

NATIONAL Assessment Centre Services. (part 1 of 2) **MAA120089519**

Date In: 13/10/2020 14:22	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP2001104614	SAS e-Milling		
Veh No: SLM 484B	E-mail (kjsa 3hrs, AIG 3hrs)		
Q.O.A. 13/10/2020 08:30	I-Motor Claims Form		
OID TP Reporting Only	I-Motor W/O (With: OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Whse / INC Assign Whse / OW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: EK 16889	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 ()	
() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of rapblur.		
() 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: _____

NA2005385	Driver/Owner:	1) All Accident Reporting (330)	
Contract No:		2) DA: Damage Assessment (\$100) INC (110)	
Damage Portion:		3) TP: Towing Fee	\$40/45
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey	\$120
		5) PT: Follow-Through Survey (Resurvey)	\$30
		6) TR: Re-inspection	\$160
		7) NI: (Use DA + SMRT Survey)	
		8) NIUC Additional Services	
		9) NI: Courtesy Car / Tpt Allowance	\$3
		10) NI: Repairs Coordination	\$23
		11) NI: Post Repair Inspection	\$3
		12) NI: DV / Collect Excess Coordination	\$40
		13) NI: (NI) TP Form INC	\$30
		14) NI: (NI) Mobile	
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	13/10/2020 14:22
Date Of Accident	13/10/2020 08:30
Exact Location Of Accident	DAIRY FARM SLIP RD TOWARDS UPPER BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM484B
Insured/Policyholder	
Name Of Registered Owner	YAP SU YAN
NRIC No	SXXXX369A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83387487
Alternative Phone No	OFFICE-83387487

Vehicle Particulars

Manufacturer	BMW
Model	X1
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	SD19V01925/VPC2/R01
Cover Note Number	

Driver

Name of Driver	YAP SU YAN
NRIC No	SXXXX369A
Date Of Birth	18/02/1986
Occupation	INDOOR
Date Of Driving Pass	04/07/2015
Driving Experience	5 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83387487
Fax Number	
Contact Number	OFFICE-83387487
EMail Address	NOEMAIL

Address	11 TOH TUCK ROAD #03-30
Postcode	596290
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	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	EK1688S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96941823
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

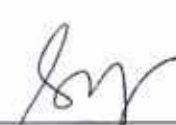
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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:

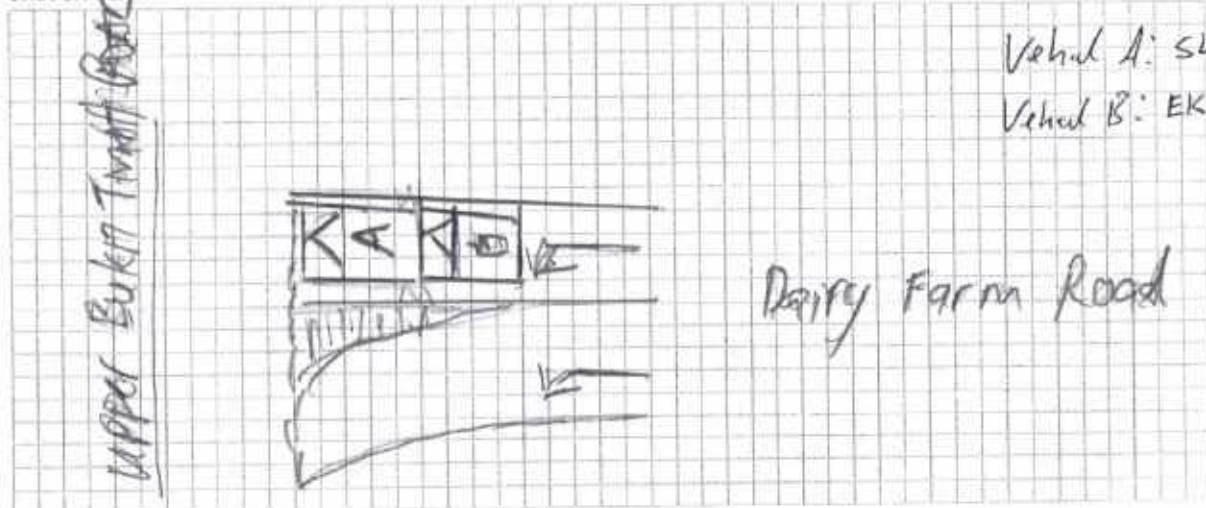


Driver's Signature
(If driver is not the policyholder)
Date & Time:


13/10/2022

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

SKETCH PLAN



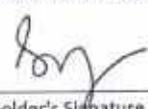
Vehicle A: SLM 484 B
Vehicle B: EK 1688 S


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Dairy Farm Road slip Road towards upper Bukit Timah Road. My vehicle (A) was on stationary on the give way junction giving way to on coming cars. Suddenly I felt an impact on the rear of my vehicle. I came down from my vehicle (A) and notice that vehicle (B) have collided on the rear portion of my vehicle (A).

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 13 OCT 2020	TIME: 0830HRS	(hh:mm) 24 hrs Format
LOCATION: Dairy Farm Slip Road towards Upper Bukit Timah Road.		
VEHICLE NUMBER: SLM 484B		
INSURED NAME: YAP SU YAN		
NRIC / FIN: S8682369A	CONTACT: 8338 7487	
MAKE: BMW	MODEL: X1	
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: SD19V01925 / VPC2 / R01		
NAME DRIVER: (<input checked="" type="checkbox"/>) SAME AS INSURED		
NRIC / FIN:	CONTACT:	
DATE OF BIRTH: 18 FEB 1986		
DRIVING PASS DATE: 04 JUL 2015		
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER: () MALE (<input checked="" type="checkbox"/>) FEMALE		
EMAIL ADDRESS:	() NO EMAIL	
ADDRESS OF DRIVER: 11 TOH TUCK ROAD #03-30 SINGAPORE 596290		
Number Of Passenger Include Driver: DRIVER ONLY		
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: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Other		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Other		
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:		
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)
Veh B EK 1688 S		() / Not Sure (<input checked="" type="checkbox"/>)
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()
		Contact 96941823

Certificate of Insurance

THE 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
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD19V01925 /VPC2 /R01
Form	MX1
Date of Issue	11-FEB-2019
1.Index Mark and Registration No. of Vehicle:	SLM484B
2.Chassis number of Vehicle:	WBAHS120705H48103
3.Name of Policyholder:	YAP SU YAN
4.Effective date of Commencement of Insurance for the purposes of the Act:	20-MAR-2019 00:00 AM
5.Date of Expiry of Insurance:	19-MAR-2021 23:59 PM
6.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.	
7.Limitations as to use*:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8.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.	
<small>*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.</small>	
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  <hr style="width: 200px; margin-left: auto;"/> Authorised Signature	

<small>For Information only</small> COVERAGE: SUM INSURED: EXCESS: FINANCE COMPANY: PRODUCER NAME:	Comprehensive, Unlimited Windscreen MARKET VALUE AT THE TIME OF LOSS Section I: S\$800, Young & Inexperienced Drivers: S\$2500, Windscreen Excess: S\$30 SD CONTEGO SERVICES
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