

# NATIONAL Assessment Centre Services. (Part 1 Jan 2009) SN 0920 C 70009

Date In: 7/12/20 10:52	Job description	Date & Time Completed	Done by
Ref No NA11IP20013437/64	SAS e-filing		
Veh No SMR 9878 B	E-mail (within 2hrs, AIC 2hrs)		
DDA 4/12/20 19:45:	I-Motor Claim Form		
OD <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: #	Fax:
TP Particulars:	Veh No: GBC 2861 D	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/Non-INC/Other)	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

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

Damage Details:	

NA2100227	Invoice/Registration Checklist	Amount (\$)	PAID (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OP:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non-INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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 Submission ..... 07/12/2020 10:52 (SGT)  
Date of Accident ..... 04/12/2020 19:45 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... CTE(SLE) BEFORE PIE CHANGI EXIT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR9878B

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MONALISA  
NRIC No ..... SXXXX937E  
Email Address ..... MONALISA.TAN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-92229972  
Alternative Phone No ..... +65-92229972

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E200  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD20V07295/VPC/R00  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MONALISA  
NRIC No ..... SXXXX937E  
Date Of Birth ..... 29/01/1984  
Occupation ..... Indoor



Date Of Driving Pass .....	25/04/2009
Driving experience .....	11 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92229972
Alt. Phone Number .....	+65-92229972
Email Address .....	MONALISA.TAN@GMAIL.COM
Address .....	1D PINE GROVE #09-13
Address complement .....	-
Postcode .....	593001
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	TAN YI MING JONATHAN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201204/7056

#### 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 .....	GBC2861D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MONALISA
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMR9878B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	TAN YI MING JONATHAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMR9878B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


## 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:

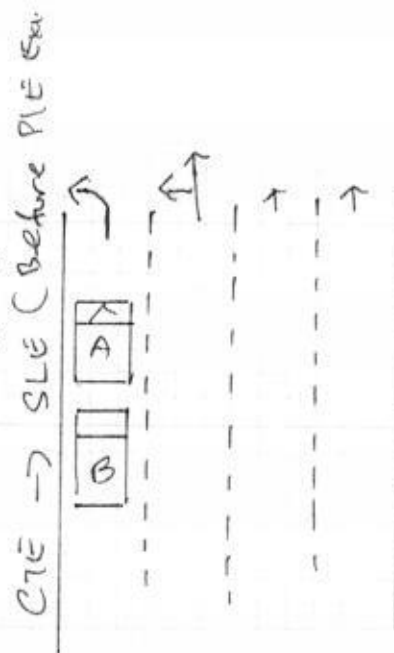
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

Veh A: SMR 9878B

Veh B: GBC 2861D




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time I vehicle A was stationary on the stated venue. Suddenly vehicle B came from behind and hit onto my vehicle rear portion.

## 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.:



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20201204/7056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/12/2020 21:54	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MONALISA			Address: 1D PINE GROVE #09-13 SINGAPORE 593001		
ID Type / ID No.: NRIC NO / S8473937E			Contact No.: Home/Office: Mobile: 92229972		
Nationality: SINGAPORE CITIZEN			Email: MONALISA.TAN@GMAIL.COM		
Sex: Female	Age: 36	Date of Birth: 29/01/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Consultant			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/12/2020 19:45	Type of Location: Flyover
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC2861D	Van					0
SMR9878B	Car	MERCEDES BENZ	E200	Grey	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20201204/7056

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR9878B	LIBERTY INSURANCE PTE LTD		09/07/2020	08/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	TAN YI MING JONATHAN		ID No.	S9024596A
Related Vehicle	SMR9878B (Car)		Contact No.	92476405
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/12/2020		Date	04/12/2020
No. of Days granted Medical Leave		03	Degree of	Serious
Driver				
Name	MONALISA		ID No.	S8473937E
Related Vehicle	SMR9878B (Car)		Contact No.	92229972
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/12/2020		Date	04/12/2020
No. of Days granted Medical Leave		03	Degree of	Serious

**Brief Details.**

On the stated date and time I was stationary on the stated venue. Suddenly a van came from behind and hit onto my vehicle rear portion.  
I felt pain in my neck and lower back and proceed to see the clinic unihealth clinic bedok and was given 3 days MC.





**SINGAPORE  
POLICE FORCE**



T/20201204/7056

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20201204/7056

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

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

Date/Time:  
04/12/2020 21:54

Classification Of Case:

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

<b>Name of Policyholder:</b> MONALISA		<b>Certificate No.:</b> SD20V07295/ VPC / R00
<b>Date of Issue:</b> 09 Jul 2020	<b>Effective Date of Commencement:</b> 09 Jul 2020 08:46	<b>Date of Expiry:</b> 08 Jul 2021 23:59
<b>Registration No.:</b> SMR9878B	<b>Chassis No.:</b> WDD2383422F009719	<b>Type of Certificate:</b> 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 - Named Drivers S\$1500, Section I - Unnamed Drivers S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	DBS BANK LTD
Name of Producer:	CHEE XIANG WAN KENNY (A1920)

Date :

Vehicle Number :

Ref: Authorised Letter

I, Monalisa, (Owner / Driver Name)

SB473937E (NRIC / FIN Number) SMR 98788 (Vehicle No.) authorise

AP AUTOMOBILE SERVICES PTE LTD to do & submit accident report (GIA REPORT) on behalf  
of me /we.

Thank you.

Best Regards,



**SINGAPORE ACCIDENT STATEMENT**

TYPE OF CLAIMS : OWN DAMAGE ( ) 3rd PARTY ( / ) REPORTING ONLY ( )

DATE OF ACCIDENT : 4/12/2020 TIME : 1945 HRS

LOCATION : CTE (SLE) BEFORE PIE CHANGI EXIT.

VEHICLE NUMBER : SMR 9878B MAKE/MODEL MERCS E200

OWNER INSURED : MONALISA

NRIC NO. : 88473937E CONTACT NUMBER: 9222 9972

INSURANCE COMP: LIBERTY POLICY NUMBER:

TYPE OF INSURANCE: COMPREHENSIVE ( / ) TPFT ( ) 3RD PARTY ONLY ( )

**DRIVER PARTICULAR****DRIVER SAME AS OWNER:** ( )

DRIVER NAME : AS Above NRIC NO.:

ADDRESS: 1D PINE GROVE #09-13 POSTAL: 593 001

CONTACT: EMAIL: monalisa.tan@gmail.com GENDER:

DOB: 29/1/1984 DATE OF PASS:

**(PLEASE TICK AND FILL THE RELEVANT CHOICES)**

WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY ( ) YES ( / ) NO

IF NO, RELATION OF DRIVER WITH INSURED:

( / ) OWNER ( ) SPOUSE ( ) FRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING ( ) OTHERS

WEATHER CONDITION: ( / ) CLEAR ( ) RAINING ( ) DRIZZLING

ROAD SURFACE: ( / ) DRY ( ) WET ( ) SLIPPERY

WAS ANYBODY INJURED: ( / ) YES ( ) NO INJURIES SUSTAINED :

WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION:

( / ) YES ( ) NO POLICE REPORT NUMBER:

ANY VIDEO CAPTURED: ( ) YES ( ) NO CONVEY BY AMBULANCE ( ) YES ( / ) NO

NUMBER OF PASSENGER INCLUDE DRIVER: 01

PARTICULAR OF PASSENGER : Tan Yi Ming Jonathan ( / ) MALE ( ) FEMALE

( ) MALE ( ) FEMALE

( ) MALE ( ) FEMALE

( ) MALE ( ) FEMALE

**(THIRD PARTY PARTICULAR)**

VEHICLE B GBC 2861D NAME /NRIC: CONTACT:

VEHICLE C NAME /NRIC: CONTACT:

VEHICLE D NAME /NRIC: CONTACT:

VEHICLE E NAME /NRIC: CONTACT:

VEHICLE F NAME /NRIC: CONTACT:

VEHICLE G NAME /NRIC: CONTACT:

**WITNESS (IF ANY)**

NAME: HP NO.: NRIC:

\* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT\*