

# NATIONAL Assessment Centre Services. (wef 1 Jan 05) **HA 20069143-01**

Date In: <b>14/1/05-19:12</b>	Job description	Date & Time Completed	Done by
Ref No: <b>14/1/05 2005848424</b>	SAS e-filing		
Veh No: <b>SLR 9772</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>14/1/05-12:00</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>SLR 9772</b>	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

<b>HA 2004220</b> <b>Claimant's Particulars:-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat 1: Cat 2 / 3:	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
<b>QD:</b> • 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	14/08/2020 17:12
Date Of Accident	14/08/2020 12:00
Exact Location Of Accident	SIMS RD TWDS INDOOR STADIUM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4977Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE YAH PENG
NRIC No	SXXXX833I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94887856
Alternative Phone No	OFFICE-94887856

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.4 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	SD20V07108/VPC/R00/E00
Cover Note Number	

### Driver

Name of Driver	NG CHEE HONG (HUANG ZHIHONG)
NRIC No	SXXXX699E
Date Of Birth	11/11/1973
Occupation	INDOOR
Date Of Driving Pass	12/03/2004
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98235300
Fax Number	
Contact Number	OFFICE-98235300
Email Address	NOEMAIL

Address	77 LORONG 101 CHANGI
Postcode	426671
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

#### 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: : - 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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR8173U
Vehicle Make/Model/Colour	HONDA SHUTTLE
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)

3



## SKETCH PLAN

### IMPORTANT NOTICE


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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:

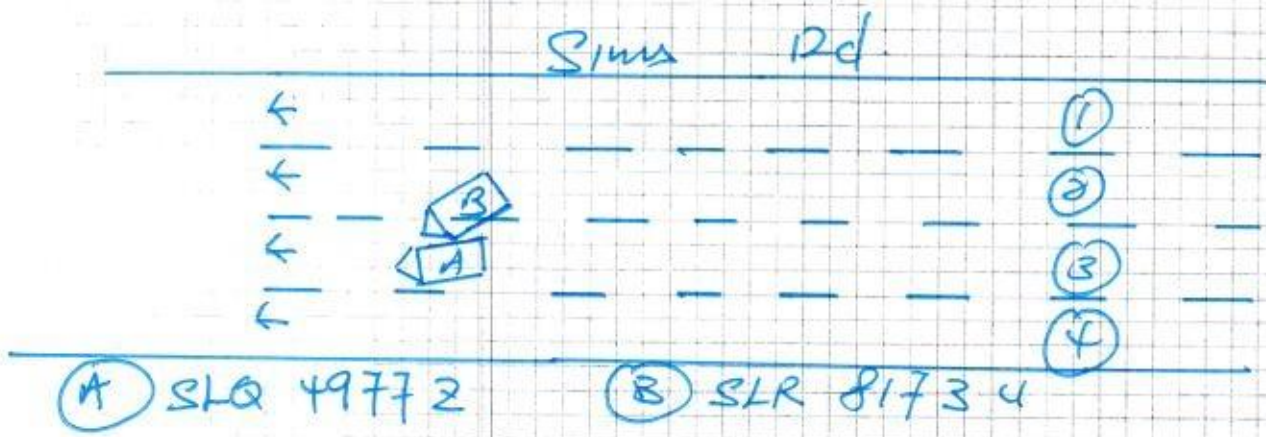
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the 3rd lane along Simas Rd while travelling straight, veh B cut into my lane. I tried to avoid the accident by shifting towards the 4th lane but still could not avoid the accident. I then continue to drive forward and Park at the front before coming to a stop to exchange particulars.

## 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.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 8 / 2020 (DD/MM/YYYY), TIME: (12 : 04) (HH:MM)

LOCATION: Geylang Rd towards the indoor stadium

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 4977 Z  
b) INSURANCE COMPANY: Liberty Insurance  
c) POLICY NUMBER: SD20V07108/VPC/ROD/EOO  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Audi A4 1.4 TFSI  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal usage.  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Lee Yah Peng (MALE / FEMALE) (MALE)  
b) NRIC/FIN/PASSPORT: S7615833 I CONTACT: 94887856  
c) ADDRESS: 77 Lorong 101 Changi (426671)

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

### DRIVER

- a) NAME: NG CHEE HONG (MALE / FEMALE) (MALE)  
b) NRIC/FIN/PASSPORT: S7342699 E CONTACT: 98235300  
c) ADDRESS: 77 Lorong 101 Changi (426671)

- d) DATE OF BIRTH: (11 / 11 / 1973) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 12 mar 2004 (16 years)

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR 81734 MODEL: Honda Shuttle  
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 =

fax =

VIDEO = yes.

\* No of passenger  
(including driver)  
(2)

wife sitting at  
the back seat

\* No of passenger  
(including driver)  
(3)

\* No of passenger  
(including driver)  
( )

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120069143 Vehicle Registration No: SLQ4977Z  
Name(as shown in NRIC) : NG CHEE HONG (HUANG ZHIHONG) NRIC/FIN/Passport No : SXXXX699E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98235300  
Email Address : \_\_\_\_\_  
Date of Accident : 14/08/2020 Time of Accident : 12:00  
Place of Accident : SIMS RD TWDS INDOOR STADIUM  
Insurance Company: Liberty Insurance Pte Ltd

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend policy number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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



<b>Name of Producer:</b> SD CONTEGO SERVICES (A1429-2)	<b>Policy No.:</b> SD20V07108/VPC/R00/E00
<b>Date of Issue:</b> 06 Jul 2020	<b>Previous Policy No.:</b>

### Details of Insured

<b>Name of Insured:</b> LEE YAH PENG	<b>NRIC/FIN No.:</b> S7615833I
<b>Mailing Address:</b> 77 LORONG 101 CHANGI, SINGAPORE	<b>Postal Code (426671)</b>
<b>Period of Insurance (both dates inclusive):</b> From: 26 Jun 2020 00:00 To: 11 Jul 2021 23:59	<b>Occupation:</b> Manager (Office)

### Details of Vehicle

<b>Registration No.:</b> SLQ4977Z	<b>Make and Model:</b> AUDI A4 1.4 TFSI S TRONIC	<b>Type of Body:</b> SALOON
<b>Capacity/Tonnage:</b> 1395 C.C	<b>Seating Capacity Including Driver:</b> 5	<b>Year of Manufacture/Registration:</b> 2017 / 2017
<b>Chassis No.:</b> WAUZZZF46HA178316	<b>Engine No.:</b> CVN040210	<b>Sum Insured:</b> MARKET VALUE AT THE TIME OF LOSS
<b>Hire Purchase Owner/Leasing Company:</b>		

### Operative Endorsements:

V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0145, V0152, V0225, V0233, V0236, V0237, V0249, V0276, V0281, Z011

### Details of Coverage

<b>Type of Plan:</b>	Pte Car - Standard Plan (Comprehensive)
<b>Excess:</b>	Section I - Named Drivers S\$ 600.00 Section I - Unnamed Drivers S\$ 1,100.00 Young, Elderly & Inexperienced S\$ 3,000.00 Windscreen Excess S\$ 100.00
<b>Additional Coverage(s):</b>	Unlimited Windscreen, NCD Protection
<b>Name of Driver(s):</b>	LEE YAH PENG, NG CHEE HONG
<b>Basic Premium:</b>	S\$ 2,156.48
<b>Discounts:</b>	No Claim Discount (50%), Offence Free Discount (5%)
<b>Prevailing GST (7%):</b>	S\$ 71.70
<b>Total Premium Payable Inclusive of Prevailing GST (7%):</b>	S\$ 1,096.03

This Schedule replaces any other Schedule. This Schedule and Policy are to be read together as one contract. Persons or classes of persons entitled to drive and limitations are to use, are as specified in the Certificate of Insurance issued in relation to this policy.

Date: 06 Jul 2020 15:08

For and on behalf of  
**LIBERTY INSURANCE PTE LTD**

