

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 01/09/21 | Job description | Date & Time Completed | Done by |
| Ref No: NA/LIP21009218/13 | SAS e-filing | | |
| Veh No: SBJ90M | E-mail (within 5hrs. Aft 2hrs) | | |
| D.O.A: 30/08/21 2300 | i-Motor Claim Form | | |
| OD (TP) Reporting Only | i-Motor W/O (Within 24hrs. TP 4hrs) | | |
| | 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: GBG1357D | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|---|----------------------|----------------------|
| NA2103870 | Invoice Preparation Checklist | Amt (\$) Est Bill | Amt (\$) Add Bill |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF : Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT : Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments :- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 1: | 6) TR : Re-inspection \$75 | | |
| Cat. 2 / 3: | 7) NI : Idac DA + SMRI Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *N5: Courtesy Car / TP Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11) : TP (N-n INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| | Invoice date / Fee Charged | | |
| | Invoice date / 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 | 01/09/2021 18:10 (SGT) |
| Date of Accident | 30/08/2021 23:00 (SGT) |
| Exact Location of Accident | Jln Besar, Singapore |
| Additional Location Information | JUNC OF DESKER ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------|
| Vehicle Registration Number | SBJ90M |
|-----------------------------|--------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | PAULINE NEW PING PING |
| NRIC No | SXXXX259E |
| Email Address | brennasim@gmail.com |
| Mobile Phone No | (Phone) +65-98759589 |
| Alternative Phone No | +65-98759589 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | RAIZE |
| 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 | 996 |

INSURANCE COMPANY

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | SD21V04982/VPC/R00 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------------|
| Name of Driver | BRENNA SIM QIAN TING |
| NRIC No | SXXXX915A |

| | |
|--|-------------------------|
| Date Of Birth | 20/09/1996 |
| Occupation | Indoor |
| Date Of Driving Pass | 08/03/2016 |
| Driving experience | 5 YEARS AND 5 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-98739589 |
| Alt. Phone Number | - |
| Email Address | brennasim@gmail.com |
| Address | 1A LORONG M TELOK KURAU |
| Address complement | - |
| Postcode | 425278 |
| 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 | Side Swipe |
| 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 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? | 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 | GBG1357D |
| 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) | - |

SKETCH PLAN

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 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")

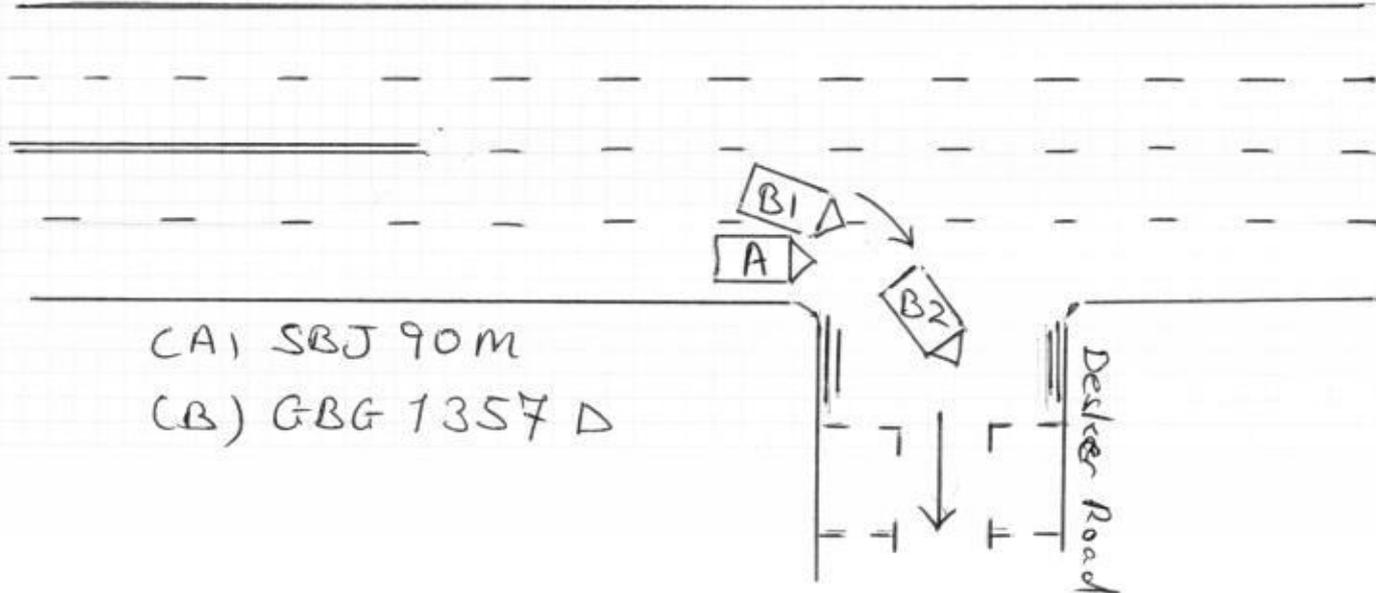
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 | <i>Bennon</i> Driver's Signature (If driver is not the policyholder) / Date & Time | <i>flynn 01/09/21</i> Witnessed by Reporting Centre Personnel |
|--|---|--|

Sketch Plan

Jalan Besar

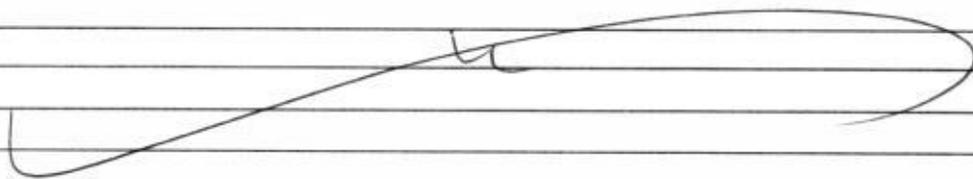


Describe Circumstances of the Accident

On 30/08/2021 at about 2300 hrs at Junction of Jalan Besar and Desker Road. My vehicle was stationary parked at the Right Road side along Jalan Besar at the above mentioned junction while alighting my friend. Suddenly a Vehicle (B) on my left veered into my lane without proper judgement while trying to make a Right turn into Desker Road and hence collided onto my left Front Portion of my Vehicle (A) causing damages to my vehicle.

(A) SRJ 90 M

(B) GBG 1357 D



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Prenna

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

shym 01/09/21

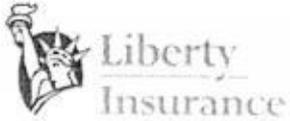
Witnessed by Reporting Centre Personnel

AWA Insurance
01/09/21

SINGAPORE ACCIDENT STATEMENT

| | | |
|---|--------------------------|----------------------|
| Accident Date: 30/8/21 | Time: 23:00 | (hh:mm) 24 hr format |
| Location Junction of Jalan Besar and Decker Road | | |
| Vehicle Number SBJ90M | | |
| Insured Name PAULINE NEW PINK PINK | | |
| NRIC/FIN S6841259E | Contact Number 9873 9589 | |
| Make TOYOTA | Model RAIZE 1.0XS CVT | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | |
| Insurance Company LIBERTY | | |
| Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only | | |
| Policy Number | | |
| Name of Driver BRENNA SIM QIAN TIAN () Same as Insured | | |
| NRIC/FIN S9633915A | Contact Number 9873 9589 | |
| Date of Birth 20-09-1996 | | |
| Driving Pass Date 08-09-1996 | 08/03/2016 | |
| Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor | | |
| Gender () Male (<input checked="" type="checkbox"/>) Female | | |
| Email Address BRENNASIM@GMAIL.COM | () NO EMAIL | |
| Address of Driver 1A LORONG M TELUK KURAY SINGAPORE 425278 | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | |
| If No, Relationship of the Driver with the Insured | | |
| () Owner () Spouse () Friend () Relative (<input checked="" type="checkbox"/>) Children () Sibling | | |
| Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | |
| Insurance Company of Driver's Own Vehicle | | |
| Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | |
| Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No | | |
| If yes, injured detail | | |
| Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No | | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | |
| DETAILS OF 3 rd party Name / Nric Contact | | |
| Veh B | 939 1357D | |
| Veh C | | |
| Veh D | | |
| Veh E | | |
| Veh F | | |

Include Driver 1 person only.



Certificate of Insurance

www.libertyinsurance.com.sg

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:

PAULINE NEW PING PING

Certificate No.:

SD21V04982/ VPC / R00

Date of Issue:

25 Mar 2021

Effective Date of Commencement:

19 Mar 2021 12:56

Date of Expiry:

18 Mar 2022 23:59

Registration No.:

SBJ90M

Chassis No.:

A200A0033548

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\$500, Section I - Unnamed Drivers S\$1000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 |
| Name of Finance Company: | MAYBANK SINGAPORE LTD |
| Name of Producer: | PRIME CARS CREDIT PTE LTD (A1410) |