

NATIONAL Assessment Centre Services.

[Part 1 Jan 2003]

SM09212P0008

Date In: 25/12/21 15:29	Job description	Date & Time Completed	Done by
Ref No: NA12IP21002617164	SAS e-Ming		
Veh No: SMW 5798Z	E-mail (within 3hrs, AIC 2hrs)		
IP A: 24/12/21 17:45	I-Motor Claim Form		
(IP) (TP) 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/VK32		

Preferred Wksp / INC Assign Wksp / QW: (Tel: *	Fax: *
TP Particulars:	Veh No: SLM 6628P	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 repolter.

() 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: _____

Date/Time	Actions

NA2101788	Vehicle Information	Amount	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30);	30	
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) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idau DA + EMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*NS: Courtesy Car / Tpl Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-n INC) against INC \$20		
	9) N12: Idau 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	25/02/2021 15:29 (SGT)
Date of Accident	24/02/2021 17:45 (SGT)
Exact Location of Accident	Airport Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW5798Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN YUEH YIN, JACQUALINE
NRIC No	SXXXX517H
Email Address	JACCYY@GMAIL.COM
Mobile Phone No	(Phone) +65-98796633
Alternative Phone No	+65-98796633

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	-
Cover Note Number	C0115382

DRIVER

Name of Driver	CHAN YUEH YIN, JACQUALINE
NRIC No	SXXXX517H
Date Of Birth	22/08/1985
Occupation	Indoor

Date Of Driving Pass	09/04/2009
Driving experience	11 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98796633
Alt. Phone Number	+65-98796633
Email Address	JACCYY@GMAIL.COM
Address	BLK 570C WOODLANDS AVE 1 #10-850
Address complement	-
Postcode	733570
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 - Major/Minor Rd
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM6628P
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

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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:

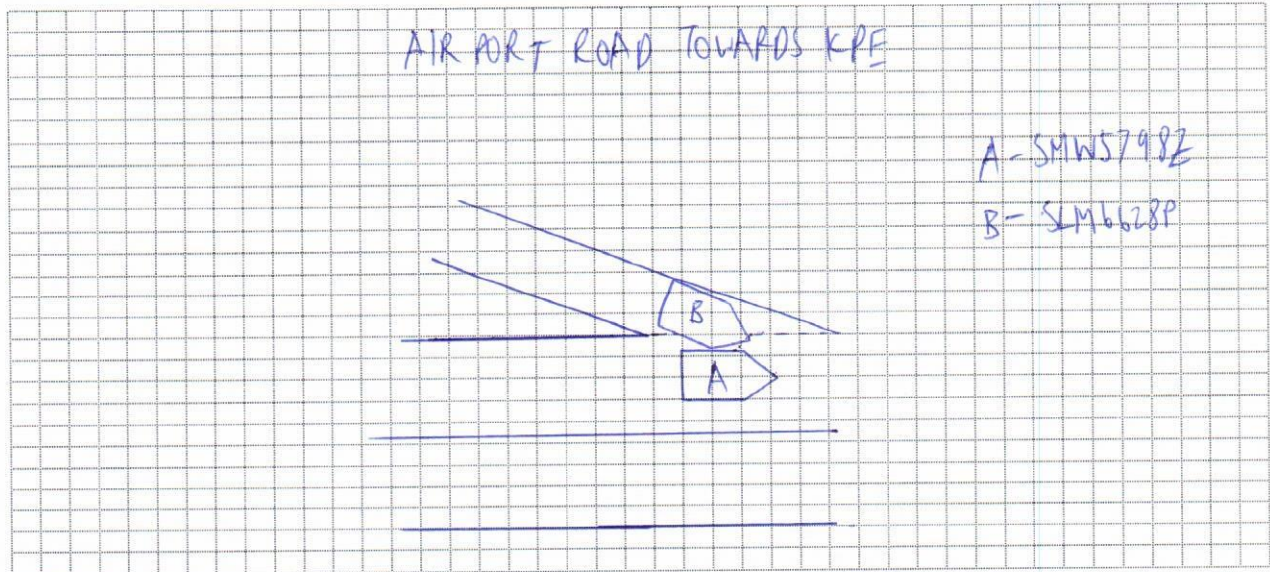
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN:

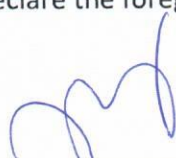


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING SLOWLY ALONG AIRPORT ROAD TOWARDS KPE AS TRAFFIC WAS HEAVY. SUDDENLY VEHICLE B DASH OUT FROM BARTLEY ROAD EAST FILTER LANE AND HIT ONTO THE LEFT SIDE OF MY VEHICLE.


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 Cover Note

Name of Producer:

SD CONTEGO SERVICES (A1429)

Date of Issue:

23 Feb 2021

Cover Note No.:

C0115382

Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

Name of Insured:	CHAN YUEH YIN, JACQUALINE		
Period of Insurance:	From: 24 Feb 2021 00:00	To: 23 Feb 2022 23:59	
Registration No.:	SMW5798Z		
Make and Model:	HYUNDAI AD AVANTE 1.6 GLS (A) S		
Type of Body:	SEDAN		
Capacity/Tonnage:	1591		
Year of Manufacture/Registration:	2019/2019		
Chassis No.:	KMHD841CMKU910777		
Engine No.:	G4FGKU147183		
Sum Insured:	MARKET VALUE AT TIME OF LOSS		
Name of Finance Company:	UNITED OVERSEAS BANK LIMITED		
Type of Plan:	Comprehensive		
Excess:	\$900		

The Motor Vehicle (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 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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.

Not valid unless counter-signed by authorized person.



Date: 23 Feb 2021 14:21



For and on behalf of

LIBERTY INSURANCE PTE LTD**IMPORTANT NOTICE**

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.


This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

Accident Reporting Draft

VEHICLE NO: SMW5798Z

MODEL: hyundai avante

AUTO/MANUAL

DATE OF ACCIDENT	24/2/2021	C.C: 1591
TIME OF ACCIDENT	1745	HRS AM/PM
LOCATION OF ACCIDENT	AIRPORT ROAD TOWARDS KPE	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	CHAN YUEH YIN, JACQUALINE MRS TAN-CHAN YUEH YIN, JACQUALINE	
CONTACT NO.	98796633	EMAIL: JACCYY@GMAIL.COM
NRIC	S8527517H	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P	
INSURANCE CO.	LIBERTY	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE	
NRIC	ANY PASSENGER: 0	
DATE OF BIRTH		
OCCUPATION	OUTDOOR / <u>INDOOR</u>	
DATE OF DRIVING PASS		
GENDER	MALE / FEMALE	
CONTACT NO.	98796633	EMAIL: JACCYY@GMAIL.COM
ADDRESS	APT BLK 570C WOODLANDS AVE 1 #10-850 S(733570)	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR	
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY	
ANY INJURIES	NO / IF YES: NO	
CONTACT NO.		
POLICE REPORT	NO / IF YES:	
VIDEO RECORDING	NO / YES	
VEHICLE B NO.	SLM6628P	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.		
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		