

# NATIONAL Assessment Centre Services (wef 1 Jan 2021)

Date In: <b>23/02/2022 14:23</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA / LIP 22001745 / M4</b>	SAS e-filing		
Veh No: <b>SMD 547P</b>	E-mail (within 8hrs; AIC 2hrs)		
D.O.A: <b>22/02/2022 18:45</b>	i-Motor Claim Form		
OD <b>1P</b> 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: <b>PC 5327U</b>	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

**NA2200509**

## Invoice Preparation Checklist

Amt (\$) Amt (\$)  
1st Bill Add Bill

### Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

### Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 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:-
- ON\*
- \*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 (N-on 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	23/02/2022 14:23 (SGT)
Date of Accident	22/02/2022 18:45 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 10, Singapore
Additional Location Information	TOWARDS ANG MO KIO ST 54 BESIDE BLOCK 541
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD547P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SEW LAN
NRIC No	SXXXX562B
Email Address	ericatan32@gmail.com
Mobile Phone No	(Phone) +65-94883232
Alternative Phone No	+65-94883232

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V07835/VPC2/R00
Cover Note Number	-

#### DRIVER

Name of Driver	TAN SEW LAN
NRIC No	SXXXX562B



Date Of Birth	16/08/1967
Occupation	Indoor
Date Of Driving Pass	18/08/1995
Driving experience	26 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94883232
Alt. Phone Number	+65-94883232
Email Address	ericatan32@gmail.com
Address	BLK 551 ANG MO KIO AVENUE 10
Address complement	#11-2224
Postcode	560551
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 - Change/cross lane
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?	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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5327U
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) -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	TAN SEW LAN
Gender	Female
Phone No	(Phone) +65-94883232
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK PAIN
Injured person in which vehicle?	SMD547P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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

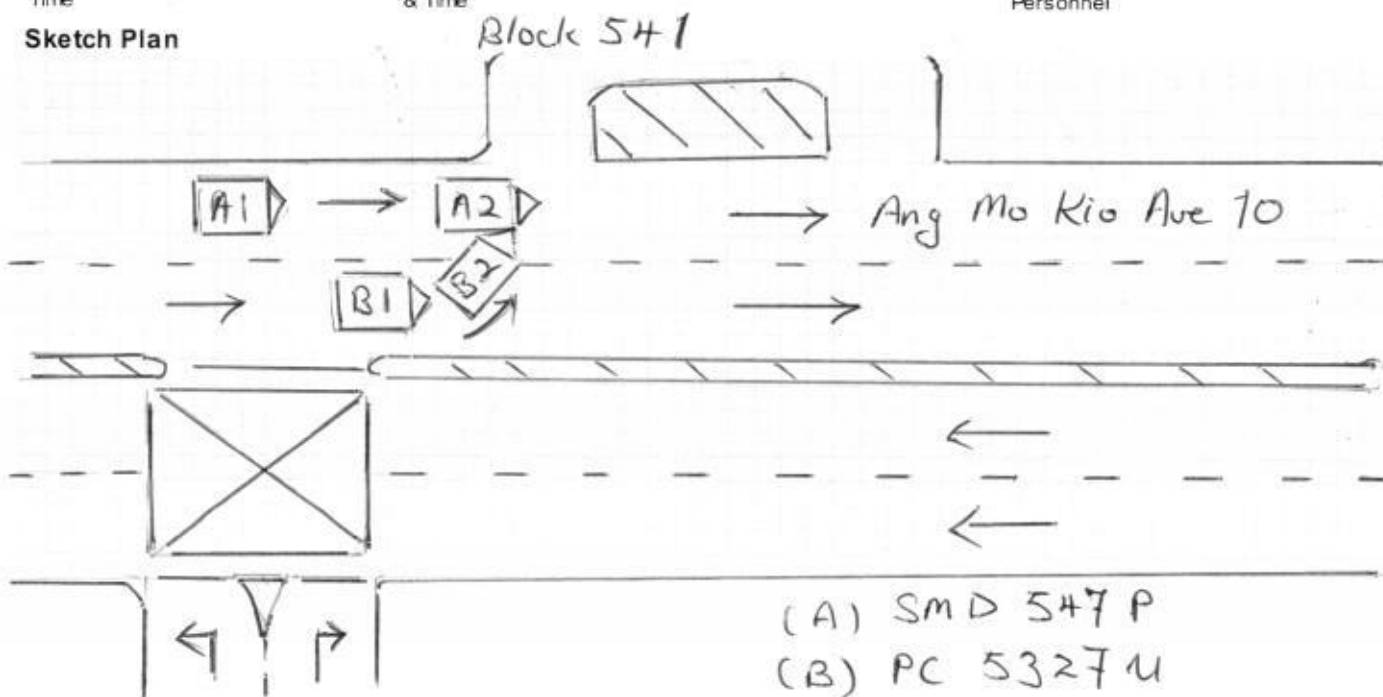
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

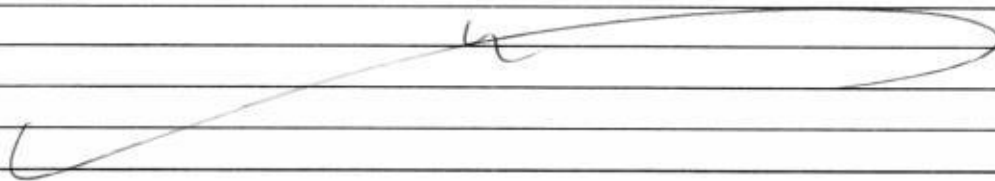


### Describe Circumstances of the Accident

On 22/02/2022 at about 1845 hrs at along Ang Mo  
Kio Ave 10 towards Ang Mo Kio St 54 beside Block 541.  
I was travelling on the extreme left lane along Ang Mo  
Kio Ave 10 and suddenly a Vehicle (B) on my Right  
veered into my lane without checking his blindspot  
and hence collided onto my whole Right Portion of  
my Vehicle (A) causing damages to my Vehicle.

(A) SMD 547 P

(B) PC 3327 U



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your  
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

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

Witnessed by Reporting Centre  
Personnel



Date of Accident : 22/2/2022 Accident Time: 1845 (24-HR-Format)

Accident Place : at along Ang Mo Kio Ave 10 towards Ang mo

Vehicle Reg. No. (Car Plate No.) : SMD547P Kio St 54 beside Blk 541.

Vehicle Make/Model : Honda civic 1.6 VTI CVT (1597cc)

Insurance Company : LIBERTY Policy No. SD20V07835/KP2/ROU

Owner or Company Name /IC No. : TAN SEW LAN / S1828562B

Owner or Company Contact No. : 9488 3232 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : TAN SEW LAN / S1828562B

DRIVER'S Date Of Birth : 16-08-1967 DRIVER'S License Pass Date 18-Aug-1995

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : Blk 541 ANG MO KIO Ave 10 #11-2224

DRIVER'S Contact No./ Alt No. : 1) 9488 3232 2) S (560551)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

→ Email Address : ericatan32@gmail.com / tanjusttin11@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1 Driver back & neck pain

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particular (if any)**

(B) Vehicle Reg. No: PC5327U

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

Vehicle Reg. No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

## Certificate of Insurance

THE 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	SD20V07835 /VPC2 /R00
Form	MX1
Date of Issue	22-JUL-2020
1.Index Mark and Registration No. of Vehicle:	SMD547P
2.Chassis number of Vehicle:	MRHFC5650JT001171
3.Name of Policyholder:	TAN SEW LAN
4.Effective date of Commencement of Insurance for the purposes of the Act:	31-JUL-2020 00:00 AM
5.Date of Expiry of Insurance:	30-JUL-2022 23:59 PM
6.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.	
<p>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.</p> <p>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.</p>	
7.Limitations as to use*:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8.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.	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p>  <p>_____ Authorised Signature</p>	

For Information only:

COVERAGE :

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen, NCD Protection

MARKET VALUE AT THE TIME OF LOSS

Section I S\$600, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

KAH MOTOR COMPANY SDN BERHAD

CLXL 20200722

Ver.1.260705