

NATIONAL Assessment Centre Services. [wef 1 Jan'09] **SN09214L000F**

Date In: 21/4/21 17:06	Job description	Date & Time Completed	Done by
Ref No: NA/LIP21005022/h4	SAS e-filing		
Veh No: SL238212	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/4/21 21:35	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: Fax: ()

TP Particulars: Vch No: SLW40765 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%, IP: 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 hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA 2102681

Claimant's Particulars:-

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Auditors' Comments:-

at 1: _____

at 2/3: _____

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		Inc Bill	Add Bill
1) AR: Accident Reporting (\$30);	INC (\$80)	30	
2) DA: Damage Assessment (\$100);			
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) N1: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
OD:			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Idao Mobile	30		
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	21/04/2021 17:06 (SGT)
Date of Accident	20/04/2021 21:35 (SGT)
Exact Location of Accident	Bartley Rd, Singapore
Additional Location Information	TOWARDS BARTLEY FLYOVER AFTER SERANGOON AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3821Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TUB MENG
Company Reg No	5XXXX352E
Email Address	CHANTUCKMENG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97415097
Alternative Phone No	+65-97415097

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V04865/VPL/R02
Cover Note Number	-

DRIVER

Name of Driver	CHAN TUCK MENG
NRIC No	SXXXX546H

Date Of Birth	29/01/1967
Occupation	Indoor
Date Of Driving Pass	10/02/1988
Driving experience	33 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97415097
Alt. Phone Number	-
Email Address	CHANTUCKMENG@YAHOO.COM.SG
Address	BLK 356 WOODLANDS AVE 5 #03-400 SINGAPORE
Address complement	-
Postcode	730356
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
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?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW4076S
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)	-



Date of Accident

: 20/04/2021 Accident Time: 2135 (24-HR-Format)

Accident Place

: Bartley rd (towards bartley flyover) after serangon ave 1

Vehicle No. (Car Plate No.)

: SLZ 3821Z Make/Model: Renault scenic

Insurance Company

: Liberty insurance Policy No: SI21V04213/VPL/RDS

Owner or Company Name / IC No.

: TUB MANG - 53295352E

Owner or Company Contact No.

: 97415097 Owner's Hp Company Tel

DRIVER'S Name / IC No.

: Chan Tuck Meng / S1822546H

DRIVER'S Date Of Birth

: 29/01/1967 DRIVER'S License Pass Date 10/02/1988

Relationship of Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner

DRIVER'S Address

: Blk 356 Woodlands ave 5 #03-400 5730356

DRIVER'S Contact No. / Alt No.

: 1) 97415097 2)

DRIVER'S Occupation

: INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address

: chantuckmeng@yahoo.com.sg

Weather & Road Surface

: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type

: Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver):

2 pax include

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: SLW 40765

Vehicle No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender: SE

unknown - (F)

SKETCH PLAN

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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.

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated location on my vehicle A. suddenly vehicle B came from my left and collided into my vehicle left portion with its vehicle right portion.



Declaration

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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 352E

Vehicle Details

Vehicle No.: SLZ3821Z

Vehicle to be Exported: No

Intended Deregistration Date: 30 Apr 2021

Vehicle Make: RENAULT

Vehicle Model: SCENIC IV 1.5L DCI AT EU6

Primary Colour: Grey

Manufacturing Year: 2017

Engine No.: K9KF649D026802

Chassis No.: VF1RFA00159606257

Maximum Power Output: 81.0 kW (108 bhp)

Open Market Value: \$23,315.00

Original Registration Date: 30 Apr 2018

First Registration Date: 30 Apr 2018

Transfer Count: 0

Actual ARF Paid: \$14,641.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 Apr 2028

PARF Rebate Amount: \$10,980.00

Intended COE Rebate Details

COE Expiry Date: 29 Apr 2028

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$38,510.00

COE Rebate Amount: \$26,946.00


Total Rebate Amount: \$37,926.00

The information contained herein is correct as at 21 Apr 2021

OK

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SI20V04865 /VPL /R02
Form	MZ400B
Date of Issue:	16-Apr-2020
1. Index Mark and Registration No. of Vehicle:	SLZ3821Z
2. Chassis number of Vehicle:	VF1RFA00159606257
3. Name of Policyholder:	TUB MENG
4. Effective date of Commencement of Insurance for the purpose of the Act:	30-APR-2020 00:00
5. Date of Expiry of Insurance:	29-APR-2021 23:59
6. Persons or Classes of Persons entitled to drive*:	CHAN TUCK MENG
For Private Hire Vehicle (PHV) Usage :	
7. Limitations as to use*:	A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes.
8. Policy does not cover:	A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
*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  _____ Authorised Signature	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, Uber/Grabcar Usage: Restricted to Named Driver only
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	All Claims - For CHAN TUCK MENG Only \$6,000.00, All Claims \$3,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	
PRODUCER NAME:	AON SINGAPORE PTE LTD (AFFINITY)