

NATIONAL Assessment Centre Services, Inc. **SN092ICE000A**

Date In: 11/12/2021 17:43	Job Description	Units & Items Completed	Done by
Ver No: 2184112101266674	SAS e-thing		
Job No: SNB 2882 G	E-mail (by phone, text, etc)		
SOA: 13/12/2021 18:27	Motor Claim Form		
	Motor W/O (within 30 days of loss)		
	Photos Uploaded		
	Assessment Survey Report		
	Final Report by Max/Hand to Owner/Agent		

TP Insurer: \_\_\_\_\_

Preferred Wksp/INO Assessor Wksp/OWI: \_\_\_\_\_

TP Handled by: \_\_\_\_\_

Owner/Driver: \_\_\_\_\_

Policy No: \_\_\_\_\_ Period: \_\_\_\_\_ Cover Type: \_\_\_\_\_

Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_

Insured/Driver Liability: \_\_\_\_\_ % (Now-est slows (NO) N/A 20% P1 21-79% P1 80-100%)

Year of Registration: \_\_\_\_\_

Deductible: \_\_\_\_\_ Loading: \$1,000 / \$2,000

Warranty Coverage: \_\_\_\_\_

Total Loss Case: \_\_\_\_\_

Driver In: \_\_\_\_\_

Apply for Transit Allowance: \_\_\_\_\_

QC Check/Reel Repair Inspection: \_\_\_\_\_

Upload Recovery Photo (Repair Costs > \$9,000): \_\_\_\_\_

Injury: \_\_\_\_\_

**NA2104675**

Driver/Owner: \_\_\_\_\_

Company No: \_\_\_\_\_

Insurance Portion: \_\_\_\_\_

QC Checked by (Engineer/Inspector): \_\_\_\_\_

1) 2017 Honda Civic (20)	W/O (1)
2) 2017 Honda Civic (20)	W/O (1)
3) 2017 Honda Civic (20)	W/O (1)
4) 2017 Honda Civic (20)	W/O (1)
5) 2017 Honda Civic (20)	W/O (1)
6) 2017 Honda Civic (20)	W/O (1)
7) 2017 Honda Civic (20)	W/O (1)
8) 2017 Honda Civic (20)	W/O (1)
9) 2017 Honda Civic (20)	W/O (1)
10) 2017 Honda Civic (20)	W/O (1)



# 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	14/12/2021 17:43 (SGT)
Date of Accident	13/12/2021 18:27 (SGT)
Exact Location of Accident	Raffles Quay, Singapore
Additional Location Information	JUNCTION WITH CROSS STREET
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB2882G
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## INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FLOWER DIAMOND BOUTIQUE PTE LTD
Company Reg No	1XXXXX490H
Email Address	sabrinaho@outlook.com
Mobile Phone No	(Phone) +65-81188181
Alternative Phone No	+65-81188181

## VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Macan
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	1984

## INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V06905/VPS/R00
Cover Note Number	-

## DRIVER

Name of Driver	SABRINA HO WEI NING
NRIC No	SXXXX715I

Date Of Birth	28/06/1993
Occupation	Indoor
Date Of Driving Pass	10/03/2014
Driving experience	7 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81188181
Alt. Phone Number	-
Email Address	sabrinaho@outlook.com
Address	45 SCOTTS ROAD #20-03
Address complement	-
Postcode	228232
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	1
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

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	SJU2442U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOW SIONG HENG
NRIC No	SXXXX469J
Contact Number	(Phone) +65-94307222
Address	-

SKETCH PLAN

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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.



*Signature*

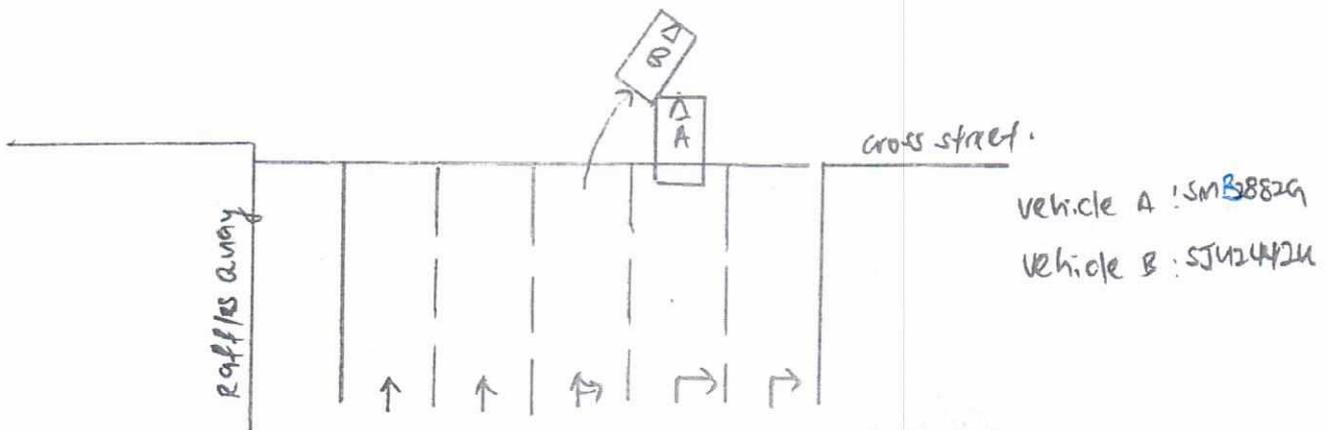
*Witnessed by Reporting Centre Personnel*  
14/12/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

I WAS TRAVELLING STRAIGHT ALONG RAFFLES QUAY ON 2ND LANE. I DID NOT NOTICE THAT 2ND LANE IS A TURN

RIGHT LANE. VEHICLE B (SJU2442U) WAS ON MY LEFT. HE TURN RIGHT. VEHICLE B (SJU2442U) AND MY VEHICLE

COLLIDED ONTO EACH OTHER.

**Declaration**

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



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Jun 2021 / 13:51:13

Receipt Date/Time : 18 Jun 2021 / 13:51:12

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-210618-002009

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Replaced Vehicle No. SMZ4478M				
1	Replacement of Veh Reg No. - SNB2882G Replacement Fee 20210618135000929164	300.00	21.00	321.00
<b>Sub-Total</b>		300.00	21.00	321.00
<b>Total Before Rounding</b>		300.00	21.00	321.00
<b>Rounding Difference</b>				0.00
<b>Total Amount Payable</b>				321.00
Paid By				
	552253XXXXXX3476		eNETS Credit Card	321.00
<b>Total</b>				321.00
Cash Change				0.00
Tendered Amount				321.00
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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

Date of Accident: 13 / 12 / 2021 (dd/mm/yy) Time of Accident: 18 : 27 ( 24-HR-FORMAT)

Vehicle No.: SNB2882G Vehicle Make & Model: PORSCHE MACAN

\*Transmission :  Manual  Auto \*C.c : 1984

Exact location of Accident: RAFFLES QUAY JUNCTION WITH CROSS STREET

Policyholder's Name: FLOWER DIAMOND BOUTIQUE PTE LTD NRIC/FIN/REG No.: 199608490H

\*Policyholder's email address : SABRINAHO@OUTLOOK.COM

Driver's Name: SABRINA HO WEI NING NRIC/FIN/REG No.: S9324715I

\*Driver's email address : SABRINAHO@OUTLOOK.COM

Driver's Contact No.: 81188181 Company Contact No (If any): \_\_\_\_\_

Date of birth: 28/06/1993 Driving Pass Date: 10/03/2014

Driver's Address: 45 SCOTTS ROAD, #20-03, SINGAPORE (228232)

Insurance Company: LIBERTY

Policy No.: SD21V06905/VPS/R00 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 \_\_\_\_\_

Occupation (nature job)  Indoor /  Outdoor \*No. of Passengers / Including Driver): 1

\*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' 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: LOW SIONG HENG S1590469J Vehicle No: SJU2442U

Driver's Contact No: 94307222 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: AUTO SPRINT PTE LTD Contact No: 83447681



**Certificate of Insurance**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 183)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1950  
 ROAD TRANSPORT ACT 1997  
 ROAD TRANSPORT (AMENDMENT) ACT 2019  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1950

Certificate No	SD21V06905 /VPS/R00
Form	MX4
Date Of Issue	04-MAY-2021
1. Index Mark and Registration No. of Vehicle	SMZ4478M
2. Chassis number of Vehicle	WP1ZZZ95ZMLB06159
3. Name of Policyholder	FLOWER DIAMOND BOUTIQUE PTE LTD
4. Effective date of Commencement of Insurance for the purposes of the Act	28-APR-2021 00:00 AM
5. Date of Expiry of Insurance	27-APR-2022 23:59 PM
6. Persons or Classes of Persons entitled to drive:	
Any person who is driving on the Policyholder's order or with their 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.	
7. Limitations as to use:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8. 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 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 183) and Section 56 of the Road Transport Act 1997 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 183) and Part IV of the Road Transport Act 1997.	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	
For Information only:	
COVERAGE	Comprehensive Uninsured Windscreen/Restricted Age Condition
SUM INSURED	\$5000/yr
EXCESS	Section 1 - Named Drivers - Singapore \$5400 / Outside Singapore \$3600 (Section 1 - Unnamed Drivers / Driver Must Be Between 25 To 69 Years Old With At Least 3 Years Driving Experience And No Claims For The Past 3 Years) - Singapore \$5000 / Outside Singapore \$3100 (Excess Applicable To Drivers He-Vee Hong Only - Section 1 - Singapore - \$8500/Section 1 (Outside Singapore) - \$3100 Windscreen Excess \$500
FINANCE COMPANY:	VINCAR PTE LTD
PRODUCER NAME:	VINCAR PTE LTD.

2 0 2 1 1 2 1 4

Ver: 1.260705