

# NATIONAL Assessment Centre Services.

(Ref: 1 Jan 2005)

NA2003412

Date In: 26/06/2020 12:33	Job description	Date & Time Completed	Done by
Ref No: N/A/UP20006720/4	SAS e-filing		
Veh No: SCA 823Z	E-mail (to job site, AIG 2hrs)		
DOA: 25/06/2020 11:45	I-Motor Claim Form		
(M) (C) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insured:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VH32		

Preferred Wksp / INC Assgn Wksp / OW: (	Tel:	Fax:
TP Particulars:	Veh No: FRG 4182X	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 Recovery Photo [Repair Cost > \$9000] ( )		

Injury: \_\_\_\_\_

NA2003412	Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:		3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):		4) PF: Follow-Through Survey	\$120
		5) PF: Follow-Through Survey (Recovery)	\$30
		6) TR: Re-inspection	\$75
		7) NI: New DA + SMRT Survey	\$160
		8) IFUC Additional Services	
		ON:	
		*NI: Courtesy Car / Tpl Allowance	\$3
		*NI: Bagels Coordination	\$10
		*TP: Post Repair Inspection	\$25
		*NI: DV / Collect Excess Coordination	\$3
		TE (NI) / TP (Non-INC) against Ins	\$10
		PH: 12:15 Mobile	\$0
		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	26/06/2020 12:33
Date Of Accident	25/06/2020 11:45
Exact Location Of Accident	UPP THOMSON RD TOWARDS THOMSON NEAR LAMP POST 252
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8223Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOA PENG SUM
NRIC No	SXXXX926E
Email Address	LIMKENG BIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96608367
Alternative Phone No	OTHERS-96608367

### Vehicle Particulars

Manufacturer	BMW
Model	730LI
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	SD18V13534/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	LIM KENG BIN (LIN QINGMIN)
NRIC No	SXXXX131E
Date Of Birth	07/01/1968
Occupation	INDOOR
Date Of Driving Pass	11/11/1989
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96608367
Fax Number	
Contact Number	OTHERS-96608367
EMail Address	LIMKENG BIN@HOTMAIL.COM



Address	55 THONG SOON GREEN
Postcode	767361
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	SDV8223H
	-
	-
Insurance Company of Driver's Own Vehicle	NTUC INCOME INSURANCE CO-OPERATIVE LTD
	-
	-

#### 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	FBG4182X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

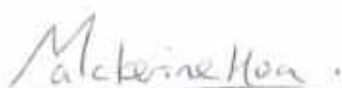
## SKETCH PLAN

### 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

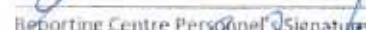
Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

 26/06/2020

Reporting Centre Personnel's Signature

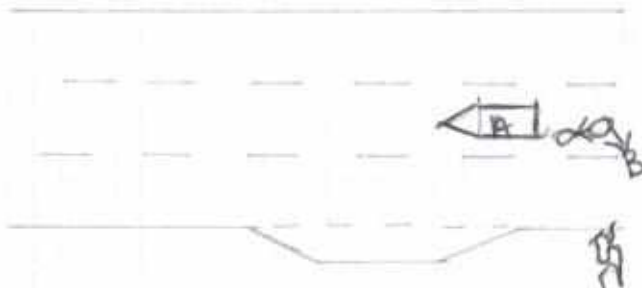
Name:

NRIC/FIN No.:

SKETCH PLAN

A) SLA8223Z

B) FB674182X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident	Date/Time: 25 June 2020 1145 hrs	Location of Accident
<p>I was driving my vehicle along Upper Thomson Rd in the direction of Thomson near lamp post #252, I slowed down and stopped my vehicle about 10-15m from a traffic light. When the traffic light turned green, I slowly moved my vehicle forward. At that instance, the anti-collision alarm of my vehicle went off and the next moment a motor cyclist hit the left rear of my vehicle.</p> <p>I immediately exited the vehicle and enquire the condition of the motorcyclist and assess my vehicle's affected area.</p> <p>I was not injured during the above-mentioned episode and the motorcyclist also affirmed that he was not injured, albeit he looked visibly shocked.</p> <p>← End of statement →</p>		

DECLARATION

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

*Mackenzie Hua* \*

Policyholder's Signature

Date & Time:

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 26/06/2020  
*[Signature]*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 25 JUNE 2020		TIME: 11:45 hrs (hh:mm) 24 hrs Format	
LOCATION: Along Upper Thomson Road towards direction of Thomson Lamp post #252			
VEHICLE NUMBER: SLA 8223 Z			
INSURED NAME: HOA PENG SUM			
NRIC / FIN: S6812426 E		CONTACT: 96608367	
MAKE: DmV		MODEL: 730Li	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only			
INSURANCE COMPANY: Liberty Insurance			
TYPE OF POLICY ( ) COMPREHENSIVE ( <input checked="" type="checkbox"/> ) THIRD PARTY ( ) TPFT			
POLICY NUMBER: SD 18/ 13534 / 4PC 2 / RDO			
NAME DRIVER: LIM KENG BIN ( ) SAME AS INSURED			
NRIC / FIN: S6800131 E		CONTACT: 96608367	
DATE OF BIRTH: 07 JAN 1968			
DRIVING PASS DATE: 11 NOV 1989			
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS: limkengbin@hotmail.com		( ) NO EMAIL	
ADDRESS OF DRIVER: 55 THONG SOON GREEN SINGAPORE 787361			
Number Of Passenger Include Driver: 1			
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If No, Relationship Of The Driver With The Insured			
( ) Owner ( <input checked="" type="checkbox"/> ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others			
Does The Driver Own Any Other Vehicle?: ( <input checked="" type="checkbox"/> ) YES ( ) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle: SDV 8223 H			
Insurance Company Of Driver's Own Vehicle: NTUC Income			
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others			
Road Surface: ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others			
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was Anybody Injured In The Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If YES, Injured details: Not applicable			
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)	Contact
Veh B: FBG 4182X		( ) / Not Sure ( )	
Veh C		( ) / Not Sure ( )	
Veh D		( ) / Not Sure ( )	
Veh E		( ) / Not Sure ( )	
Veh F		( ) / Not Sure ( )	
Veh G		( ) / Not Sure ( )	

### 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 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>Certificate No</b>	SD18V13534 /VPC2 /R00
<b>Form</b>	MX1
<b>Date of Issue</b>	23-NOV-2018
<b>1. Index Mark and Registration No. of Vehicle:</b>	SLA8223Z
<b>2. Chassis number of Vehicle:</b>	WBA7E02030BR97509
<b>3. Name of Policyholder:</b>	HOA PENG SUM
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	21-NOV-2018 00:00 AM
<b>5. Date of Expiry of Insurance:</b>	20-NOV-2020 23:59 PM
<b>6. 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.	
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.	
<b>7. Limitations as to use*:</b>	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
<b>8. 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 25 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, NCD Protection
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section 1: S\$900, Additional Excess For Young & Inexperienced Drivers: S\$2500, Windscreen Excess: S\$0
<b>FINANCE COMPANY:</b>	DBS BANK LTD
<b>PRODUCER NAME:</b>	SD CONTEGO SERVICES

PLM3/ROB01/26-NOV-18

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