

NATIONAL Assessment Centre Services.

part 1 Jan 2021 SN 092125000A

Date In: 05/02/2021 11:54	Job description	Date & Time Completed	Done by
Ref No NA/LIP21001731/h4	SAS e-filing		
Veh No SLR 8558T	E-mail (within 3hrs, A/C 2hrs)		
DDA : 04/02/2021 19:59	I-Motor Claim Form		
(01) - TP : Reporting Only	I-Motor W/O (withln: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Profund Wksp / INC Assign Wksp / QW: () Toll: () Fax: ()

TP Particulars: Vch No: SLO 2632A 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	Date & Time Completed	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: _____

Location: _____

NA2101438	Invoice Registration Charge	30	
Claimants Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bugr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Adaptors Comments:	6) TR: Re-inspection \$75		
Call ID:	7) NI: Idao DA + EMRT Survey \$160		
2/23	8) NTUC Additional Services:		
	01) *NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$3		
	TP (NI1) TP (IS-in INC) against INC \$20		
	9) NI2: 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	05/02/2021 11:54 (SGT)
Date of Accident	04/02/2021 19:50 (SGT)
Exact Location of Accident	637 Hougang Ave 8, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8558T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALOYSIUS NG KIM CHWEE
NRIC No	SXXXX230C
Email Address	ALLSTONNG@GMAIL.COM
Mobile Phone No	(Phone) +65-90701212
Alternative Phone No	+65-90701212

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V07697/VPC/R01
Cover Note Number	-

DRIVER

Name of Driver	ALLSTON NG WEI QIANG
NRIC No	SXXXX973C
Date Of Birth	27/05/1995
Occupation	Indoor

Date Of Driving Pass	23/06/2014
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91151397
Alt. Phone Number	-
Email Address	ALLSTONNG@GMAIL.COM
Address	8A SUNRISE AVENUE
Address complement	-
Postcode	806671
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD2632A
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) -

SKETCH PLAN

IMPORTANT NOTICE

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



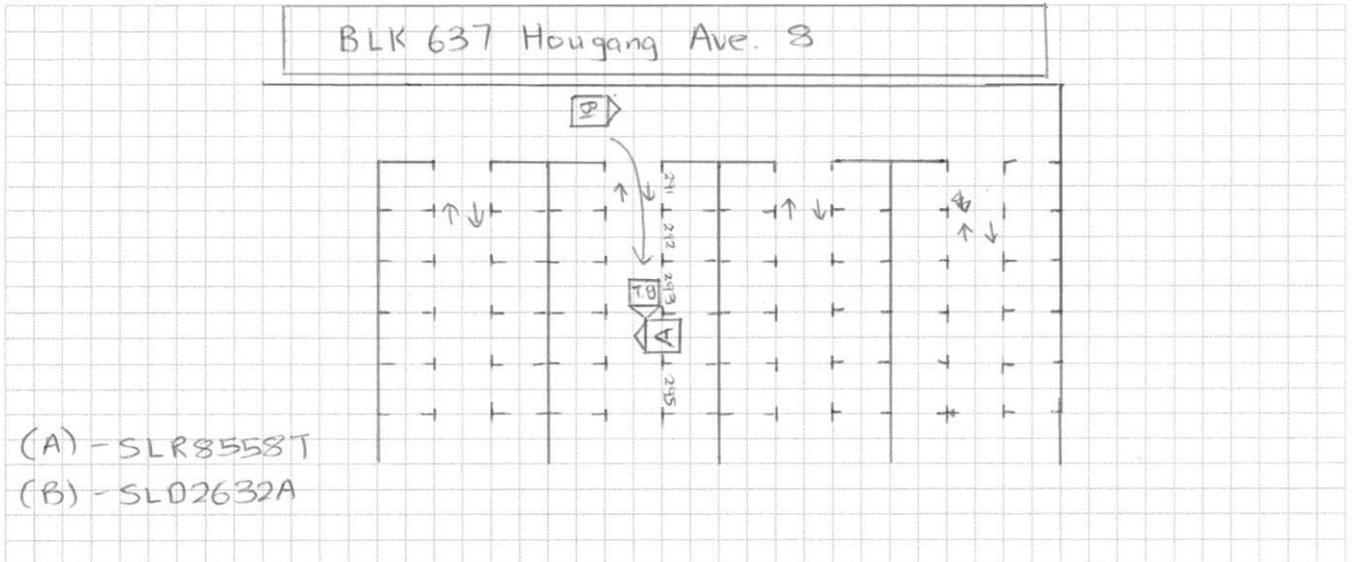
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



(A) - SLR8558T

(B) - SLD2632A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 04/02/2021 @ about 7.50P.M, at lot No. 294 of Blk 637
 Hougang Ave 8 Carpark. I ^{inched forward and wanted} wanted to reverse into the above
 mentioned lot number to straighten my vehicle ^(A) and I did so
 after checking that the entire driveway was clear. Before I could
 start reversing, a vehicle ^{suddenly} (B) turned right into the driveway I was
 on and collided into the right front portion of my vehicle (A),
 causing damages to my vehicle. I would like to state that
 vehicle (B) was driving at high speed without cautious in the
 carpark.

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.:

Name of Producer: SD CONTEGO SERVICES (A1429-5 PML)		Policy No.: SI20V07697/VPC/R01/E00
Date of Issue: 11 Jun 2020	Previous Policy No.: SD19V06940	

Details of Insured

Name of Insured: ALOYSIUS NG KIM CHWEE		NRIC/FIN No.: S1386230C
Mailing Address: 8A SUNRISE AVENUE, FLORIDA PARK, SINGAPORE		Postal Code (806671)
Period of Insurance (both dates inclusive): From: 29 Jun 2020 00:00 To: 28 Jun 2021 23:59		Occupation:

Details of Vehicle

Registration No.: SLR8558T	Make and Model: BMW 116D 5DR HATCH DSC LED	Type of Body: HATCHBACK
Capacity/Tonnage: 1496 C.C	Seating Capacity Including Driver: 5	Year of Manufacture/Registration: 2017 / 2017
Chassis No.: WBA1V72090V944956	Engine No.: 39599937B37D15A	Sum Insured: MARKET VALUE AT THE TIME OF LOSS
Hire Purchase Owner/Leasing Company: DBS BANK LTD		
Operative Endorsements: V0001, V0009, V0013, V0095, V0097, V0152, V0225, V0233, V0236, V0281, V0289, Z011		

Details of Coverage

Type of Plan:	Pte Car - Standard Plan (Comprehensive)
Excess:	Section I S\$ 400.00 Additional Excess for Young & Inexperienced Drivers S\$ 2,500.00 Windscreen Excess S\$ 0.00
Additional Coverage(s):	Unlimited Windscreen , NCD Protection
Name of Driver(s):	ALOYSIUS NG KIM CHWEE, ALLSTON NG WEI QIANG
Basic Premium:	S\$ 2,974.99
Discounts:	No Claim Discount (50%), Offence Free Discount (5%)
Prevailing GST (7%):	S\$ 98.92
Total Premium Payable Inclusive of Prevailing GST (7%):	S\$ 1,512.04

This Schedule replaces any other Schedule. This Schedule and Policy are to be read together as one contract. Persons or classes of persons entitled to drive and limitations are to use, are as specified in the Certificate of Insurance issued in relation to this policy.

Date: 11 Jun 2020 17:00


 For and on behalf of
LIBERTY INSURANCE PTE LTD

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: ALOYSIUS NG KIM CHWEE		Certificate No.: SI20V07697/ VPC / R01
Date of Issue: 11 Jun 2020	Effective Date of Commencement: 29 Jun 2020 00:00	Date of Expiry: 28 Jun 2021 23:59
Registration No.: SLR8558T	Chassis No.: WBA1V72090V944956	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.		
<p>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.</p> <p>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.</p>		
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, NCD Protection
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$400, Additional Excess for Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0
Name of Finance Company:	DBS BANK LTD
Name of Producer:	SD CONTEGO SERVICES (A1429-5)

VEHICLE NO: SLR8558T

MAKE & MODEL : BMW 116D

AUTO / MANUAL

DATE OF ACCIDENT	04 10 2021	*C.C. 1,500
TIME OF ACCIDENT	7.50 AM / <input checked="" type="radio"/> PM	
LOCATION OF ACCIDENT	637 Hougang Ave. 8 Carpark	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Aloysius Ng Kim Chwee	
EMAIL: allstonng@gmail.com	Office:	MOBILE: 90701212
NRIC	S1386230C	
CLAIM TYPE	<input checked="" type="radio"/> OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="radio"/> NO ?	
INSURANCE CO.	Liberty	
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	S120V07697/VPC/RO1	
NAME OF DRIVER	AS ABOVE / IF NO. Allston Ng Wei Qiang	
NRIC	S9518973C	
DATE OF BIRTH	27 10 51 1995	
ANY PASSENGER	YES / <input checked="" type="radio"/> NO :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor	
DATE OF DRIVING PASS	23 10 61 2014	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTACT NO.	Mobile: 9115 1397	Office: Home:
EMAIL:		
ADDRESS	3A sunrise Avenue 5 (806671)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes: Reg No.	INSURER:
RELATIONSHIP	Employee / If No: Parent	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other:	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other:	
ANY INJURIES	<input checked="" type="radio"/> No / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<input checked="" type="radio"/> No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES. WHO?	
VEHICLE B NO.	SLD2632A	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES / NO	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="radio"/> YES / NO	
**WORKSHOP:	Advance Auto Garage	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	