

NATIONAL Assessment Centre Services.

(ver 1 Jan 200)

71336

Date In: 07/09/2020 16:50	Job description	Date & Time Completed	Done by
Ref No: NAB/LUP200095474	SAS e-filing		
Veh No: SMR 567C	E-mail (3 jobs 2hrs, AIG 2hrs)		
DOA: 05/09/2020 13:55	I-Motor Claim Form		
OID: TP / Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assgn Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: EX 8139G	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 ref 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: _____

Damage:	

X1A2004739	1) Alt: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claim by assn INC Only (ver 10 Jan 200)	
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	• NI: Courtesy Car / Tpl Allowance	\$3
	• NI: Repairs Coordination	\$10
	• NI: Post Repair Inspection	\$25
	• NI: DV / Collect Documents Coordination	\$3
	TP (NI) / TP (NI) INC against D-G	\$20
	9) NI: Idea Mobile	\$0
	Invoice dated	
	Invoice dated	

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	07/09/2020 16:50
Date Of Accident	05/09/2020 13:55
Exact Location Of Accident	ALONG THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS567C
Insured/Policyholder	
Name Of Registered Owner	ZHU HUA
NRIC No	SXXXX939I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81282446
Alternative Phone No	OTHERS-81282446
Vehicle Particulars	
Manufacturer	BMW
Model	X1 SDRIVE18I-1.5 LED NAV (A)
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	SD20V0V03368/VPC/R00
Cover Note Number	
Driver	
Name of Driver	ZHU HUA
NRIC No	SXXXX939I
Date Of Birth	06/11/1978
Occupation	INDOOR
Date Of Driving Pass	13/04/2012
Driving Experience	8 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81282446
Fax Number	
Contact Number	OTHERS-81282446
Email Address	NOEMAIL

Address	50 NEWTON ROAD #16-02
Postcode	307991
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	SIDE SWIPE
Weather Conditions	DRIZZLING
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?	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)	3
Passenger 1	NAME: : ZHANG WEN JUNE GENDER: : MALE
Passenger 2	NAME: : DELA CRUZ LINET OSTRIA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200905/2052

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	EN3139G
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
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

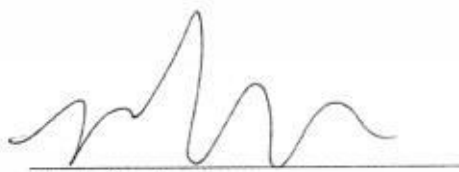
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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



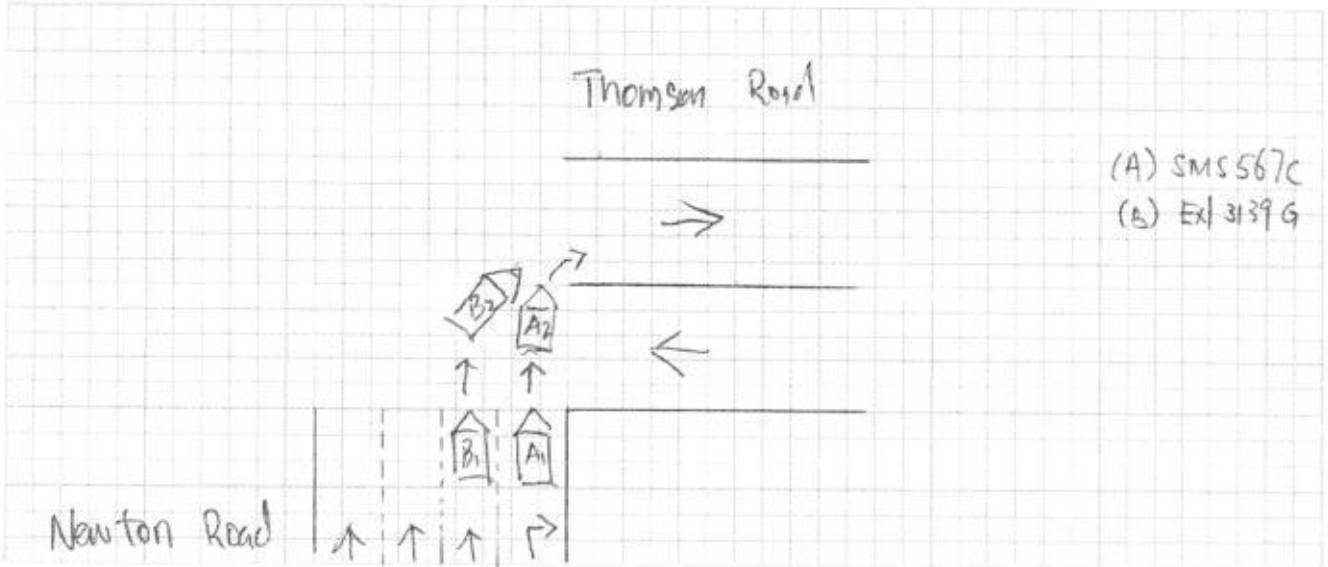
Driver's Signature
(If driver is not the policyholder)
Date & Time:



07/09/2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No. T/20200905/2052

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 07/09/2020

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

FORE ACCIDENT STATEMENT

DATE: 5th September 2020		TIME: 13:55		(hh:mm) 24 hrs Format	
LOCATION THOMSON ROAD					
VEHICLE NUMBER SMS 567C					
INSURED NAME ZHU HUA					
NRIC / FIN S 7886939I			CONTACT: 8128 2446		
MAKE B.M.W		MODEL X1 SDRIVE18I LED NAV			
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					
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT					
POLICY NUMBER : SD20V03368 / VP C / R00					
NAME DRIVER : Zhu Hua				(<input checked="" type="checkbox"/>) SAME AS INSURED	
NRIC / FIN S 7886939I			CONTACT: 8128 2446		
DATE OF BIRTH: 06/11/1978					
DRIVING PASS DATE: 13 APR 2012					
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR					
GENDER: () MALE (<input checked="" type="checkbox"/>) FEMALE					
EMAIL ADDRESS:				(<input checked="" type="checkbox"/>) NO EMAIL	
ADDRESS OF DRIVER: 50 Newton Road #16-02 S(307991)					
Number Of Passenger Include Driver: 3					
(1) Zhu Hua Female (3) Dela Cruz Linea Atria Female					
(2) Zhang Wen Jun Male					
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO					
If No, Relationship Of The Driver With The Insured					
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others					
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:					
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: () Clear () Raining (<input checked="" type="checkbox"/>) Drizzling () Others					
Road Surface : () Dry (<input checked="" type="checkbox"/>) Wet () Others					
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO					
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES (<input checked="" type="checkbox"/>) NO					
If YES, Injured details : Zhu Hua					
(2) Dela Cruz Linea Atria					
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 () NO If Yes Attach Police Report					
Police Report Number (if any) 7/20200905/2052					
Details Of 3rd Party		Name / NRIC		No. of Paxs (incl'driver) Contact	
Veh B EN 3139 G				(2) / Not Sure ()	
Veh C				() / Not Sure ()	
Veh D				() / Not Sure ()	
Veh E				() / Not Sure ()	
Veh F				() / Not Sure ()	
Veh G				() / Not Sure ()	



SINGAPORE POLICE FORCE



T/20200905/2052

1 of 3

Report No. T/20200905/2052

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2020 15:53	Vide Report No.: E/20200905/0100	Station Diary No.: 54
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Informant's Particulars

Name of Informant: ZHU HUA			Address: 50 NEWTON ROAD #16-02 SINGAPORE 307991	
ID Type / ID No.: NRIC NO / S78869391			Contact No.: Home/Office: Mobile: 8128 2446	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 41	Date of Birth: 06/11/1978	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: BANKER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/09/2020 02:55	Type of Location: X-Junction
Location: THOMSON ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EN3139G	Car	TOYOTA	COROLLA ALTIS STANDARD AUTO	Grey		1
SMS567C	Car	BMW	B.M.W. X1 SDRIVE18I LED NAV	White		2



SINGAPORE POLICE FORCE



T/20200905/2052

2 of 3

Report No. T/20200905/2052

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	ZHU HUA	ID No:	S7886939I
Related Vehicle	NIL	Contact No.	8128 2446
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/09/2020 at about 1355hrs, I was driving my vehicle SMS567C along Newton Road utmost right lane, turning right into Thomson Rd. As the traffic light turn green in my favour, I gradually accelerate my vehicle, as I was moving, I noticed that the grey vehicle EN3139G beside my lane was getting closer and the collision happened.

I felt that it was unsafe to stop the car at the traffic junction, as such I moved my vehicle forward into Thomson Rd, until the front of United Square. I saw a male subject chasing behind my vehicle and started snapping photos and filming videos of my car, myself and my passengers. I was afraid and did not stepped out from my vehicle. Subsequently, I called for the police and waited for the police arrival.

I wish to state that my children and I did not sustain any form of injuries in this accident. There are scratches on the side of my vehicle on the left front bonnet and the rear left passenger door. My in-car camera was not recording at the point of the accident.
I was advised by the police to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20200905/2052

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3

Report No. T/20200905/2052

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 3 TRICIA NG CHU ER

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Authentication Stamp
NP168



SIGNATURE

Signature Of Informant:

Date/Time:

05/09/2020 15:53

Classification Of Case:

SN 72

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:

ZHU HUA

Date of Issue:

20 Mar 2020

Registration No.:

SMS567C

Effective Date of Commencement:

17 Mar 2020 00:00

Chassis No.:

WBAJG12090EG23803

Certificate No.:

SD20V03368/ VPC / R00

Date of Expiry:

26 Mar 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

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I S\$600, Additional Excess for Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0

Name of Finance Company:

UNITED OVERSEAS BANK LIMITED

Name of Producer:

SD CONTEGO SERVICES (A1429-2)

PLUG-PLUG/SD/03/03/20-Mar-2020/Notes/CI/1.0

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 939I

Vehicle Details

Vehicle No.: SMS567C

Vehicle to be Exported: Yes

Intended Deregistration Date: 07 Sep 2020

Vehicle Make: B.M.W.

Vehicle Model: X1 SDRIVE18I LED NAV

Primary Colour: White

Manufacturing Year: 2018

Engine No.: 41415434B38B15A

Chassis No.: WBAJG12090EG23803

Maximum Power Output: 103.0 kW (138 bhp)

Open Market Value: \$34,049.00

Original Registration Date: 27 Sep 2018

First Registration Date: 27 Sep 2018

Transfer Count: 1

Actual ARF Paid: \$39,669.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 26 Sep 2028

PARF Rebate Amount: \$29,751.00

Intended COE Rebate Details

COE Expiry Date: 26 Sep 2028

COE Category: E - Open - all except motorcycle

COE Period(Years): 10

QP Paid: \$32,000.00

COE Rebate Amount: \$25,045.00

Total Rebate Amount: \$54,796.00

The information contained herein is correct as at 07 Sep 2020

OK