

# NATIONAL Assessment Centre Services.

Page 1 of 2

NA/20070082

Date In: 17/08/2020 19:08	Job description	Date & Time Completed	Done by
Ref No: N/A/2000857/4	SAS e-filing		
Veh No: SF 86787	E-mail (Update this, AIC this)		
D.O.A: 15/08/2020 01:20	I-Motor Claims Form		
OD (TP) Reporting Only	I-Motor W/O (With: OD this, TP this)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkup / INC Assgn Wkup / QV:	Tel:	Fax:
TP Particulars:	Veh No: YL2658E	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 Resurvey Photo [Repair Cost > \$3000] ( )		

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA/2004299

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$60/\$45	
QC Checked by (Engr-In-Chief):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + EMRT Survey \$160	
	8) NTUC Additional Services	
	9) NI: Idea Mobile	
	10) NI: Idea Mobile	
	11) NI: Idea Mobile	
	12) NI: Idea Mobile	
	13) NI: Idea Mobile	
	14) NI: Idea Mobile	
	15) NI: Idea Mobile	
	16) NI: Idea Mobile	
	17) NI: Idea Mobile	
	18) NI: Idea Mobile	
	19) NI: Idea Mobile	
	20) NI: Idea Mobile	
	21) NI: Idea Mobile	
	22) NI: Idea Mobile	
	23) NI: Idea Mobile	
	24) NI: Idea Mobile	
	25) NI: Idea Mobile	
	26) NI: Idea Mobile	
	27) NI: Idea Mobile	
	28) NI: Idea Mobile	
	29) NI: Idea Mobile	
	30) NI: Idea Mobile	
	31) NI: Idea Mobile	
	32) NI: Idea Mobile	
	33) NI: Idea Mobile	
	34) NI: Idea Mobile	
	35) NI: Idea Mobile	
	36) NI: Idea Mobile	
	37) NI: Idea Mobile	
	38) NI: Idea Mobile	
	39) NI: Idea Mobile	
	40) NI: Idea Mobile	
	41) NI: Idea Mobile	
	42) NI: Idea Mobile	
	43) NI: Idea Mobile	
	44) NI: Idea Mobile	
	45) NI: Idea Mobile	
	46) NI: Idea Mobile	
	47) NI: Idea Mobile	
	48) NI: Idea Mobile	
	49) NI: Idea Mobile	
	50) NI: Idea Mobile	
	51) NI: Idea Mobile	
	52) NI: Idea Mobile	
	53) NI: Idea Mobile	
	54) NI: Idea Mobile	
	55) NI: Idea Mobile	
	56) NI: Idea Mobile	
	57) NI: Idea Mobile	
	58) NI: Idea Mobile	
	59) NI: Idea Mobile	
	60) NI: Idea Mobile	
	61) NI: Idea Mobile	
	62) NI: Idea Mobile	
	63) NI: Idea Mobile	
	64) NI: Idea Mobile	
	65) NI: Idea Mobile	
	66) NI: Idea Mobile	
	67) NI: Idea Mobile	
	68) NI: Idea Mobile	
	69) NI: Idea Mobile	
	70) NI: Idea Mobile	
	71) NI: Idea Mobile	
	72) NI: Idea Mobile	
	73) NI: Idea Mobile	
	74) NI: Idea Mobile	
	75) NI: Idea Mobile	
	76) NI: Idea Mobile	
	77) NI: Idea Mobile	
	78) NI: Idea Mobile	
	79) NI: Idea Mobile	
	80) NI: Idea Mobile	
	81) NI: Idea Mobile	
	82) NI: Idea Mobile	
	83) NI: Idea Mobile	
	84) NI: Idea Mobile	
	85) NI: Idea Mobile	
	86) NI: Idea Mobile	
	87) NI: Idea Mobile	
	88) NI: Idea Mobile	
	89) NI: Idea Mobile	
	90) NI: Idea Mobile	
	91) NI: Idea Mobile	
	92) NI: Idea Mobile	
	93) NI: Idea Mobile	
	94) NI: Idea Mobile	
	95) NI: Idea Mobile	
	96) NI: Idea Mobile	
	97) NI: Idea Mobile	
	98) NI: Idea Mobile	
	99) NI: Idea Mobile	
	100) NI: Idea Mobile	

2/2

## 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	17/08/2020 19:08
Date Of Accident	15/08/2020 01:20
Exact Location Of Accident	BLK 124 TOA PAYOH LORONG 1 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8678T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HUNG SONG
NRIC No	SXXXX680E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96207886
Alternative Phone No	OTHERS-96207886

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	SD19V10404/VPC2/R01
Cover Note Number	

### Driver

Name of Driver	TAN HUNG SONG
NRIC No	SXXXX680E
Date Of Birth	23/11/1957
Occupation	INDOOR
Date Of Driving Pass	16/02/1979
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96207886
Fax Number	
Contact Number	OTHERS-96207886
Email Address	NOEMAIL



Address	BLK 124 LORONG 1 TOA PAYOH #03-475
Postcode	310124
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	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?	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?	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL2658E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM KIM SONG
NRIC/Passport Number	SXXXX764G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


## SKETCH PLAN

### IMPORTANT NOTICE

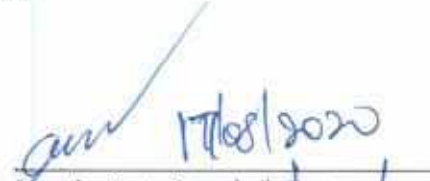
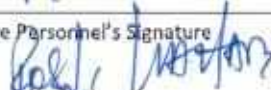
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

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



On 15/08/2020 at about 11-30 am, when I got to pick my vehicle, I realise my vehicle left front portion was damaged so I check my in vehicle video footage and found that a lorry collided onto my vehicle (date stamp) 15/08/2020 6/21 hrs and at the end of the video, I saw the lorry (veh B) was park diagonal opposite the same carpark. During that time, Veh B driver approach the lorry (veh B) so I approach the driver and he admit that he collided onto my vehicle. I took few photo of the lorry damage.

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

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

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15/08/2020 (dd/mm/yy) Time of Accident: 01:21 (24-HR-FORMAT)

Vehicle No.: SLF8678T Vehicle Make & Model: Honda Civic

Exact location of Accident: Blk 126 Toa Payoh Lorong 1 Open Carpark

Policyholder's Name / IC No.: Tan Hung Song / S1261680E

Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒

Driver's Contact No.: 9620 7888 Company Contact No.: \_\_\_\_\_

Driver's Address: Blk 124 Lorong 1 Toa Payoh #03-475 S(310124)

Email address (if any): \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 0

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☒ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: Lim Kim Song / S1005764G Vehicle No.: #1 YL2658E

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No.: \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

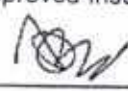
Preferred Workshop Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



## 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>	SD19V10404 /NPC2 /R01
<b>Form</b>	MX1
<b>Date of Issue</b>	19-AUG-2019
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLF8678T
<b>2.Chassis number of Vehicle:</b>	MRHFC5650GT000100
<b>3.Name of Policyholder:</b>	TAN HUNG SONG
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	14-SEP-2019 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	13-SEP-2021 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 95 of the Road Transport Act, 1987 (Malaysia) 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 (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 I S\$600, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	OVERSEA-CHINESE BANKING CORPORATION LTD
<b>PRODUCER NAME:</b>	KAH MOTOR COMPANY SDN BERHAD

CSMT/CSMT/19-AUG-19

S1\_CL\_T1\_T3\_OE\_Template2-Ver1.

19-AUG-19