

# NATIONAL Assessment Centre Services.

(ref 1 Jan 05) MHA120003413

Date In: 08/01/2020 14.19	Job description	Date & Time Completed	Done by
Ref No: NHA/KIP 2000051814	SAS e-illing		
Veh No: SPT 2682R	E-mail (to John, Alice, etc)		
DOA: 08/01/2020 07.05	I-Motor Claim Form		
(1) (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whelp		

Preferred Wkep / INC Assign Wkep / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SMG V429X	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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p>NHA12000163</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Architect's Comments:</p> <p>Ref 1:</p> <p>2/3</p>	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100) INC (\$10)	
	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) PF: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	9) NI2: Idea Mobile	
	Fee Charged	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	08/01/2020 14:19
Date Of Accident	08/01/2020 07:05
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT2682R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YU HENG
NRIC No	SXXXX321I
Email Address	HENNESSYYUHENG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96812481
Alternative Phone No	OTHERS-96812481

### Vehicle Particulars

Manufacturer	BMW
Model	530I
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	SD19V13967/VPC/R00
Cover Note Number	

### Driver

Name of Driver	YU HENG
NRIC No	SXXXX321I
Date Of Birth	13/11/1969
Occupation	INDOOR
Date Of Driving Pass	02/05/1997
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96812481
Fax Number	
Contact Number	OTHERS-96812481
Email Address	HENNESSYYUHENG@YAHOO.COM.SG

Address	20 UPPER SERANGOON VIEW #17-19
Postcode	534203
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG4492X
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHER LIN (LIN ZILIN)
NRIC/Passport Number	SXXXX122H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## 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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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:

2020-1-8  
14:10

Driver's Signature

(If driver is not the policyholder)

Date & Time:

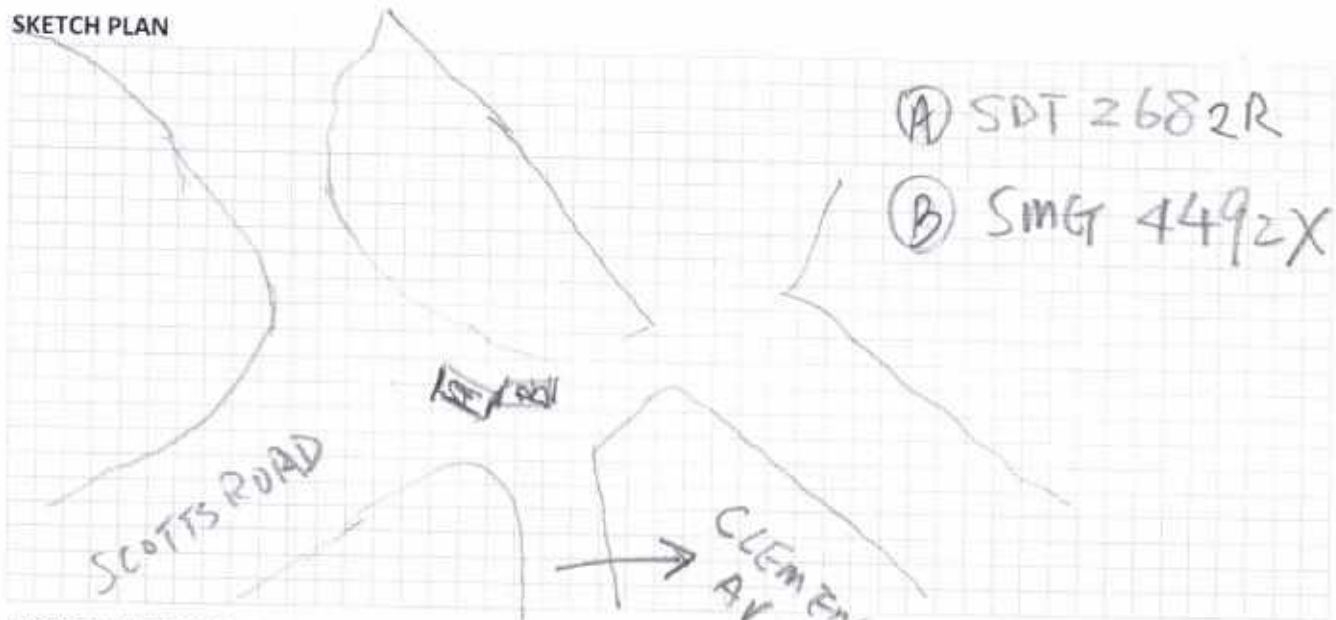
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This morning when I drive at Newton Circus on 8th Jan 2020 T:05 AM. A Car No SMGT 4492X hit my rear.

DECLARATION

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

Policyholder's Signature

Date & Time:

2020-1-8  
14:00

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

08/01/2020  
Ree L. Wong

# ACCIDENT STATEMENT

ACCIDENT DATE: 08.01.2020 (DD/MM/YYYY), TIME: 07.05 (HH:MM)

LOCATION: Newton Circus

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDT2682R  
 b) INSURANCE COMPANY: Liberty Insurance  
 c) POLICY NUMBER: SD19V13967/VPC/R00/E00  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW 530iA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 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: YU HENG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S6576321J CONTACT: 96812489  
 c) ADDRESS: 20 Upper Serangoon View #17-19  
S634203

\* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 13.11.1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

## 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: SMG4492X MODEL: Honda  
 b) DRIVER'S NAME: Lim Chai Lim (Lim Zhen)  
 c) NRIC/FIN/PASSPORT: S7223122H CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
 (including driver)  
(1)

\* No of passengers  
 (including driver)  
( )

\* No of passengers  
 (including driver)  
( )

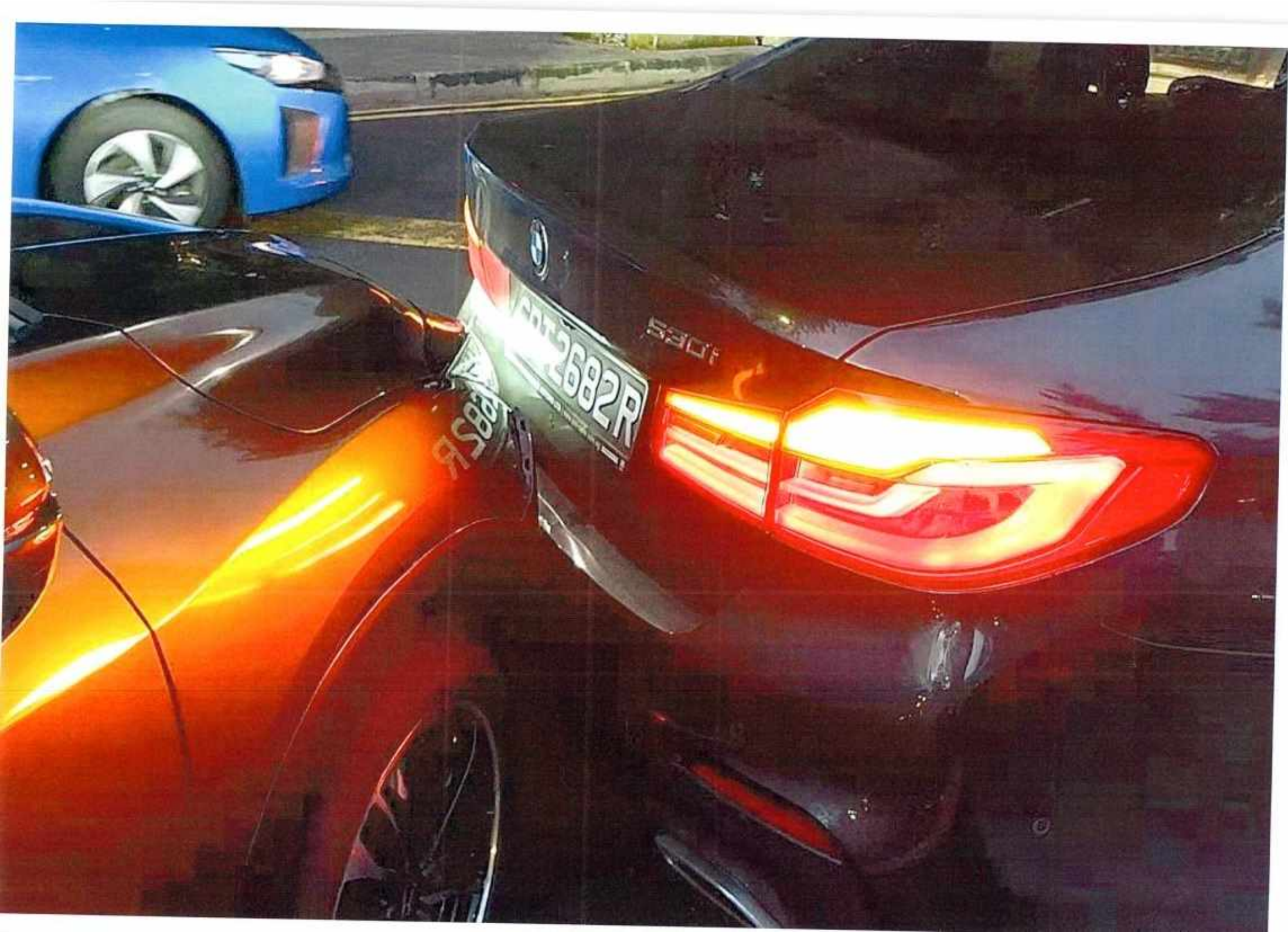
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hennessyyuheng@yahoo.com

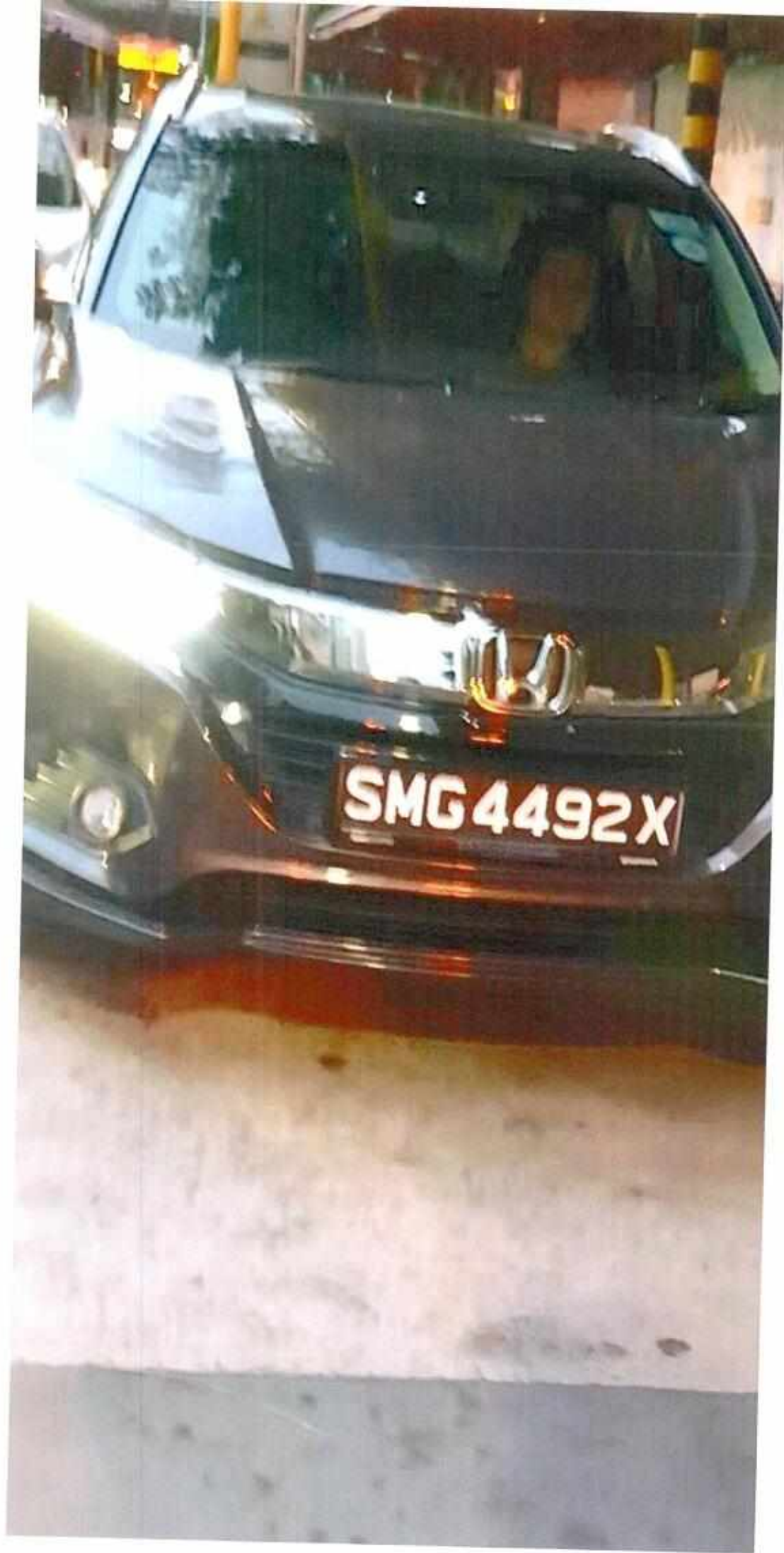
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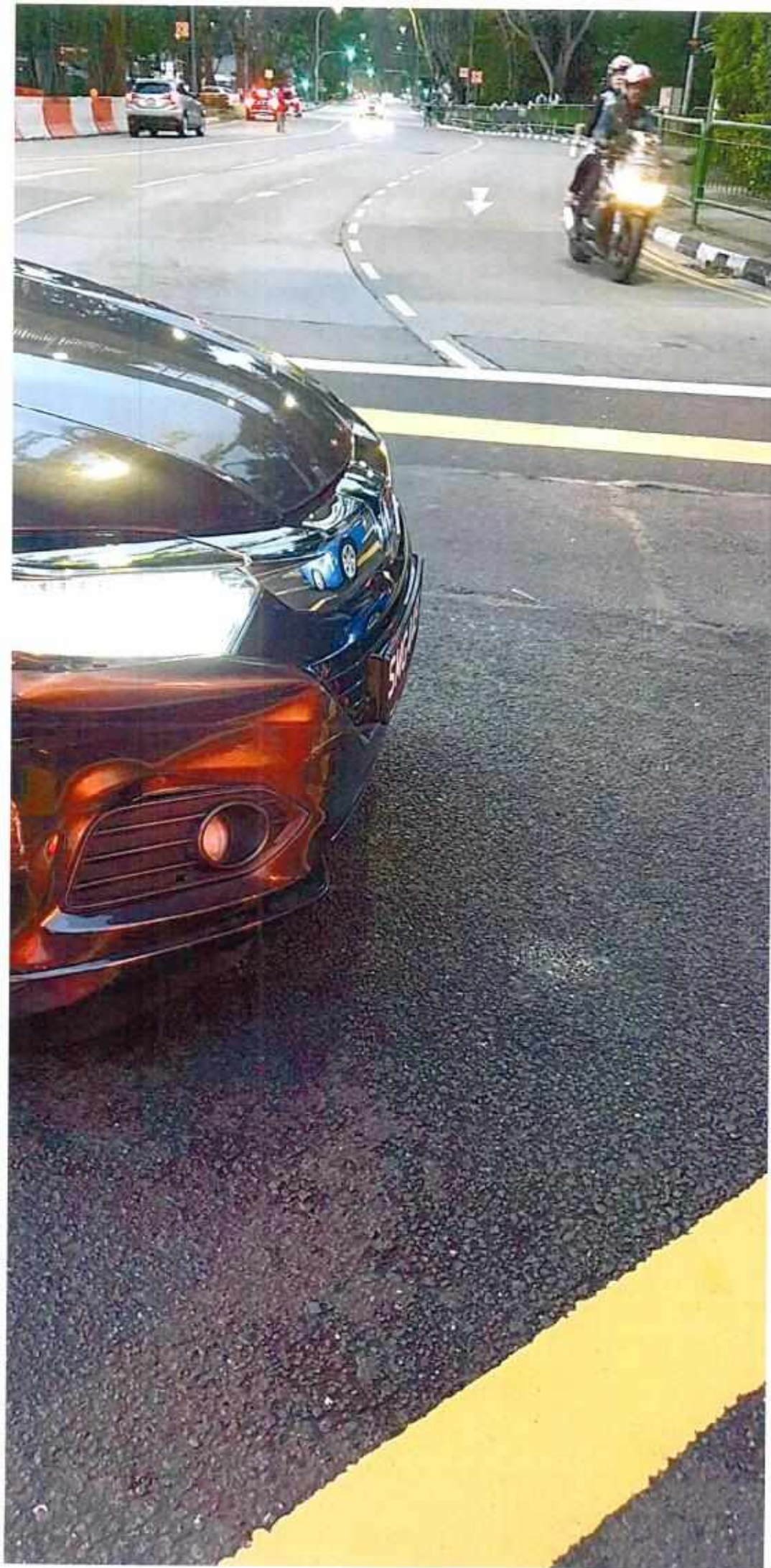












# Certificate of Insurance

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

**Name of Policyholder:**

YU HENG

**Date of Issue:**

13 Nov 2019

**Registration No.:**

SDT2682R

**Effective Date of Commencement:**

08 Dec 2019 00:00

**Chassis No.:**

WBAJA52080G886441

**Certificate No.:**

SD19V13967/ VPC / R00

**Date of Expiry:**

07 Dec 2020 23:59

**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.

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 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.



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\$800, Additional Excess for Young &amp; Inexperienced Drivers S\$2500, Windscreen Excess S\$0

Name of Finance Company:

UNITED OVERSEAS BANK LIMITED

Name of Producer:

SD CONTEGO SERVICES (A1429-5)

WCKA/MCKA/SD19V13967/15-Nov-2019/Motor/Veh.0