

# NATIONAL Assessment Centre Services

Date In: 08/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/LIA20007115/13	SAS e-filing		
Veh No: S052838P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/07/20 1130	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: SLW632M	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%. F: 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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:	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

NA2003591	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) NI: 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: Idao 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	08/07/2020 14:24
Date Of Accident	07/07/2020 11:30
Exact Location Of Accident	SERANGOON NORTH AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDS2838P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN PUAY BOON
NRIC No	SXXXX362H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96389864
Alternative Phone No	OTHERS-97341776
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	-
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	S120V02869/VPC/R03
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEONG LAI PING
NRIC No	SXXXX913C
Date Of Birth	20/04/1957
Occupation	INDOOR
Date Of Driving Pass	25/10/1986
Driving Experience	33 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97341776
Fax Number	
Contact Number	
Email Address	TANBPYW@SINGNET.COM.SG

Address	51 TAI HWAN CRESCENT
Postcode	555605
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVENUE 9 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2180000 - <b>FAX NO:</b> 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: F/20200707/7060

#### 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	THNG TIEN LUNG
Phone Number	98478171
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW632M
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)



## SKETCH PLAN

### IMPORTANT NOTICE

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

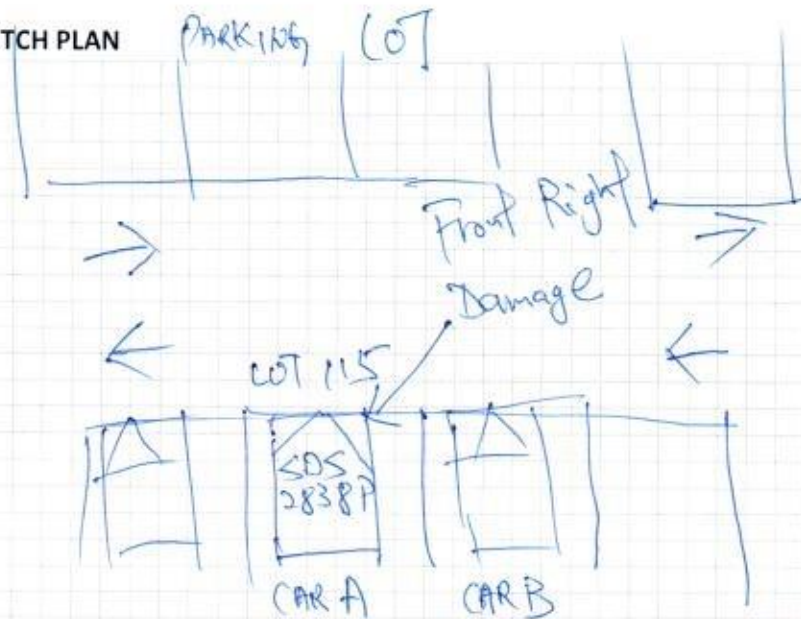
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



SERANGOON NORTH  
AVE 1 CARPARK

A - SDS 2838P  
B - SDW 632M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: F/20200707/7060

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.:

8/7/2020  
11.50am

Shyam 08/07/20





**POLICE REPORT (NP299)**

Report No. F/20200707/7060

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 07/07/2020 21:29	Vide Report No.	Station Diary No.
Name Of Informant LEONG LAI PING	Address 51 TAI HWAN CRESCENT SINGAPORE 555605	
ID Type / ID No. NRIC NO / S1240913C	Contact No. Home/Office: Mobile: 97341776	
Nationality SINGAPORE CITIZEN	Email Address tanbpyw@singnet.com.sg	
Occupation Retiree	Sex Female	Age 63
	Date of Birth 20/04/1957	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 07/07/2020 11:20 - 07/07/2020 11:30	Location Of Incident Block 153 SERANGOON NORTH AVENUE 1	

**Brief details.**

This morning I parked my car at a HDB open car park behind Block 153 Serangoon North Ave 1, Singapore. I was in Lot number 115. When I came back to the car after running my errands, I found that the front right headlight cover was cracked and the front right bumper was scratched.

A bystander, Mr Tng, informed me that he witnessed another car hitting my car, and gave me the registration number of the car - SLW 632 M. He told me he asked the other driver to stop, but the driver drove off. I later received a photo of the departing car from Mr Tng.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/07/2020 21:29
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200707/7060

I am filing this report to make an insurance claim against the other driver for repairs to my car.

Subjects Involved			
Suspect			
Person Name	Unknown		
Habits & Oddities	Driver of SLW 632 M.		
Victim			
Person Name	LEONG LAI PING		
ID Type	NRIC NO	ID No	S1240913C
Gender	Female	Age	63
Race	Chinese	Language	English
Occupation	Retiree	Address Type	
Address	51 TAI HWAN CRESCENT SINGAPORE 555605	Mobile No	97341776
Is Informant A Victim?	Yes		
Person Name	LEONG LAI PING (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

07/07/2020 21:29

Classification Of Case:



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 7 / 7 / 2020 ) (DD/MM/YYYY), TIME: ( 11 : 30 ) (HH:MM)

LOCATION: Serangoon north avenue 1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 2838 P  
b) INSURANCE COMPANY: LIBERTY  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PARKED VEH  
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: Tan Puan Boon (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S11033624 CONTACT: 96389864  
c) ADDRESS:

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

### DRIVER

- a) NAME: Leong Lai Ping (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1240913/C CONTACT: 97341776  
c) ADDRESS:

\*d) DATE OF BIRTH: ( 20 / 04 / 1957 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

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: SLW632 M MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

Email = tanbpyw@sigmet.com.sg

fax =

VIDEO =

Mr. Tng HP 98478171  
witness: THNG TIEN LUNG

# 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; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

**Name of Policyholder:**

TAN PUAY BOON

**Date of Issue:**

05 Mar 2020

**Registration No.:**

SDS2838P

**Effective Date of Commencement:**

27 Apr 2020 00:00

**Chassis No.:**

WBAJA52090G885024

**Certificate No.:**

SI20V02869/ VPC / R03

**Date of Expiry:**

26 Apr 2021 23:59

**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):

Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I S\$500, Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0

Name of Finance Company:

Name of Producer:

SD CONTEGO SERVICES (A1429-5)

SD CONTEGO SERVICES (A1429-5) Mar 2020/Minic3 v1.0



7 July 2020

To whom it may concern

**LETTER OF AUTHORISATION**

I, Tan Puay Boon, NRIC S1103362H, owner of vehicle number SDS2838P, hereby authorise my wife, Mdm Leong Lai Ping, NRIC S1240913C, to handle all matters relating to the accident to my vehicle on 7 July 2020, including reporting, handling repairs, making insurance claims, etc.



Tan Puay Boon