

NATIONAL Assessment Centre Services

Date In: 16/02/2022 13:22	Job description	Date & Time Completed	Done by
Ref No: NA/HP 22001500/M4	SAS e-filing		
Veh No: SNC 972 M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/02/2022 10:35	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, 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: GW 5488P	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	[Notc-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

NA 2200440	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) 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) iT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: 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		
	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	16/02/2022 13:22 (SGT)
Date of Accident	16/02/2022 10:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOYANG AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC972M
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA RUI MING, DARYL
NRIC No	SXXXX026D
Email Address	darylchia89@gmail.com
Mobile Phone No	(Phone) +65-82332122
Alternative Phone No	+65-82332122

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1317

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V15513/VPC/R00
Cover Note Number	-

DRIVER

Name of Driver	CHIA RUI MING, DARYL
NRIC No	SXXXX026D

Date Of Birth	04/05/1989
Occupation	Indoor
Date Of Driving Pass	26/04/2011
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82332122
Alt. Phone Number	+65-82332122
Email Address	darylchia89@gmail.com
Address	31 LORONG CHUAN
Address complement	#18-03
Postcode	556820
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 to Rear
Weather Conditions	DRIZZLING
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)	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?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW5488P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WEE TECK HENG
NRIC No	SXXXX551F
Contact Number	(Phone) +65-97371209
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	CHIA RUI MING, DARYL
Gender	Male
Phone No	(Phone) +65-82332122
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	NECK, HEAD, AND BACK
Were seat belts worn?	SNC972M
Was this injured conveyed to hospital by ambulance?	Yes
	No

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09222G0007 Vehicle Registration No: SNC 972M

Name (as shown in NRIC): CHIA RUI MIANG, DARYL NRIC/FIN/Passport No: S8915026D

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: 31 LORONG CHUAN #18-03 Singapore (556824)

Contact (Tel): _____ Mobile No.: 8233 2122

Email Address: darylchia89@gmail.com

Date of Accident: 16/02/2022 Time of Accident: 10:35


Place of Accident: Loyang Avenue

Insurance Company: Liberty

(B) ADDITIONAL INFORMATION /AMENDMENTS:

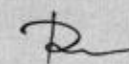
I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- 1) Add on video footage (in car cam)
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____



Policyholder / Driver's Signature

Date: 16 FEB 2022



Reporting Centre Personnel's Signature

Name: Renee
NRIC/FIN No.: _____
Date: 16/2/2022

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 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. 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;

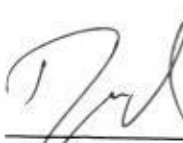
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

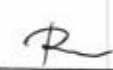
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

 16 FEB 22
1213H

Policyholder's Signature / Date &
Time

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

 16/02/2022

Witnessed by Reporting Centre
Personnel

Sketch Plan

A= SNC 972 M

B= GW 5488P

Loyang Avenue.



Describe Circumstances of the Accident


I STOPPED AT A FILTER LANE (STOP/WAIT LINE), WAITING TO ENTER A MAIN ROAD (LOYANG AVE).

A LORRY BEHIND ME DID NOT STOP. IT HIT ME FROM BEHIND.

THE IMPACT CAUSED ME TO KNOCK MY HEAD ON THE WINDOW/SEAT BELT PANEL, DAMAGED MY BICYCLE RACER (SARIS BONES EX 2) AND DAMAGED MY CAR, AND AND BELONGINGS (BABY CAR SEAT JOIE 1-SPIN 360 WHICH WILL REQUIRE REPLACEMENT), LIFE STAND UP PADDLE BOARD/PADDLE, LIFE JACKET, BIVOUACS IN THE BOOT. THERE IS ALSO GLASS BROKEN GLASS ON MY BELONGINGS AND AROUND THE INTERIOR.

Declaration

We declare the foregoing particulars are true in every respect.

 16 FEB 22
1243H
Policyholder's Signature / Date & Time

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

 16/2/2022
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 02 / 2022 (DD/MM/YYYY), TIME: 10 : 35 (HH:MM)

LOCATION: Loyang Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNC 972M
 b) INSURANCE COMPANY: Liberty
 c) POLICY NUMBER: SD21V15573/VPC/R00
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda FT (Auto / ~~Manual~~) (1317cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 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: CHIA Rui MING, DARYL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 8915026D CONTACT: 8233 2122
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHIA Rui MING, DARYL (As above) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 8915026D CONTACT: 8233 2122
 c) ADDRESS: 31 Lorong Chuan #18-03 (S) 556820

* d) DATE OF BIRTH: 04 / 05 / 1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 26/04/2011

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) Drizzling
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) Neck & Head (slight)

7. a) REPORTED TO POLICE (YES/NO) & Back &

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GW 5488 P MODEL: _____
 b) DRIVER'S NAME: Wee Teck Heng
 c) NRIC/FIN/PASSPORT: S1263551F CONTACT: 9737 1209

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)
()

* No of passenger
 (including driver)
()

Email = Darylchia89@gmail.com

Fax = _____

VIDEO = Yes

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: CHIA RUI MING, DARYL		Certificate No.: SD21V15513/ VPC / R00
Date of Issue: 27 Oct 2021	Effective Date of Commencement: 28 Sep 2021 00:00	Date of Expiry: 27 Sep 2022 23:59
Registration No.: SNC972M	Chassis No.: GR11101474	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, Buy Up Excess
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I - Named Drivers S\$1000, Section I - Unnamed Drivers S\$1500, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	
Name of Producer:	VENTURE CREDIT PTE LTD (A1451)