

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

MA120008531

Date In: 18/01/2020 11:25	Job description	Date & Time Completed	Done by
Ref No: N/A/21P2000 1171/4	SAS e-filing		
Veh No: 887 5997C	E-mail (3 jobs 3hrs, AIC 2hrs)		
DOA: 18/01/2020 11:20	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK32		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: XE 45XR	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 reprior.	
( ) 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

MA 2000649	Incident Details	
Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
Auditor's Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30
Date:	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$23
	*N8: DV / Collect Excess Coordination	\$3
	TE (N11): TP (Non INC) against INC	\$20
	9) N12: Idas Mobile	\$0
	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	18/01/2020 17:25
Date Of Accident	18/01/2020 11:20
Exact Location Of Accident	THOMSON ROAD (TOWARDS UPPER THOMSON ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGT5997C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOO PEI LING PATRICIA
NRIC No	SXXXX498A
Email Address	ALVIN_SG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97504589
Alternative Phone No	OTHERS-94891887
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	AQUA
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
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V02147/VPE/R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	FOO YONG HAN ALVIN
NRIC No	SXXXX278G
Date Of Birth	08/10/1969
Occupation	INDOOR
Date Of Driving Pass	10/01/1989
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97504589
Fax Number	
Contact Number	OTHERS-94891887
EMail Address	ALVIN_SG@YAHOO.COM

Address	BLK 8 BOON KENG ROAD #01-152
Postcode	330008
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	5
Passenger 1	NAME: : MOTHER GENDER: : FEMALE
Passenger 2	NAME: : WIFE GENDER: : FEMALE
Passenger 3	NAME: : NEPHEW GENDER: : MALE
Passenger 4	NAME: : NIECE 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 AND POLICE REPORT T/20200118/2132

#### 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	XE4525R
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN KIAN CHUAN
NRIC/Passport Number	SXXXX733J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## 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:

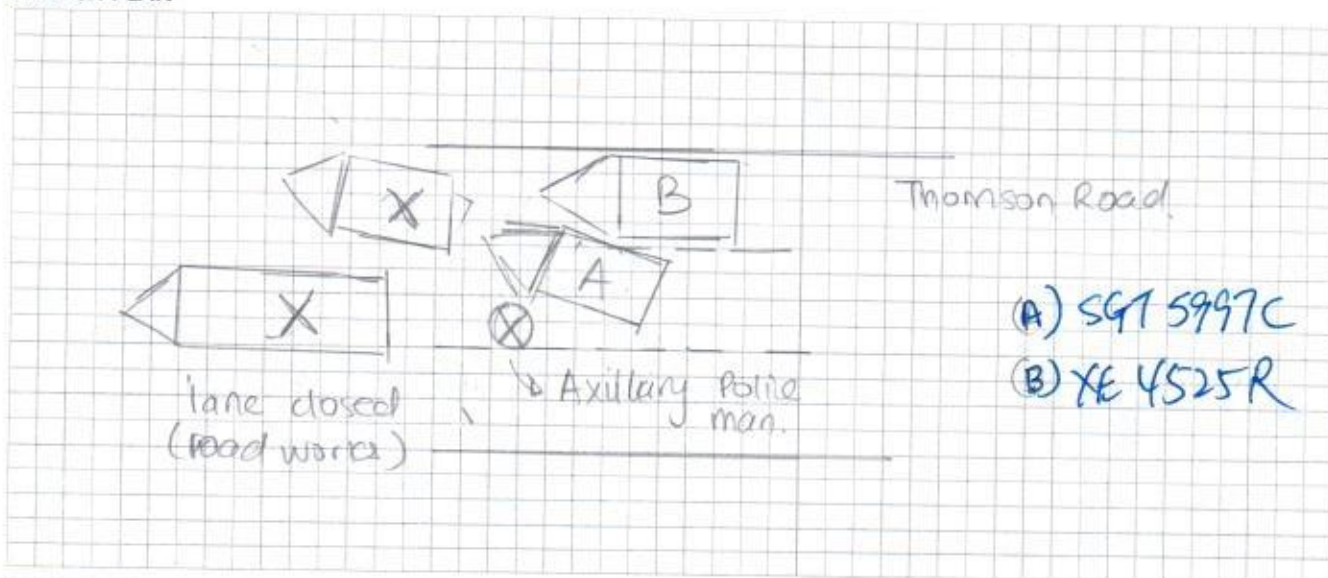
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/01/2020  
5:10 PM

  
Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Thomson Road towards Upp Thomson Road. There was road works ahead and traffic ~~was~~ lanes were ~~closed~~ merged to one lane. While filtering to the extreme right lane, I had to edge slowly to the next lane. I was following closely behind a Red vehicle in front and trying to avoid the Auxiliary Police man on the left who is directing the traffic. The heavy vehicle also move alongside. My vehicle had already crossed the lane while the heavy vehicle continues to move on. The next thing that happened was the heavy vehicle hit my side mirror and I had to swivel the vehicle slightly to a stop. I came down to make a quick inspection and then requested from the other driver who also ~~was~~ alighted to the scene. After he took some photos, he decided to move away from the scene despite me asking for his driving details. He returned to his vehicle and refused. After much deliberation and delay, I managed to get a copy of his driver's licence.

Police Report T/20200118/2132

to exchange his particulars with us.

## 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.:

18/01/2020  
5:10 pm

20/01/2020



## ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 01 / 2020 (DD/MM/YYYY), TIME: 11 : 20 (HH:MM)

LOCATION: Thomson Road (towards Upp. Thomson Road)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGT 5997C  
b) INSURANCE COMPANY: Liberty Insurance  
c) POLICY NUMBER: SI 19V02147 / VPE / R00  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA AQUA  
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 ON MY)

### 2. INSURED / POLICY HOLDER

- A) NAME: FOO PEI LING PATRICIA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7200448A CONTACT: 97504589  
c) ADDRESS: 21 Jalan Raju Udang #13-01

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

### DRIVER

- a) NAME: Foo Yang Han Alvin (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S6934278G CONTACT: 94891887  
c) ADDRESS: 8 Buong Keng Road #01-152  
S(330008)

\* d) DATE OF BIRTH: 08 / 10 / 1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 10 Jan 1989

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SIBLING

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

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: XE 4525R MODEL: Mercedes Arocs  
b) DRIVER'S NAME: TAN KIAN CHUAN  
c) NRIC/FIN/PASSPORT: S1208733J CONTACT:

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

email = alvin\_sg@yahoo.com

VIDEO





**SINGAPORE  
POLICE FORCE**



T/20200118/2132

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No: T/20200118/2132

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/01/2020 18:32		Vide Report No.:		Station Diary No.: 85	
<b>Informant's Particulars</b>					
Name of Informant: FOO YONG HAN ALVIN			Address: APT BLK 8 BOON KENG ROAD #01-152 SINGAPORE 330008		
ID Type / ID No.: NRIC NO / S6934278G			Contact No. Home/Office: Mobile: 94891887		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 08/10/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: YOUTH WORKER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/01/2020 11:25	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD  HEADING TOWARDS UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGT5997C	Car					4
XE4525R	Lorry					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20200118/2132

**CONTINUATION OF REPORT**

Driver			
Name	FOO YONG HAN ALVIN		ID No. S6934278G
Related Vehicle	SGT5997C (Car)		Contact No. 94891997
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 18/01/2020 at around 1125hrs, I was driving my vehicle, registration number: SGT5997C along Thomson Road heading towards Upper Thomson Road. I was driving on the 2nd lane while there was some road works on the 3rd lane. The road was very jammed as there was also a heavy vehicle which had stopped on the 2nd lane which meant that vehicles on the 3rd and 2nd lane were converging to the 1st lane.

As I was driving, there was an Auxillary Police officer which had directed my vehicle to move. As I did that, the right side mirror came into contact with another vehicle, XE4525R. As I saw the vehicle coming in contact with mine so I shifted it to make it straight. As I was doing this, the my vehicle had also moved off which caused scratches on the right side of my vehicle.

No one was injured. Both vehicles stopped and the other driver just took photos of the accident. I had asked for his particulars but he refused to provide. We then managed to exchanged driver's particulars.

I am lodging this report for record purposes.

The damage to my vehicle is as follows:

- 1.) Damage to the right side mirror
- 2.) Scratches to rear right fender



**SINGAPORE  
POLICE FORCE**



T/20200118/2132

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20200118/2132

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Staff Sgt MUHAMMAD HAZWAN BIN ADNAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/01/2020 18:32

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp Link  
NP168 Singapore 397618  
1800-8486999



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> FOO PEI LING PATRICIA		<b>Certificate No.:</b> SI19V02147/ VPE / R00
<b>Date of Issue:</b> 20 Feb 2019	<b>Effective Date of Commencement:</b> 02 Mar 2019 00:00	<b>Date of Expiry:</b> 01 Mar 2020 23:59
<b>Registration No.:</b> SGT5997C	<b>Chassis No.:</b> NHP102560587	<b>Type of Certificate:</b> 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 - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	
Name of Producer:	INSURE HUB PTE LTD (A1264-2)

A1264-2/B2BAAMT/SI19V02147/20-Feb-2019/MotorCiv1.0