SD19V08497/VPC/R00        |
| Cover Note Number         |                           |

### Driver

|                      |                                  |
|----------------------|----------------------------------|
| Name of Driver       | LIM SOO CHUAN ALAN (LIN SHUQUAN) |
| NRIC No              | S7524136D                        |
| Date Of Birth        | 10/08/1975                       |
| Occupation           | INDOOR                           |
| Date Of Driving Pass | 17/05/1995                       |
| Driving Experience   | 24 YEARS AND 7 MONTHS            |
| Gender               | MALE                             |
| Mobile Number        | (LOCAL) +65-96825575             |
| Fax Number           |                                  |
| Contact Number       |                                  |
| Email Address        | NOEMAIL                          |

|   |                         |
|---|-------------------------|
| Address   | 128 PUNGGOL WALK #12-10 |
| Postcode  | 828775                  |
| Was driver an employee of the Insured's Company     | NO                      |
| If No, Relationship of the Driver with the Insured  | SPOUSE                  |
| Vehicle Registration Number of Driver's Own Vehicle | -                       |
|   | -                       |
|   | -                       |
| Insurance Company of Driver's Own Vehicle           | -                       |
|   | -                       |
|   | -                       |

#### General Information of the Accident

|                    |   |
|--------------------|---|
| Type Of Accident   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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?  |     |
| 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)   | 0   |

#### 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 STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SLP8756Z    |
| 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

VEHICLE NO.: Smm 4910A  
 INSURER : LIBERTY  
 DATE & TIME: 17/12/2019 2106hrs

## 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:

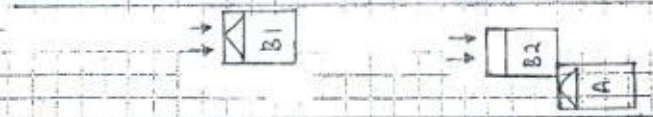
Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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

# SKETCH PLAN

Vehicle A: SMM 4910A  
Vehicle B: SLP 8756Z

Gejang Lorong 6



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (SMM 4910A) was parked stationary at the stated location on the left hand side. Suddenly, the vehicle B (SLP 8756Z) reversed and collided onto my front right hand portion causing damages.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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/PRN No:

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )



Date of Accident : 17/12/2019 Accident Time: 21 06 hrs (24-HR-FORMAT)  
 Accident Place : Geylang Lorong 6  
 Vehicle Reg. No (Car plate No.) : JMM 4910 A Vehicle Make/Model: BMW 520  
 Insurance Company : Liberty Policy No. \_\_\_\_\_  
 Name of Registered Owner : Company (Individual) IRIS TUN WEI PING  
 ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S7818154J  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: 9682 5575  
 : LIM SOO CHUAN ALAN  
 DRIVER'S Name : (LIN SHUQUAN) DRIVER'S NRIC No: S7534136D  
 DRIVER'S Date of Birth : 10-08-1975 DRIVER'S License Pass Date 17 May 1995  
 Relationship bet. Owner & Driver : (Spouse) Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 128 PUNGGOL WALK #12-10 SINGAPORE 828775  
 DRIVER'S Contact No / Alt No. : 1) 9682 5575 2) \_\_\_\_\_  
 DRIVER'S Occupation : (INDOOR) \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : \_\_\_\_\_  
 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): 0 Passenger Name: \_\_\_\_\_ Gender: M/F  
 Was the accident reported to the police? YES \ (NO) Passenger Name: \_\_\_\_\_ Gender: M/F  
 Was there any video Captured by car camera: (YES) \ NO Any Injuries: YES / (NO) Injured Name: \_\_\_\_\_  
 Injured Name: \_\_\_\_\_  
 Exact purpose for which vehicle was being used at the time of accident: (Private use) \ Work purpose

**Other Party Driver's Particulars (if any)**

|                               |                               |
|-------------------------------|-------------------------------|
| Vehicle Reg No: SLP 87562     | Vehicle Reg No: _____         |
| Vehicle Make/Model: Mazda 3   | Vehicle Make/Model: _____     |
| Name DRIVER: _____            | Name DRIVER: _____            |
| IC No. DRIVER: _____          | IC No. DRIVER: _____          |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

**Other Party Driver's Particulars (if any)**

|                               |                               |
|-------------------------------|-------------------------------|
| Vehicle Reg No: _____         | Vehicle Reg No: _____         |
| Vehicle Make/Model: _____     | Vehicle Make/Model: _____     |
| Name DRIVER: _____            | Name DRIVER: _____            |
| IC No. DRIVER: _____          | IC No. DRIVER: _____          |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

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>Name of Policyholder:</b> |  | <b>Certificate No.:</b>     |
| IRIS TOH WEI PING            |  | SD19V08497/ VPC / R00       |
| <b>Date of Issue:</b>        | <b>Effective Date of Commencement:</b> | <b>Date of Expiry:</b>      |
| 02 Jul 2019                  | 01 Jul 2019 00:00                      | 30 Jun 2020 23:59           |
| <b>Registration No.:</b>     | <b>Chassis No.:</b>                    | <b>Type of Certificate:</b> |
| SMM4910A                     | WBAJA12080WW43498                      | 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):             | Comprehensive, Unlimited Windscreen, NCD Protection   |
| Sum Insured:             | MARKET VALUE AT THE TIME OF LOSS  |
| Excess:                  | Section I S\$900, Additional Excess for Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0 |
| Name of Finance Company: | DBS BANK LTD  |
| Name of Producer:        | SD CONTEGO SERVICES (A1429-5)   |

ROB01/SCKA/SD19V08497/04-Jul-2019/MotorCI/v1.0