

NATIONAL Assessment Centre Services SN0921/000A

Date In: <u>17/01/2022 16:32</u>	Job Description	Date & Time Completed	Done by
Ref No: <u>NA22006004</u>	SAS e-illing		
Veh No: <u>SMK 315CH</u>	E-mail (within 3hrs. At 2hrs)		
DOA: <u>15/01/2022 1640</u>	I-Motor Claim Form		
OD: <u>TP</u> Reporting Only	I-Motor W/O (within 01: 2hrs. 10: 2hrs)		
	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: <u>SH 9332</u>	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: 21-70%; 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

<p><u>NA2200153</u></p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table style="width: 100%;"> <tr> <td>1) AR: Accident Reporting (\$10);</td> <td>Ami (\$)</td> <td>Ami (\$)</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td>Int Bill</td> <td>Add Bill</td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) RT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2015)</td> </tr> <tr> <td>6) TR: Re-Inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) NI: Issue DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Q1:</td> </tr> <tr> <td>*N3: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) NI2: Blue Mobile</td> <td>\$10</td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$10);	Ami (\$)	Ami (\$)	2) DA: Damage Assessment (\$100); INC (\$80)	Int Bill	Add Bill	3) TF: Towing Fee \$40/\$45			4) FT: Follow-Through Survey \$120			5) RT: Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (wef 10 Jan 2015)			6) TR: Re-Inspection \$75			7) NI: Issue DA + SMRT Survey \$160			8) NTUC Additional Services:-			Q1:			*N3: 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) NI2: Blue Mobile	\$10	
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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	17/01/2022 16:32 (SGT)
Date of Accident	15/01/2022 16:40 (SGT)
Exact Location of Accident	13 Ghim Moh Rd, Block 13, Singapore 270013
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK3154H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LUO JIN WEI ISABEL
NRIC No	SXXXX821H
Email Address	lucas_kwek@yahoo.com.sg
Mobile Phone No	(Phone) +65-97531339
Alternative Phone No	+65-96856556

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	SI21V03242/VPL/R01
Cover Note Number	-

DRIVER

Name of Driver	KWEK KENG HONG (GUO JINHONG)
NRIC No	SXXXX805D

Date Of Birth	16/12/1981
Occupation	Outdoor
Date Of Driving Pass	02/07/2001
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96856556
Alt. Phone Number	-
Email Address	lucas_kwek@yahoo.com.sg
Address	BLK 86 DAWSON ROAD #35-07
Address complement	-
Postcode	141086
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Major/Minor Rd
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

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	SLH933Z
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN YI HONG WILLIAM
NRIC No	SXXXX603I
Contact Number	-
Address	-

SKETCH PLAN

Veh A: SWK 3154H

Veh B: SLH 933 Z

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time:

17/01/2022
1500hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

17/01/2022
1500hrs

Reporting Centre Personnel's Signature

Name:

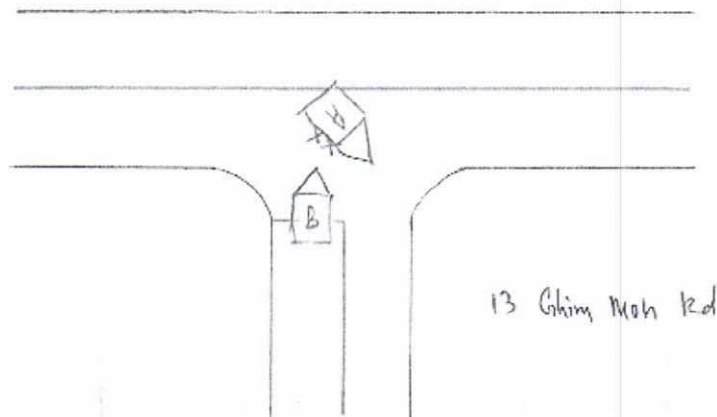
NRIC/FIN No.:

17/01/2022
Rosa L. Lian

SKETCH PLAN

Veh A: SMK 3154 H

Veh B: SLH 933 Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along main road in carpark making a right turn into Blk 13 Ghim Moh Road with right signal on. While I was half way turning right, I saw car B and I immediately horn to alert him. Apparently, ~~the~~ car B continued to accelerate and collide into my driver seat side door.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 17/01/2022
1500HRS

Driver's Signature

(If driver is not the policyholder)
Date & Time: 17/01/2022

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17/01/2022

Ross Lim

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Remark: _____

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

*Date of Accident: 15/01/2022 *Time of Accident: 1640 HR 8
*Accident Location: 13 Ghim Moh Road carpark

Vehicle Details

*Vehicle Number: SMK 3154H *Make & Model: Honda Shuttle Hybrid Eng Cap: 1496
*Purpose Being Used At Time Of Accident: Grab, picking up passenger

Insured / Policyholder

*Owner Name: LUO JIN WEI ISABEL (NOT DRIVING) *NRIC: S8213821H
*Address: 236D Fernvale Road #08-158
*Email: lucas_kwek@yahoo.com.sg *HP: 97531339
*Occupation: Marketing manager (Indoor / Outdoor) *Tel / H / Other: 97531339

Driver () same as above

*Driver Name: Kwek Keng Hong *NRIC: S8139805D
*Address: _____
*Date of Birth: 16/12/1981 *Driving Pass Date: 02 July 2001 *HP: 96856556
*Email: lucas_kwek@yahoo.com.sg *Gender: Male / Female
*Occupation: Interior Designer (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: FRIEND)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: Liberty Insurance *Coverage: C/TPFT/TPO *Policy No: S121V03243/VPL/RO1

Detail of other vehicle / Property 1

Vehicle No.: SLH 933 Z
Make & Model: Hyundai
Vehicle Category: _____
Name of Driver: TAN Yi Hong William
NRIC: S6849603I
HP: _____
No. of Passengers (Including Driver): 1

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC: _____
HP: _____
No. of Passengers (Including Driver): _____

For Official Use Only


*Claiming against Own Ins.: Yes No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: Head to side *Any video cam: Yes No
*Weather conditions: Clear / Raining / others: _____
*Road Surface: Dry / Wet / others: _____ NRIC: _____ HP: _____
*Witness: Yes / No (Name: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

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
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	S121V03242 /VPL /R01
Form	MZ400B
Date of Issue:	10-Mar-2021
1. Index Mark and Registration No. of Vehicle:	SMK3154H
2. Chassis number of Vehicle:	OP72005215
3. Name of Policyholder:	LUO JIN WEI ISABEL (NOT DRIVING)
4. Effective date of Commencement of Insurance for the purpose of the Act:	04-APR-2021 00:00
5. Date of Expiry of Insurance:	03-APR-2022 23:59
6. Persons or Classes of Persons entitled to drive*:	KWEK KENG HONG (GUO JINHONG)
For Private Hire Vehicle (PHV) Usage :	
7. Limitations as to use*: A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes.	
8. Policy does not cover: A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*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  _____ Authorised Signature	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I (Singapore) \$2,000.00, Section I (Outside Singapore) \$4,000.00, Section II (Singapore) \$1,500.00, Section II (Outside Singapore) \$3,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	STANDARD CHARTERED BANK (SINGAPORE) LIMITED
PRODUCER NAME:	INSURECARE AGENCY