

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **MAA 2002580**

Date In: 20/1/05	Job description	Date & Time Completed	Done by
Ref No: MAA 2002580	SAS e-filing		
Veh No: 3M21984	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/1/05	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: 3M21984	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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	24/02/2020 10:58
Date Of Accident	22/02/2020 18:00
Exact Location Of Accident	UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ5928Y
Insured/Policyholder	
Name Of Registered Owner	TAN DAT LUAN APRIL
NRIC No	SXXXX231I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98750875
Alternative Phone No	OFFICE-98750875

Vehicle Particulars

Manufacturer	AUDI
Model	Q2 1.0 TFSI S TRONIC
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	SD19V14788/VPC/R00
Cover Note Number	

Driver

Name of Driver	TAN DAT LUAN APRIL
NRIC No	SXXXX231I
Date Of Birth	23/04/1979
Occupation	INDOOR
Date Of Driving Pass	04/10/2001
Driving Experience	18 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98750875
Fax Number	
Contact Number	OFFICE-98750875
Email Address	NOEMAIL

Address	BLK 869 TAMPINES STREET 83 #08-179
Postcode	520869
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?	
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: : HENG AH MOI,MARY 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

REFER TO STATEMENT.

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	SJK8049G
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)

2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

[Signature]

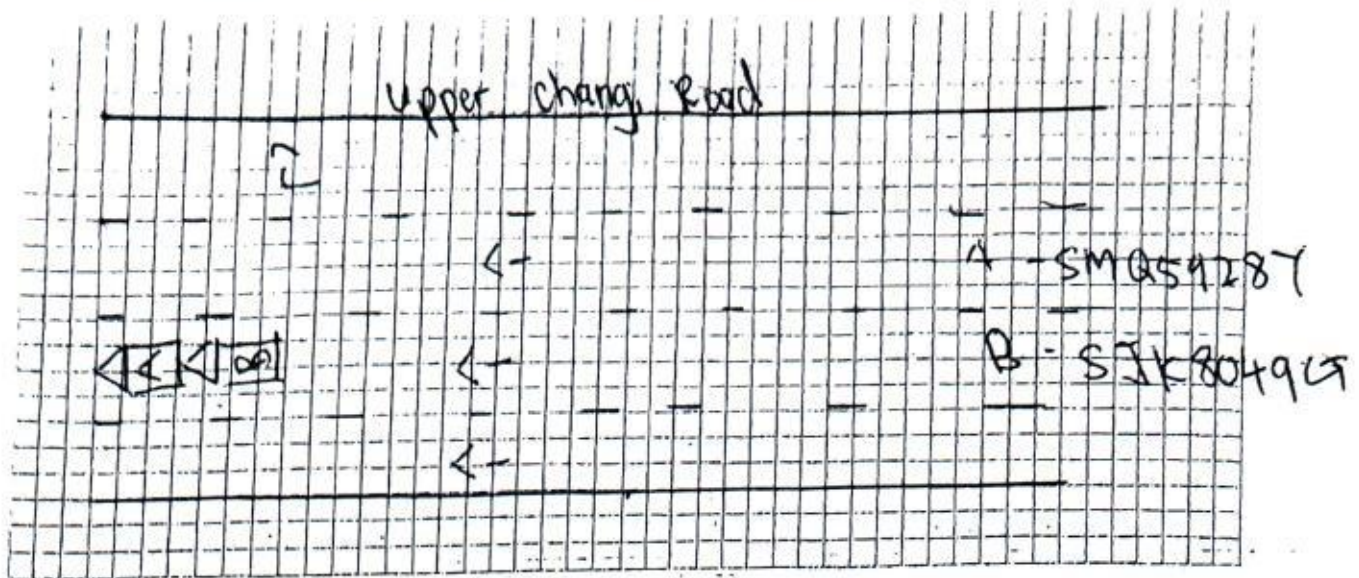
Policyholder's Signature
Date & Time:



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

Personnel's Sign

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date, time and location. I was travelling in my vehicle (A). Upon reaching the junction the traffic light turned red hence I slowed down and came to a complete stop. Seconds later, I felt a huge impact from the rear and when I alighted I realised it was vehicle 'B' that had collided onto the rear portion of my vehicle 'A' causing damages to my vehicle 'A'.

My mum Heng Ah Moi, Mary was the passenger of vehicle 'A' at the point of accident.

Vehicle 'A' - SMQ 5928Y
Vehicle 'B' - SJK 8049K

DECLARATION

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

Policyholder's Signature
Date & Time:

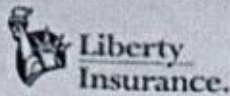
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

VEHICLE NO: ~~SM~~ SMQ 5928Y

MAKE & MODEL: Aud. Q2

DATE OF ACCIDENT	22 / 02 / 2020
TIME OF ACCIDENT	1800 AM / PM
LOCATION OF ACCIDENT	upper Changi Road
Exact Purpose use during accident	Private Use
NAME OF OWNER	Tan Dat LUAN APRIL
TELP NO	98750875
NRIC	S7912231 I
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	YES / <u>NO</u> ?
INSURANCE CO	Liberty
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	SD19V14788 / UPC / R00
NAME OF DRIVER	As above / If No.
NRIC	Any passengers. 01
DATE OF BIRTH	23 / 04 / 1979
OCCUPATION	Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS	09 / 10 / 2003
GENDER	Male / <u>Female</u>
CONTACT NO.	98750875 Office, Home,
ADDRESS	34 Jalan Limau manis S(468362)
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes, Reg No.
RELATIONSHIP	Employee / If No.
WEATHER CONDITION	<u>Clear</u> / Raining / Other,
ROAD SURFACE	<u>Dry</u> / Wet / Other,
ANY INJURIES	No / If yes, Who?
CONTACT NO.	
POLICE REPORT	No / If yes, Where?
VEHICLE B NO.	SJK 8049 G Any Passenger, 01
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger,
VEHICLE D NO.	Any Passenger,
VEHICLE E NO.	Any Passenger,
VEHICLE F NO.	Any Passenger,
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO CAPTURE?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO



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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, 1967; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1960

Name of Policyholder: TAN DAT LUAN APRIL		Certificate No.: SD19V14788/ VPC / R00
Date of Issue: 04 Dec 2019	Effective Date of Commencement: 26 Nov 2019 00:00	Date of Expiry: 25 Nov 2020 23:59
Registration No.: SMQ5928Y	Chassis No.: WALUZZZGAKA084837	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, 1967 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, 1967.

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverage(s):	Comprehensive, Unlimited Windscreen
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section 1: S\$800, Additional Excess for Young & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100
Name of Finance Company:	DBS BANK LTD
Name of Producer:	PREMIUM LEASING PTE LTD (A1704)