

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

NA 120007011

Date In: 15/01/2010 17:25	Job description	Date & Time Completed	Done by
Ref No: NA/LIP 20000981/Y	SAS e-filing		
Veh No: SBS 6565 D	E-mail (4 jobs 3hrs, AIC 2hrs)		
D.O.A: 15/01/2010 06:30	I-Motor Claim Form		
OD (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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SBS 3740 D

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 repolar.

() 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	Action

NA 200046x

Claimant/Insured/Owner	1) AIC: Accident Reporting (\$30)	2) DA: Damage Assessment (\$100)	3) TP: Towing Fee (\$40/\$45)	4) PT: Follow-Through Survey (\$120)	5) PT: Follow-Through Survey (Resurvey) (\$30)	6) TR: Re-inspection (\$75)	7) NI: Idas DA + SMRT Survey (\$160)	8) NTUC Additional Services:	9) NI: Idas Mobile
Driver/Owner:									
Contact No:									
Damaged Portion:									
QC Checked by (Engr-In-Charge):									
Auditors' Comments:									
Date:									
Page 1 of 1									
Invoice dated									
Invoice dated									

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 15/01/2020 17:35
Date Of Accident 15/01/2020 06:30
Exact Location Of Accident ALONG COMMONWEALTH AVENUE WEST
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGB6565D
Insured/Policyholder
Name Of Registered Owner SIM AH HENG
NRIC No SXXXX631G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97305214
Alternative Phone No OFFICE-97305214

Vehicle Particulars

Manufacturer NISSAN
Model SUNNY
Exact Purpose for which vehicle was being used at time of accident ON THE WAY TO WORK
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 THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number SI19V07118/VPE/R03
Cover Note Number

Driver

Name of Driver SIM AH HENG
NRIC No SXXXX631G
Date Of Birth 21/02/1950
Occupation INDOOR
Date Of Driving Pass 05/01/1972
Driving Experience 48 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97305214
Fax Number
Contact Number OFFICE-97305214
EMail Address NOEMAIL

Address	BLK 2 DOVER ROAD #11-342
Postcode	0513
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?	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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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	SBS3740D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	SUN SHENGCAI
NRIC/Passport Number	GXXXX098W
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SIM AH HENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SGB6565D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

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

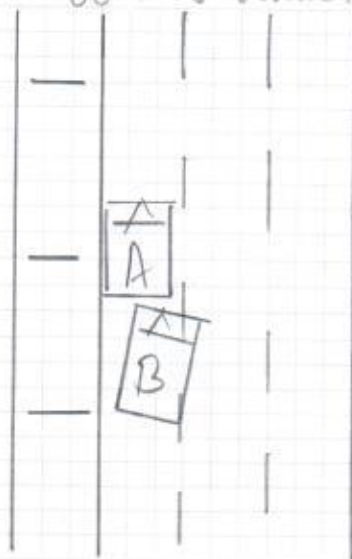

Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 

SKETCH PLAN

ALONG COMMONWEALTH AVE WEST

A) SGB 6565D

B) SBS 3740D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 15/01/2020 AT ABOUT 06:30HRS I WAS TRAVELLING
ALONG COMMONWEALTH AVE AND WAS ON SHOULDER LANE OF 4 LANE
SLOW DOWN. ON TRAFFIC LIGHT SUDENLY I FELT A HUGE BUMP
ON MY REAR & STOP MY CAR SGB 6565D & SAW A
SBS 3740D BUMP ON TO THE REAR OF MY CAR.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature] 15/01/2020
Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 15/01/2020 (DD/MM/YYYY), TIME: 06:30 (HH:MM)

LOCATION: Alwal Commercial Area Wk87

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S9B 6565 D
 b) INSURANCE COMPANY: LIBERTY
 c) POLICY NUMBER: SH9V07118 VPE/R03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN SUNNY
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way to work
 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: SIM AH HENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S09896319 CONTACT: 9130 97305214
 c) ADDRESS: BK 2, DOVER ROAD #101-342 S 0513

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (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: _____

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: SBS 3740 D MODEL: _____
 b) DRIVER'S NAME: SUN SHENG CHAI
 c) NRIC/FIN/PASSPORT: G2181098 H CONTACT: _____

9. THIRD PARTY VEHICLE

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

WIFE

No of passengers
(including driver)

(2)

No of passengers
(including driver)

()

No of passengers
(including driver)

()

email =

VIDEO

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: SIM AH HENG		Certificate No.: SI19V07118/ VPE / R03
Date of Issue: 06 Jun 2019	Effective Date of Commencement: 14 Jul 2019 00:00	Date of Expiry: 13 Jul 2020 23:59
Registration No.: SGB6565D	Chassis No.: JN1CFAN16Z0095472	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):	Third Party Fire & Theft, NCD Protection
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	
Name of Finance Company:	
Name of Producer:	LOH MEI LING ANNIE (A1423-2)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 631G

Vehicle Details

Vehicle No.: SGB6565D
Vehicle to be Exported: Yes
Intended Deregistration Date: 15 Jan 2020
Vehicle Make: NISSAN
Vehicle Model: SUNNY 1.6EXM
Primary Colour: White
Manufacturing Year: 2005
Engine No.: QG16394800
Chassis No.: JN1CFAN16Z0095472
Maximum Power Output: 81.0 kW (108 bhp)
Open Market Value: \$10,924.00
Original Registration Date: 14 Jan 2006
First Registration Date: 14 Jan 2006
Transfer Count: 1
Actual ARF Paid: \$12,017.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 31 Dec 2020
COE Category: A - Car (1600cc & below)
COE Period(Years): 5
PQP Paid: \$28,416.00
COE Rebate Amount: \$5,454.00
Total Rebate Amount: \$5,454.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 15 Jan 2020

OK

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA/2000704 Vehicle Registration No: SGB 6565D
Name (as shown in NRIC) : Sim AH Hines NRIC/FIN/Passport No : SXXXX631G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97305214
Email Address : _____
Date of Accident : 15/01/2020 Time of Accident : 06:30
Place of Accident : Block 5 Commandment Park West
Insurance Company : Liberty

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Model of Vehicle should be Nissan Sunny

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rolli Mathan
NRIC/FIN No.:
Date: 17/01/2020