

# NATIONAL Assessment Centre Services.

Form 1 Jan 2003

SN 97215640005

Date In: 04/06/2021 15:44	Job description	Date & Time Completed	Done by
Ref No: 8/BA/UP2006414/7	SAS e-filing		
Veh No: 89X 277U	E-mail (Subject line, A/C line)		
D.O.A: 04/06/2021 10:15	1-Motor Claim Form		
OD: TI / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No:	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 repair.
( ) 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: ( )
Damage: ( )
Other: ( )

Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idas DA + SMRT Survey	
	8) NTUC Additional Service	
	9) NI: Idas Mobile	
	10) NI: Idas Mobile	
	11) NI: Idas Mobile	
	12) NI: Idas Mobile	
	13) NI: Idas Mobile	
	14) NI: Idas Mobile	
	15) NI: Idas Mobile	
	16) NI: Idas Mobile	
	17) NI: Idas Mobile	
	18) NI: Idas Mobile	
	19) NI: Idas Mobile	
	20) NI: Idas Mobile	

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	04/06/2021 15:44 (SGT)
Date of Accident	04/06/2021 10:15 (SGT)
Exact Location of Accident	76 Playfair Rd, Singapore 367996
Additional Location Information	LHK 2 BUILDING
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX2777U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOO LAN SIE
NRIC No	SXXXX806E
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-96709775
Alternative Phone No	+65-96709775

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E63s
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
Transmission	Auto
CC	3982

## INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V00146/VPC/R02
Cover Note Number	-

## DRIVER

Name of Driver	LEE POH HOCK
NRIC No	SXXXX065J

Date Of Birth	19/11/1969
Occupation	Indoor
Date Of Driving Pass	23/04/1990
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96709775
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	38 CHUAN HOE AVENUE
Address complement	-
Postcode	549841
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
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)	0
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

PLEASE REFER TO SKETCH AND STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK8333L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-88288333
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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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.

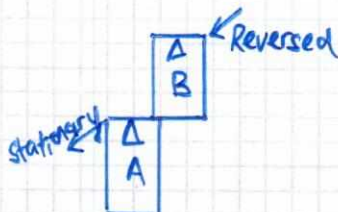
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

76 Playfair Form

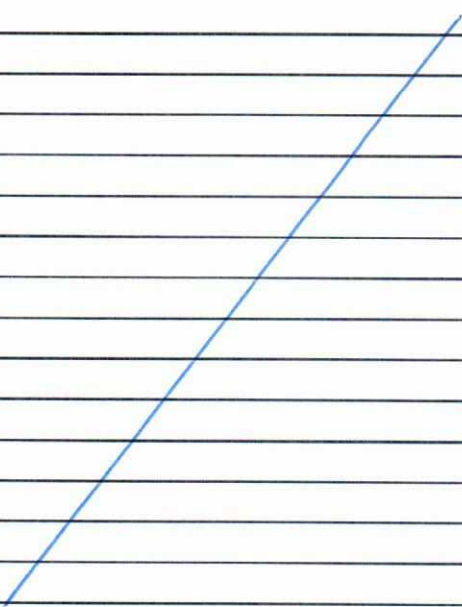


A: 56X2777U

B: 51K8333L

**Describe Circumstances of the Accident**

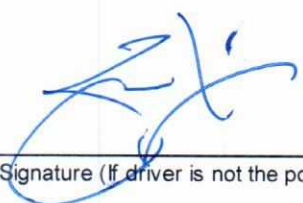
Refer to statement.

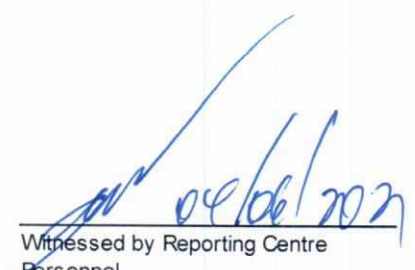


**Declaration**

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

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

**Accident statement**

***My vehicle was stationary parked on the stated venue. Vehicle (B) SLK8333L collided onto my vehicle while he was reversing.***

*04/06/2021*



**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 04 / 06 / 2021 (dd/mm/yy) Time of Accident: 10:15 ( 24-HR-FORMAT)  
Vehicle No: SGX2777U Vehicle Make & Model: Mercedes E63S  
\*Transmission: ☐ Manual ☒ Auto \*C.c: 3982  
Exact location of Accident: 76 playfare Rd #01-01 LHK 2 building  
Policyholder's Name: Loo Lan Sie NRIC/FIN/REG No: S7417806E  
\*Policyholder's email address: reporting@mycar.sg  
Driver's Name: Lee Poh Hock NRIC/FIN/REG No: S6941065J  
\*Driver's email address: reporting@mycar.sg  
Driver's Contact No: 96709775 Company Contact No (if any): \_\_\_\_\_  
Date of birth: 19 Nov 1969 Driving Pass Date: 23 APRIL 1990  
Driver's Address: 38 Chuan Hoe Avenue Singapore (549841)  
Insurance Company: Liberty  
Policy No.: \_\_\_\_\_ Type of Coverage: Comprehensive Third Party / Third Party, Fire & Theft  
Relationship between Owner & Driver: (Please **CIRCLE** one only)  
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_  
What do you wish to claim? (Please **TICK** one only)  
☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)  
Type of Accident  
☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☒ Other Damage whist park  
Occupation (nature job) ☒ Indoor / ☐ Outdoor \*No. of Passengers / Including Driver): 0  
\*Passenger Name: \_\_\_\_\_ Gender: Male / Female  
\*Passenger Name: \_\_\_\_\_ Gender: Male / Female  
Weather condition & Road conditions? (On the day of accident)  
☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_  
Was there any video captured by your car Car camera? ☒ Yes / ☐ No  
Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: \_\_\_\_\_  
Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_  
Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party (S) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SLK8333L  
Driver's Contact No: 88288333 Insurance Company: \_\_\_\_\_  
2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_  
Preferred Workshop Name: My Car Consultant Pte Ltd Contact No: 83447681



# 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; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

<b>Name of Policyholder:</b> LOO LAN SIE		<b>Certificate No.:</b> SD21V00146 /NPC /R02
<b>Date of Issue:</b> 28 Dec 2020	<b>Effective Date of Commencement:</b> 22 Jan 2021 00:00	<b>Date of Expiry:</b> 21 Jan 2022 23:59
<b>Registration No.:</b> SGX2777U	<b>Chassis No.:</b> WDD2130892A557491	<b>Type of Certificate of Insurance:</b> MX3
<b>Persons or Classes of Persons entitled to drive*:</b> LOO LAN SIE, LEE POH HOCK  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.		
<b>Limitations as to use*:</b> Use only for social, domestic and pleasure purposes and for the Policyholder's business.		
<b>The Policy does not cover:</b> 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 (Singapore) S\$8000, Section I (Outside Singapore) S\$16000, Windscreen Excess S\$700
Name of Finance Company:	MAYBANK SINGAPORE LTD
Name of Producer:	AETNA INSURANCE BROKERS PTE LTD (B9113-9)

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0921640005 Vehicle Registration No: SGX27774  
Name (as shown in NRIC): Lim Poh Hock NRIC/FIN/Passport No: SXXXX065J  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 9629774  
Email Address: \_\_\_\_\_  
Date of Accident: 04/06/2021 Time of Accident: 1015  
Place of Accident: 76 PLAYFAIR ROAD  
Insurance Company: LIBERTY

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle number is SGX27774.

Policyholder / Driver's Signature  
Date:

04/06/2021  
Reporting Centre Personnel's Signature  
Name: