

NATIONAL Assessment Centre Services

| | | | |
|--------------------------|---|------------------------|----------|
| Date In: 19/8/21 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA/UP21008725/TI | E-mail (within 8hrs. A/C 2hrs): | | |
| Veh No: SJK6462J | i-Motor Claim Form: | | |
| D.O.A: 18/8/21 | i-Motor W/O (Within: OD 2hrs, TP 4hrs): | | |
| OD: (P) Reporting Only | i-Photo Uploaded: | | |
| TP Insurer: | Assessment/Survey Report: | | |
| | Ass't Report by Fax / Hand to Owner/Wksp: | | |

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

TP Particulars: Veh No: XE 45669 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

NA2104384

| Claimant's Particulars :- | Invoice Preparation Checklist | |
|---------------------------------|---|-------------------|
| | Amt (\$) 1st Bill | Amt (\$) 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) iT: Follow-Through Survey (Resurvey) \$30 | |
| Cat. 1: | For claiming against INC Only (wef 10 Jan 2005) | |
| Cat. 2/3: | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idac 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: Idac Mobile 30 | |
| | 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 | 19/08/2021 16:33 (SGT) |
| Date of Accident | 18/08/2021 13:15 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | HARBOUR DRIVE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJK6462J |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | QUEK SOO MENG |
| NRIC No | SXXXX834G |
| Email Address | SOOMENGQ@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96478982 |
| Alternative Phone No | (Office) +65-96478982 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Corolla |
| 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 | 1598 |

INSURANCE COMPANY

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | SI20V11888/VPE/R01/E00 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | QUEK SOO MENG |
| NRIC No | SXXXX834G |

| | |
|--|-----------------------|
| Date Of Birth | 10/05/1957 |
| Occupation | Outdoor |
| Date Of Driving Pass | 20/06/1977 |
| Driving experience | 44 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96478982 |
| Alt. Phone Number | (Office) +65-96478982 |
| Email Address | SOOMENGQ@GMAIL.COM |
| Address | BLK 33 BALAM ROAD |
| Address complement | #07-01 |
| Postcode | 370033 |
| 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 - 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle 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? | Yes |
| Police Station Name | MacPherson Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18007449999 |
| Alt. Police Station Phone No | (Fax) +65-65476366 |
| Police Station Address | Blk 54 Pipit Road #01-82/84 Singapore 370054 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO T/20210819/2041

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 | XE4566Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |

| | |
|---|---|
| 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) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|--------------------|
| Name of injured person | QUEK SOO MENG |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | RIGHT ARM AND NECK |
| Injured person in which vehicle? | SJK6462J |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any willful 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. The 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.

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

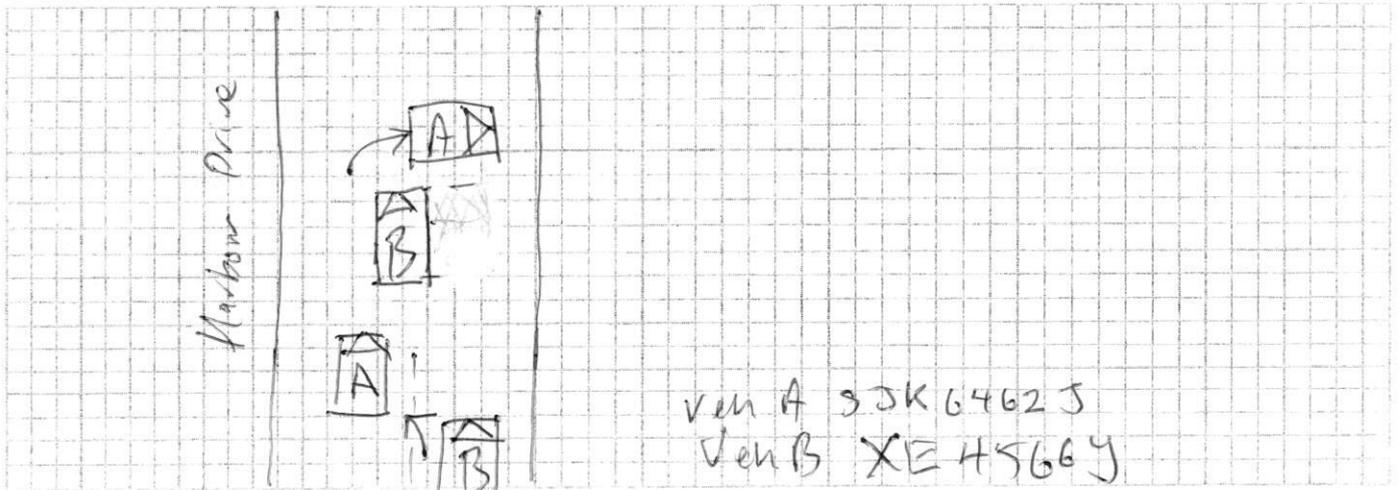
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Pasir Panjang
Automobile Terminal.



Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20210819/2041

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Name | QUEK SOO MENG | ID No. | S1245834G |
| Related Vehicle | SJK6462J | Contact No. | 96478982 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 19/08/2021 | Date Discharge | 19/08/2021 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | ONG ENG JOO | ID No. | F7017326M |
| Related Vehicle | XE4566Y | Contact No. | 96689557 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the above mentioned date, time and location. I was driving my vehicle in a two lane road with the another party towards TPAT Building 2, suddenly the truck wanted to change lane and hit the rear side of my car and my car skidded to the right and also hit onto his front right bumper that caused some scratches. My car was badly also damaged and both doors were badly dented. Both of us came out of our vehicles to take photo of the accident and damages. No Ambulance or traffic police was at scene. PSA site has the CCTV footage of the accident, however they do not allow me to view it. At night I felt pain on my right arm and neck, I then decided to go see a doctor today and I received 5 days MC. The doctor also prescribed to me some muscle relaxant pills, pain killers and gastric pills. I am lodging this report for my own record purposes and to claim insurances.



**SINGAPORE
POLICE FORCE**



T/20210819/2041

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 3

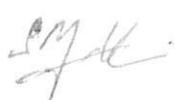
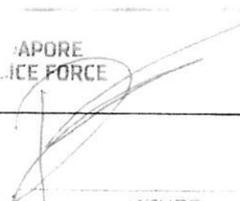
Report No. T/20210819/2041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| | |
|---|---|
| Signature Of Officer Recording The Report: G / Sgt 1 PHUA JIA JIN, DARREN | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 19/08/2021 12:45 |
| Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436 | Classification Of Case:  |

Authentication Stamp
NP168



ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 8 / 2021) (DD/MM/YYYY), TIME: (13 : 15) (HH:MM)

LOCATION: Harbour Drive

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJK 6462J
b) INSURANCE COMPANY: Liberty
c) POLICY NUMBER: S120V11888/VPE/RO1/E00
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota A115
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Quek Soo Meng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S124883461 CONTACT: 96478982
c) ADDRESS: BLK 55 Balam Rd #07-01 S120083

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

- *d) DATE OF BIRTH: (10 / 5 / 1957) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 20/6/1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: Macpherson NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XE4566Y MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
()

Email = soomengq@gmail.com

fax =

video =

Name of Producer:

LIM WEI KAI (A1365-2)

Date of Issue:

18 Sep 2020

Previous Policy No.:

SI19V11207

Policy No.:

SI20V11888/VPE/R01/E00

Details of Insured

Name of Insured:

QUEK SOO MENG

Mailing Address:

33 BALAM ROAD, 07-01, BALAM GARDENS, SINGAPORE

Period of Insurance (both dates inclusive):

From: 29 Oct 2020 00:00

To: 28 Oct 2021 23:59

NRIC/FIN No.:

S1245834G

Postal Code (370033)

Occupation:

Store Keeper

Details of Vehicle

Registration No.:

SJK6462J

Capacity/Tonnage:

1598 C.C

Chassis No.:

MR053ZEE106121425

Hire Purchase Owner/Leasing Company:

DBS BANK LTD

Operative Endorsements:

V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0145, V0152, V0224, V0233, V0237, V0249, V0276, V0281, Z011

Make and Model:

TOYOTA Corolla Altis 1.6

Seating Capacity Including Driver:

4

Engine No.:

3ZZ4804582

Type of Body:

SALOON

Year of Manufacture/Registration:

2008 / 2008

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Details of Coverage

Type of Plan:

Pte Car-Preferred Plan (Comprehensive)

Excess:

Section I - Named Drivers S\$ 600.00

Section I - Unnamed Drivers S\$ 1,100.00

Additional Excess for Young, Elderly & Inexperienced Drivers S\$ 3,000.00

Windscreen Excess S\$ 100.00

Additional Coverage(s):

Unlimited Windscreen

Name of Driver(s):

QUEK SOO MENG, Quek Yi Ting, Quek Wei Jie

Basic Premium:

S\$ 1,684.86

Discounts:

No Claim Discount (50%), Offence Free Discount (5%)

Prevailing GST (7%):

S\$ 56.02

Total Premium Payable Inclusive of

S\$ 856.33

Prevailing GST (7%):

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: 18 Sep 2020 03:12

For and on behalf of

LIBERTY INSURANCE PTE LTD