

NATIONAL ASSESSMENT CENTER SERVICES, Inc. **SMC 88655**

Date In: **08/11/2021** 17:28  
 Ref No: **XBA/11P210113224**  
 Veh No: **SMZ 7876C**  
 DOA: **07/11/2021** 4:10

TP Reporting Only

TP Insurer

Job description: **SAS Billing**  
 Date & Time Completed: \_\_\_\_\_ Done by: \_\_\_\_\_

1. Motor Claim Form  
 1. Motor W/O (Vehicle ID, TP (URI)  
 1. Photo Uploaded  
 Assessment/Summary Report  
 1. Bill Report by Fax/Hand to Owner/Agent

Preferred Wksp/IRO Awt/II Wksp/ AWI ( ) Toll Fax

PI (Insured/Driver) ( ) Veh No: **SMC 88655** NO ( ) / Non-NO ( ) Toll

Owner/Driver ( )  
 Policy No ( ) Period ( ) Cover Type ( )

Confirmed by ( ) Date ( ) Time ( )

Insured/Driver Liability ( ) % (None-25% (WO) 25-50% (P1 25-75% (P1 75-100% (P1 80-100% (P1

Year of Registration ( ) Women/YES ( ) /NO ( )

Deductible ( ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Will-in Coverage & Customer Information is highly confidential & strictly NO for of retention

( ) Total Loss Case ( ) to email Insurer URGENTLY

Drive-In ( ) / Towed-In ( ) / Towed VNS ( ) / NO ( ) / Towing Cost ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QO Check/Post Repair Inspection ( )  
 3) Upload Summary Photo (Repair Cost > \$3,000) ( )

Injury ( )

**XBA2104849**

Driver/Owner	1) All Load on lower line (50)	NO ( )
Continous No	2) 24 Hourly Allowance (\$1000)	\$1000 ( )
Damage Portion	3) 24 Hourly Allowance	\$1000 ( )
QC Checked by (Engin-Clarity)	4) 24 Hourly Allowance (Repair)	\$1000 ( )
	5) 24 Hourly Allowance (Repair)	\$1000 ( )
	6) 24 Hourly Allowance	\$1000 ( )
	7) 24 Hourly Allowance	\$1000 ( )
	8) 24 Hourly Allowance	\$1000 ( )
	9) 24 Hourly Allowance	\$1000 ( )
	10) 24 Hourly Allowance	\$1000 ( )
	11) 24 Hourly Allowance	\$1000 ( )
	12) 24 Hourly Allowance	\$1000 ( )
	13) 24 Hourly Allowance	\$1000 ( )
	14) 24 Hourly Allowance	\$1000 ( )
	15) 24 Hourly Allowance	\$1000 ( )
	16) 24 Hourly Allowance	\$1000 ( )
	17) 24 Hourly Allowance	\$1000 ( )
	18) 24 Hourly Allowance	\$1000 ( )
	19) 24 Hourly Allowance	\$1000 ( )
	20) 24 Hourly Allowance	\$1000 ( )

# 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 ..... 08/11/2021 17:28 (SGT)  
Date of Accident ..... 07/11/2021 11:10 (SGT)  
Exact Location of Accident ..... Second St, Singapore  
Additional Location Information ..... TOWARDS THIRD STREET (JUNCTION OF FIRST STREET)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMZ7876C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE CHUN KIT  
NRIC No ..... SXXXX812C  
Email Address ..... leekit@learnershub.com  
Mobile Phone No ..... (Phone) +65-91691006  
Alternative Phone No ..... +65-91691006

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD21V07985/VPC/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE CHUN KIT  
NRIC No ..... SXXXX812C

Date Of Birth .....	30/10/1961
Occupation .....	Indoor
Date Of Driving Pass .....	12/06/1985
Driving experience .....	36 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91691006
Alt. Phone Number .....	+65-91691006
Email Address .....	leekit@learnershub.com
Address .....	BLK 230B TAMPINES STREET 24 #11-17
Address complement .....	-
Postcode .....	525230
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 - Head on collision
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	CHAN LAI CHING
Gender .....	Female

#### PASSENGER 2

Name .....	LEE WAN YEE
Gender .....	Female

#### PASSENGER 3

Name .....	LEE WAN YEN
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

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SML8865B
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LEE CHUN KIT
Gender .....	Male
Phone No .....	(Phone) +65-91691006
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMZ7876C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	CHAN LAI CHING
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMZ7876C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	LEE WAN YEE
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMZ7876C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 4

Name of injured person .....	LEE WAN YEN
Gender .....	Female
Phone No .....	-
Address .....	-

Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMZ7876C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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.

*Wlee*

Policyholder's Signature / Date & Time

*Wlee*

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

*W. Ashitoo*

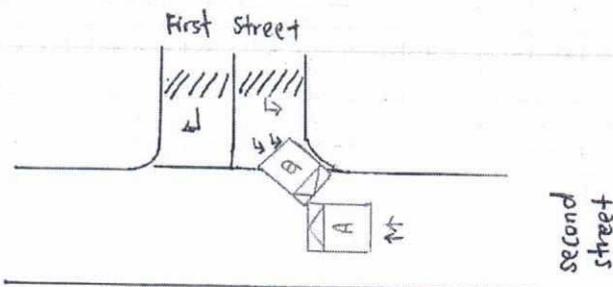
Witnessed by Reporting Centre Personnel

**Sketch Plan**

Second street towards Third Street (Junction of First Street)

Vehicle A - SM778766

Vehicle B - SML 8865B



**Describe Circumstances of the Accident**

On the stated date and time, I, vehicle A (SMZ 7876C) was travelling straight along at the stated location. Out of sudden, vehicle B (SML 8865B) came out from First street and collided onto the front right portion of my vehicle causing damages.

**Declaration**

We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 08/11/2021  
Witnessed by Reporting Centre Personnel

JWC

Date of Accident : 07/11/2021 Accident Time: 1110hrs (24-HR-FORMAT)  
 Accident Place : Second street towards Third street (Junction of First Street)  
 Vehicle Reg. No (Car plate No.) : SMZ7876C Vehicle Make/Model: Honda Shuttle  
 Insurance Company : Liberty Policy No. SD21V07985/VPL/ROO  
 Name of Registered Owner : Company / Individual Lee Chun Kit  
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S22218120  
 Co Contact No: - Owner's Contact No: 9169 1006

DRIVER'S Name : Lee Chun Kit DRIVER'S NRIC No: S22218120  
 DRIVER'S Date of Birth : 30 Oct 1961 DRIVER'S License Pass Date 12 Jun 1985  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: Owner  
 DRIVER'S Address : APT. Blk 230B Tampines Street 24 #11-17 S (525230)  
 DRIVER'S Contact No. / Alt. No. : 1) 9169 1006 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an etc)  
 Email Address : leekit@learnershub.com

Weather & Road Surfaces : CLEAR & DRY \ RAINING \ WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim \ Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 04 Passenger Name: Chan Lai Ching Gender: Female  
 Was the accident reported to the police? YES \ NO Passenger Name: Lee Wan Yee Gender: M  
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Lee Chun Kit  
 Injured Name: Chan Lai Ching  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Lee Wan Yee  
Lee Wan Yee

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SMC 8865B</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

