

NATIONAL Assessment Centre Services. (wef 1 Jan 2003) SM 092007000D

Date In: 7/12/20 12:02	Job description	Date & Time Completed	Done by
Ref No: NA1 LIP 20013441h4	SAS e-filing		
Veh No: SMD 9848L	E-mail (within 3hrs, A/C 2hrs)		
IDA: 4/12/20 11:30	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't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / GW: (Tel: (Fax: (
TP Particulars:	Veh No: SGM 6999C	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 rep/rep.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 6999C 6999C)	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	Assigned to

NA2100225	Invoice Declaration Checklist
Driver/Owner:	1) AR: Accident Reporting (\$30); INC (\$30) 30.00
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30) 540/545
Damaged Portion:	3) TP: Towing Fee \$120
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$30
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	9) NI: Idao Mobile 30
	*NS: Courtesy Car / Tpt Allowance \$3
	*NG: Repair Co-ordination \$10
	*NJ: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$3
	TP (NI): TP (INC) against INC \$20
	Fee Charged
	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 12:02 (SGT)
Date of Accident	04/12/2020 11:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE TWDS CITY AFTER BUONA VISTA EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9848L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIU CHUNG TAUG
NRIC No	SXXXX355D
Email Address	CANDYMISSZHOU@163.COM
Mobile Phone No	(Phone) +65-86184872
Alternative Phone No	+65-86184872

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E43
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	SI20V11373/PC/R02
Cover Note Number	-

DRIVER

Name of Driver	LIU CHUNG TAUG
NRIC No	SXXXX355D
Date Of Birth	10/04/1959
Occupation	Indoor

Date Of Driving Pass	15/07/1978
Driving experience	42 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86184872
Alt. Phone Number	+65-86184872
Email Address	CANDYMISSZHOU@163.COM
Address	83 HILLVIEW AVE #09-08
Address complement	-
Postcode	669583
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	ZHOU MEI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM6999C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN6409A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	LIU CHUNG TAUG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMD9848L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ZHOU MEI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMD9848L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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:



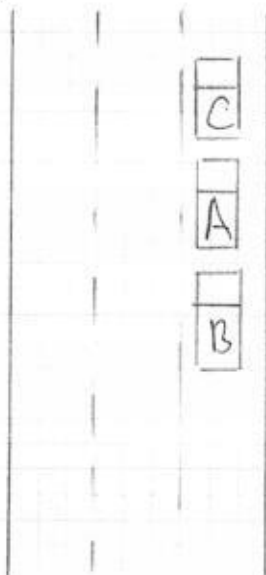
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

AYE
Innards City
Aft Bueno
Vista Exit



- (A) smd 9848L
- (B) sgm 6999C
- (C) SLN 6409A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04.12.2020 at about 11:30hrs, I was travelling along AYE Innards City Aft Bueno Vista Exit. Ahead of me, there's a vehicle slow down & stop, I follow suit. All of a sudden I felt an hard impact from the rear. Then I realised a vehicle sgm 6999C had collided onto my rear. Due to the impact, my vehicle had moved forward and collided with SLN 6409A.

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.:

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:

LIU CHUNG TAUG

Date of Issue:

07 Sep 2020

Effective Date of Commencement:

14 Sep 2020 00:00

Certificate No.:

SI20V11373/ VPC / R02

Date of Expiry:

13 Sep 2021 23:59

Registration No.:

SMD9848L

Chassis No.:

WDD2130642A414062

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 1 - Named Drivers S\$3500, Section 1 - Unnamed Drivers S\$4000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

Name of Producer:

AETNA INSURANCE BROKERS PTE LTD (B9113-5)

Date :

Vehicle Number :

Ref: Authorised Letter

I, LIU CHUNG TAN, (Owner / Driver Name)

S2193355D (NRIC / FIN Number) SMD 9848L (Vehicle No.) authorise

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

Thank you.

Best Regards,



HOLD FIRST If my SIOK

CARROT DO THEM YOU HARP MFR

THANKS

SINGAPORE ACCIDENT STATEMENT

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

DATE OF ACCIDENT : 04.12.2020 TIME : 1130hrs
LOCATION : AYE TRD City Aff Bando LATA Exit

VEHICLE NUMBER : Smb 9949L MAKE / MODEL : Mercedes Benz E43 AMG Premium Aut.
OWNER INSURED : LIU CHUNG THUG
NRIC NO. : 82193355D CONTACT NUMBER : 8618 4872
INSURANCE COMP: POLICY NUMBER:
TYPE OF INSURANCE: COMPREHENSIVE () TPFT () 3RD PARTY ONLY ()

DRIVER PARTICULAR

DRIVER SAME AS OWNER: (✓)

DRIVER NAME : NRIC NO.:

ADDRESS: 83 Hillview Avenue # 09-08 POSTAL: 6695 93

CONTACT: 86184872 EMAIL: Candy.misszhou@163.com GENDER: m

DOB: 10.04.1979 DATE OF PASS: 15.07.1979

(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 : Both injured

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: 2 passengers include driver

PARTICULAR OF PASSENGER : Zhou mei () MALE (✓) FEMALE
() MALE () FEMALE
() MALE () FEMALE
() MALE () FEMALE

(THIRD PARTY PARTICULAR)

VEHICLE B	S6m 6999C	NAME /NRIC:	CONTACT:
VEHICLE C	SLN 6409A	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*