

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA 12001496

Date In: 4/1/2015 11:11	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/1200000008/24	E-mail (within 5hrs, ATC 2hrs)		
Veh No: UMCR 127D	i-Motor Claim Form		
TP Insurer: 3/1/2015 - NIS	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP (Reporting Only)	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: JK 359TE	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 hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA 12001496	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Lat 1:	6) TR: Re-inspection \$75			
Lat 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD*			
	*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: Idac 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	04/01/2020 15:11
Date Of Accident	03/01/2020 14:50
Exact Location Of Accident	PAYA LEBAR RD TWDS GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2727D
Insured/Policyholder	
Name Of Registered Owner	WONG YUN XUAN SHERLYN
NRIC No	SXXXX522Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87882728
Alternative Phone No	OFFICE-87882728

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 LED)
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	SD19V08075/VPE/R00
Cover Note Number	

Driver

Name of Driver	CHENG CHUNG YIN CHRIS
NRIC No	SXXXX641F
Date Of Birth	27/07/1989
Occupation	INDOOR
Date Of Driving Pass	19/04/2013
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87882727
Fax Number	
Contact Number	OFFICE-87882727
Email Address	NOEMAIL

Address	BLK 268D COMPASSVALE LINK #17-09
Postcode	544268
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	COLLISION - MAJOR/MINOR RD
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200104/7007.

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	SLK3595E
Vehicle Make/Model/Colour	SYLPHY
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) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL9832B

Vehicle Make/Model/Colour TOYOTA

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) 2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number YN6229Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name CHENG CHUNG YIN CHRIS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMC2727D

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.
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:

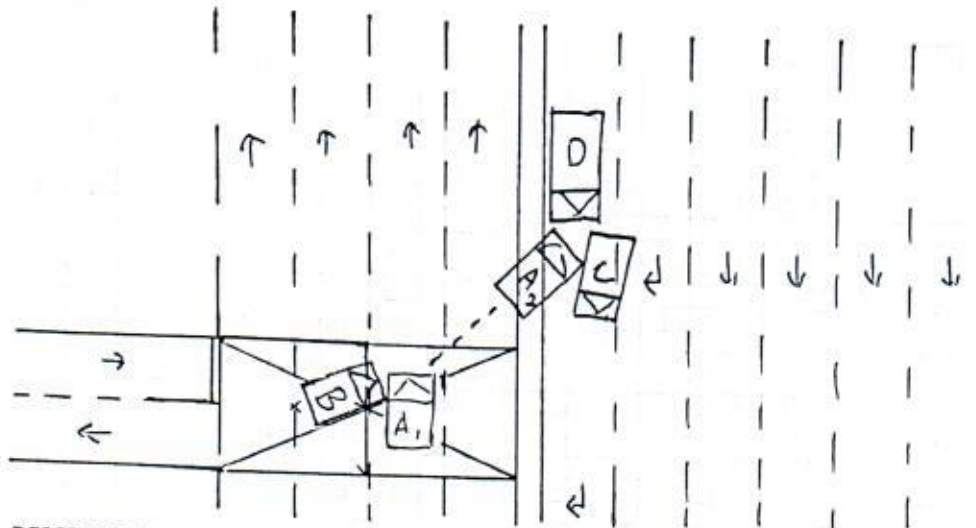
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A - SMC2727D
B - SLK3595E
C - SLL9832B
D - YN6229Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 3 / 1 / 20 (DD/MM/YYYY), TIME: 14 : 50 (HH/MM)

LOCATION: Paya Lebar Road Towards Geylang

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMC 2727 D
 b) INSURANCE COMPANY: Liberty
 c) POLICY NUMBER: SD19V08075 / VPE / R00
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Merc C180
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: Wong Yun Xuan, Sherlyn (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8734522Z CONTACT: 87882728
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Cheng Chung Yin Chris (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S897064 F CONTACT: 8789 2727
 c) ADDRESS: BK 268 D Compassvale Link #17-09 J (54268)

* d) DATE OF BIRTH: 27 / 07 / 1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Husband / wife

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

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

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: SLK 3595 E MODEL: SYLPHY
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SL 9832 B MODEL: TOYOTA
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: YN 6229 Z CONTACT:

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
(1)

(2)

email =

fax =



SINGAPORE POLICE FORCE



T/20200104/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200104/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2020 11:24		Vide Report No.: G/20200103/0108		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHENG CHUNG YIN CHRIS			Address: APT BLK 268D COMPASSVALE LINK #17-09 SINGAPORE 544268		
ID Type / ID No.: NRIC NO / S8970641F			Contact No.: Home/Office: Mobile: 87882727		
Nationality: SINGAPORE CITIZEN			Email: Chris.chengcy@gmail.com		
Sex: Male	Age: 30	Date of Birth: 27/07/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 2B,3,3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/01/2020 14:50	Type of Location: Straight Road
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK3595E	Car					0
SLL9832B	Car					0
SMC2727D	Car					0
YN6229Z	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20200104/7007

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200104/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHENG CHUNG YIN CHRIS	ID No.	S8970641F
Related Vehicle	SMC2727D (Car)	Contact No.	87882727
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,3A Date of Expiry: NIL
Date Treatment	03/01/2020	Date Discharge	03/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On stated date and time, I was travelling in my vehicle bearing (SMC2727D) on Lane 2 of paya lebar road towards Geylang. Suddenly a vehicle bearing (SLK3595E) came out from the minor road onto paya lebar road and collided onto the left portion of my vehicle. This cause my vehicle to swerve right and crash through the centre divider, colliding onto 2 other vehicle bearing (SLL9832B) and (YN6229Z). I then alight from my vehicle and wait for the traffic police to arrive. We exchange particulars and will proceed with insurance claims. I went to a a&e at night due to aches and receive 5 days mc.



**SINGAPORE
POLICE FORCE**



T/20200104/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200104/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/01/2020 11:24

Classification Of Case:

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: S8734522Z
 Owner ID Type: Singapore NRIC
 Owner Name: WONG YUN XUAN SHERLYN
 Registered Address: 268D COMPASSVALE LINK #17-09 SINGAPORE 544268
 Mailing Address: -
 Birth Date: 27 Oct 1987

Vehicle Particulars

Vehicle No.: SMC2727D
 Previous Vehicle No.: SMG7900R
 Effective Date of Ownership: 06 Jun 2019
 Original Regn Date: 06 Nov 2015
 Registration Date: 06 Nov 2015
 Year of Manufacture: 2015
 Vehicle Type: Passenger Motor Car
 Vehicle Scheme: -
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: MERCEDES BENZ
 Vehicle Model: C180 AVANTGARDE (R17 LED)
 Primary Colour: Grey
 Secondary Colour: -
 Passenger Capacity: 4
 Chassis No.: WDD2050402R099270
 Engine No.: 27491030439939
 Engine Capacity /Power Rating: 1595 cc / -
 Maximum Power Output: 115.0 kW (154 bhp)
 Propellant: Petrol

Max Unladen Weight:	1425 kg
Maximum Laden Weight:	1990 kg
Open Market Value:	\$35,294.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Nov 2025
Minimum PARF Benefit:	\$18,206.00
No. of Transfers:	2
IU Label No.:	1126067718
COE No.:	2015120103000069C
COE Expiry Date:	05 Nov 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Registration Category:	B - Car above 1600cc or 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium:	\$57,501.00 / -
Actual QP Paid:	\$57,501.00
QP (Regn Cat):	\$57,501.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$57,501.00
Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$15,294.00 (140%)
Actual ARF Paid:	\$36,412.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	127.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$5,000.00
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category B.

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)

Name of Policyholder: WONG YUN XUAN SHERLYN		Certificate No.: SD19V08075/ VPE / R00
Date of Issue: 26 Jun 2019	Effective Date of Commencement: 31 May 2019 14:11	Date of Expiry: 30 May 2020 23:59
Registration No.: SMG7900R	Chassis No.: WDD2050402R099270	Type of Certificate: 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.		
<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>		
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.		
<p>*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.</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).



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 - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Young, Elderly & Inexperienced S\$3000, Windscreen Excess S\$100
Name of Finance Company:	TOKYO CENTURY LEASING (S) PTE LTD
Name of Producer:	CAR TIMES INSURANCE AGENCY PTE LTD (A1200)

PLVC/PLVC/SD19V08075/26-Jun-2019/MotorCL/v1.0