

NATIONAL Assessment Centre Services. [ver 1 Jan03] MNA 1200 45654

Date In: 11/5/20 14:52	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAL LIP20005651164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJN 1695X	I-Motor Claim Form		
ICIA: 9/5/20 12:55	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OT: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wks)		

Professional Wksp / INC Assign Wksp / QW: ( ) Tot: ( ) Fax: ( )

TP Particulars: Veh No: S2D 7742 H. 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 ( ) / Non-INC ( )	Completed by:	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	Action

Client's Particulars:	Invoice/Particulars	Am't (\$)	Am't (\$)
MA2002881	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bugr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimant assist (INC Only) (wof 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OT:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (M11): TP (3-in INC) against INC \$20		
	9) N12: Idan 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	11/05/2020 14:52
Date Of Accident	09/05/2020 12:55
Exact Location Of Accident	PARALLEL PARKING NEAR 60 JOO CHIAT PLACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1695X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GERALDINE EE LI LENG
NRIC No	SXXXX718D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98560166
Alternative Phone No	OFFICE-98560166

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	SI20V01109/VPE/R03
Cover Note Number	

### Driver

Name of Driver	EE PHEK LENG GRACE(YU BILING GRACE)
NRIC No	SXXXX317G
Date Of Birth	29/10/1972
Occupation	INDOOR
Date Of Driving Pass	31/10/1995
Driving Experience	24 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91080628
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 108B MCNAIR RD #19-200
Postcode	323108
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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 Witness 1

Name	DANNY
Phone Number	81111922
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD7742H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAM WENG SUN
NRIC/Passport Number	SXXXX349I
Contact Number	98224484
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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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: 11/5/201. 3.00pm



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

SKETCH PLAN



A: SJN 1695X  
 B: SLD 7742H

Joo Chiat Place

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle ~~was~~ SJN 1695X was parked along the parallel parking lot of Joo Chiat Place and I alighted to buy food from a nearby ~~store~~ shop. The ~~other~~ third party vehicle was behind mine and while I was ~~was~~ queuing for my food, the driver of ~~the~~ the third party vehicle began to drive off ~~but~~ and hit my car. The collision ~~was~~ created a bumper dent on impact and the sides were dislocated. The paint on the bumper came off and there were ~~se~~ scratches.

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: 11/5/2020 1:30pm

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 09, 05, 2020 (DD/MM/YYYY), TIME: (12 : 58) (HH:MM)

LOCATION: ~~Street~~ Parallel parking near 60 Joo Chiat Place  
Singapore 427784

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 1695X  
b) INSURANCE COMPANY: Liberty Insurance  
c) POLICY NUMBER: SI20V01109 / VPE / R03 / E00  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Buying food  
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: Geraldine Ee Li Leng (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: S7903718D CONTACT: 98560166  
C) ADDRESS: Blk 108B, McNair Road, #19-200,  
S(323108)

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

## 3. DRIVER

- a) NAME: Ee Phet Leng Grace (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7240317G CONTACT: 91080628  
c) ADDRESS: Blk 108B, McNair Road, #19-200  
S(323108)  
\*d) DATE OF BIRTH: (29/10/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
f) DATE OF DRIVING PASS: 31 October 1995

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Sister

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: SLD 7742H MODEL: Toyota Corolla Altis  
b) DRIVER'S NAME: Yam Weng Sun  
c) NRIC/FIN/PASSPORT: ~~S7558~~ CONTACT: 98224484 (Kin)

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: S0584349I MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Eye-witness: Danny  
8111922 (HP)

1) EMAIL: graceep1@gmail.com

2) VIDEO: No.

(0)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER  
( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

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

<b>Name of Policyholder:</b> GERALDINE EE LI LENG		<b>Certificate No.:</b> SI20V01109/ VPE / R03
<b>Date of Issue:</b> 22 Jan 2020	<b>Effective Date of Commencement:</b> 05 Feb 2020 00:00	<b>Date of Expiry:</b> 04 Feb 2021 23:59
<b>Registration No.:</b> SJN1695X	<b>Chassis No.:</b> MR053HY9305094299	<b>Type of Certificate:</b> MX1
<b>Persons or Classes of Persons entitled to drive*:</b>		
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>		
<b>Limitations as to use:</b>		
Use only for social, domestic and pleasure purposes and for the Policyholder's business.		
<b>The Policy does not cover:</b>		
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, Buy Down Excess
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I - Named Drivers S\$500, Section I - Unnamed Drivers S\$1000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	
Name of Producer:	HIAH MOH WATT (A7095-2)