

NATION 11 Assessment Centre Services

Date In: 18/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/LIP21005895/13	SAs e-filing		
Veh No: SFU16Z	E-mail (w/ 0hr. Max. Ad: 2hrs)		
D.O.A: 17/05/21 0825	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within 1d: 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: 5LT3892A 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%; F: 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)	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	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*N3: Courtesy Car / Tpt Allowance \$5			
	*N4: 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: Idac Mitate \$0			
	Invoice date: _____ Fee Charge: _____			
	Invoice total: _____ Work Charge: _____			

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	18/05/2021 09:15 (SGT)
Date of Accident	17/05/2021 08:25 (SGT)
Exact Location of Accident	Pioneer Rd North, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU16Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM HUN CHING
NRIC No	SXXXX999G
Email Address	LIM_HUN_CHING@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96669994
Alternative Phone No	+65-96669994

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V11622/VPE/R01
Cover Note Number	-

DRIVER

Name of Driver	LIM KAR ER
NRIC No	SXXXX548Z

Date Of Birth	27/03/1994
Occupation	Outdoor
Date Of Driving Pass	14/03/2013
Driving experience	8 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96669994
Alt. Phone Number	-
Email Address	LIM_HUN_CHING@HOTMAIL.COM
Address	1 GOODMAN ROAD
Address complement	-
Postcode	438966
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	AFTER RAIN
Road Surface	Wet

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

PLS REFER TO THE ATTACHED 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	SLT3892A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG FU FONG EARNEST
NRIC No	SXXXX223D
Contact Number	(Phone) +65-90082565
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:



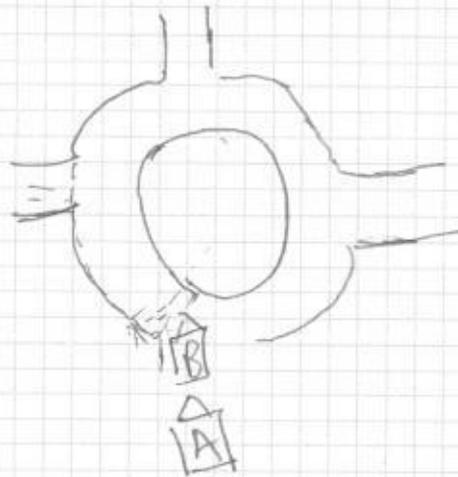
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 18/05/21

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

SKETCH PLAN

PIONEER RD NORTH



A - SFU162
B - SLT3892A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting for B vehicle to move when he jumpy brake and I hit him at his rear on 17 May 2021 at 8.25 am at Pioneer Road North.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Kanpa

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

stym 18/05/21

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

Date of Accident : 17 May 2021 Accident Time: 0825 (24-HR-Format)

Accident Place : Pioneer Road North

Vehicle Reg. No. (Car Plate No.) : SFU 16Z

Vehicle Make/Model : Toyota Altis

Insurance Company : Liberty Insurance Policy No. SI 20 V 11622 / VPE / 201

Owner or Company Name / IC No. : Lim Hun Ching / 512669996

Owner or Company Contact No. : 96669994 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : ~~512669996~~ 594105482

DRIVER'S Date Of Birth : ~~27 Mar 1994~~ DRIVER'S License Pass Date 14 Mar 2013

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : 1 Goodman Road S 438966

DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : lim_hun_ching@hotmail.com

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): 1

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

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLT 3892A

Vehicle Reg. No: SLT 3892A

Vehicle Make/Model: Mazda 3

Vehicle Make/Model: Mazda

Name Driver: _____

Name Driver: Ng Fu Fong Earnest

IC No. Driver: _____

IC No. Driver: S 2696223D

Driver's Contact & Add: _____

Driver's Contact & Add: 9008 2565

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: LIM HUN CHING		Certificate No.: SI20V11622/ VPE / R01
Date of Issue: 11 Sep 2020	Effective Date of Commencement: 09 Oct 2020 00:00	Date of Expiry: 06 Oct 2021 23:59
Registration No.: SFU16Z	Chassis No.: MR053REH104551623	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 I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	
Name of Producer:	LEE CHOON YIK (A1247-2)