

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 14/03/22         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/LIP22005336/13 | SAS e-filing                             |                       |         |
| Veh No: SM284847          | E-mail (within 8hrs. AIC 2hrs)           |                       |         |
| D.O.A 12/03/22 0915       | 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: SGV2812L  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                      |                      |
|---------------------------------|---|----------------------|----------------------|
| NA2200684                       | <b>Invoice Preparation Checklist</b>            | Amt (\$)<br>1st Bill | Amt (\$)<br>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) FT : Follow-Through Survey (Resurvey) \$30   |                      |                      |
| Auditors' Comments :-           | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| Cat 1:                          | 6) TR : Re-inspection \$75                      |                      |                      |
| Cat 2 / 3:                      | 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 (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              | 14/03/2022 16:27 (SGT)   |
| Date of Accident                | 12/03/2022 09:15 (SGT)   |
| Exact Location of Accident      | West Coast Rd, Singapore |
| Additional Location Information | CARPARK                  |
| Country/State of Loss           | Singapore                |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMZ8484T |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | LEE YI LINCOLN       |
| NRIC No                  | SXXXX640A            |
| Email Address            | linken_l@hotmail.com |
| Mobile Phone No          | (Phone) +65-90627719 |
| Alternative Phone No     | +65-90627719         |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mercedes                  |
| Model  | E200                      |
| 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   | 1796                      |

#### INSURANCE COMPANY

|                           |                           |
|---------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Type of Coverage          | Comprehensive             |
| Fleet Policy              | No                        |
| Policy Number             | SI22V01875/VPE/R00        |
| Cover Note Number         | -                         |

#### DRIVER

|                |                |
|----------------|----------------|
| Name of Driver | LEE YI LINCOLN |
| NRIC No        | SXXXX640A      |

|  |                        |
|--|------------------------|
| Date Of Birth  | 15/03/1984             |
| Occupation   | Indoor                 |
| Date Of Driving Pass   | 23/08/2006             |
| Driving experience   | 15 YEARS AND 7 MONTHS  |
| Gender   | Male                   |
| Mobile Number  | (Phone) +65-90627719   |
| Alt. Phone Number  | +65-90627719           |
| Email Address  | linken_l@hotmail.com   |
| Address  | BLK 412A FERNVALE LINK |
| Address complement   | #08-21                 |
| Postcode   | 791412                 |
| 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   | Collided into Parked Vehicle |
| 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)   | 0   |
| 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?  | Yes                              |
| Police Station Name                       | Traffic Police                   |
| Police Station Phone No                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No              | (Fax) +65-65474900               |
| Police Station Address                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No                               |
| If yes, against whom?                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220314/7021

#### ATTACHMENT(S)

|   |             |
|---|-------------|
| Are accident photos available for attachment?     | Yes         |
| Was there any video captured by Car Camera?       | Yes         |
| Reasons for not uploading a video of the accident | WITH DRIVER |
| Was there any audio recorded?                     | No          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SGV2812L |
| 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)     | -           |

## 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

14/03/22  
Witnessed by Reporting Centre Personnel

### Sketch Plan



refer to police report  
T/20220314/7021

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

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

shym 14/02/22

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20220314/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20220314/7021

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>14/03/2022 13:40 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

**Informant's Particulars**

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>LEE YI LINCOLN     |            |                              | Address:<br>412A FERNVALE LINK #08-21 SINGAPORE 791412 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S8408640A |            |                              | Contact No.:<br>Home/Office: Mobile: 90627719          |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:<br>LINKEN_L@HOTMAIL.COM                         |  |                            |
| Sex:<br>Male                             | Age:<br>37 | Date of Birth:<br>15/03/1984 | Type of Informant:<br>Driver                           |  |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English                                   |  | Institution / School Name: |
| Occupation:<br>PROJECT MANAGER           |            |                              | Driving Licence Information:<br>Class: Date of Expiry: |  |                            |

**General Information of the Accident**

|   |                           |                                    |  |                               |
|---|---------------------------|------------------------------------|--|-------------------------------|
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink Drive:<br>No                 | Date/Time of Accident:<br>12/03/2022 09:15 | Type of Location:<br>Car Park |
| Location:<br><br>WEST COAST ROAD                              |                           |                                    |  |                               |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry               | Road Speed Limit:<br>30 Km/h               |                               |
| Traffic Flow:<br>One Way                                      |                           | Traffic Control:<br>Not Controlled | Traffic Volume:<br>No Traffic              |                               |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                           |                                    | Anyone conveyed by ambulance:<br>No        |                               |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SGV2812L    | Car  |      |       |       |          | 0     |
| SMZ8484T    | Car  |      |       |       |          | 0     |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20220314/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20220314/7021

**CONTINUATION OF REPORT**

| Driver                            |                |                                   |                                   |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| Name                              | LEE YI LINCOLN | ID No.                            | S8408640A                         |
| Related Vehicle                   | SMZ8484T (Car) | Contact No.                       | 90627719                          |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL            | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL            | Degree of                         | NIL                               |

Brief Details.

MY CAR WAS PARKED AT THE PARKING LOT AND WAS HAVING BREAKFAST DURING THE ACTUAL ACCIDENT. WHEN I HEADED BACK TO MY CAR I NOTICED A HUGE DENT ON MY FRONT RIGHT PORTION AND THAT'S WHEN I APPROACH THE OTHER CAR IN THE FRONT OF ME TO GET A IN CAR CAM VIDEO OF THE CAR THAT COLLIDED ONTO MY CAR. THE CAR INFRONT OF MY VEHICLE MANAGE TO CAPTURE THE ACCIDENT AND SEND ME THE VIDEO SHOWING A CAR (SGV2812L) THAT COLLIDED ONTO MY CAR.





**SINGAPORE  
POLICE FORCE**



T/20220314/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20220314/7021

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
STEPHANIE, CHEUNG TSZ YING  
Contact No.: 96208032

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
14/03/2022 13:40

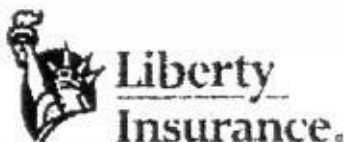
Classification Of Case:

Date of Accident : 11/03/2022 Accident Time: 0915 (24-HR-FORMAT)  
Accident Place : West Coast Road Carpark  
Vehicle Reg. No (Car plate No.) : SMZ8484T Vehicle Make/Model: Mercedes E200  
Insurance Company : Liberty Policy No. SI22V01875/VPE/R00  
Name of Registered Owner : Company / Individual Lee Yi Lincoln  
ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S8408640A  
: Co Contact No: \_\_\_\_\_ Owner's Contact No: 90627719  
**DRIVER'S Name** : \_\_\_\_\_ **DRIVER'S NRIC No:** \_\_\_\_\_  
**DRIVER'S Date of Birth** : 15/03/1984 **DRIVER'S License Pass Date** 23/8/2006  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
**DRIVER'S Address** : 411A Fernvale Link #08-21 S(791412)  
**DRIVER'S Contact No./ Alt No.** : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
**DRIVER'S Occupation** : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : Linken\_L@hotmail.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): 0 Name & Gender: \_\_\_\_\_  
Was the accident reported to the police? YES \ NO  
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  
Any injuries, if yes (name of the injured person) \_\_\_\_\_

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

|                                 |                               |
|---------------------------------|-------------------------------|
| Vehicle Reg No: <u>SGV2812L</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: _____ |



Liberty Insurance Pte Ltd  
Registration no.199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Website: <http://www.libertyinsurance.com.sg>

## 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  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

|  |   |
|--|---|
| <b>Certificate No.</b> SI22V01875-VPE/R00  |   |
| <b>Form</b>  | MX1   |
| <b>Date of Issue</b>   | 14-FEB-2022   |
| <b>1.Index Mark and Registration No. of Vehicle:</b>   | SMZ8484T  |
| <b>2.Chassis number of Vehicle:</b>  | WDD2120482A097357   |
| <b>3.Name of Policyholder:</b>   | LEE YI LINCOLN  |
| <b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>  | 10-FEB-2022 00:00 AM  |
| <b>5.Date of Expiry of Insurance:</b>  | 07-FEB-2023 23:59 PM  |
| <b>6.Persons or Classes of Persons entitled to drive*:</b>   |   |
| A) The Policyholder.   |   |
| B) Any other person who is driving on the Policyholder's order or with his permission.<br>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.<br>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. |   |
| <b>7.Limitations as to use*:</b>   |   |
| Use only for social, domestic and pleasure purposes and for the Policyholder's business.   |   |
| <b>8.The Policy does not cover:</b>  |   |
| A) Use for hire or reward.<br>B) Use for racing, pace-making, reliability trials or speed-testing.<br>C) Use for the carriage of goods (other than samples) in connection with any trade or business.<br>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<br><b>LIBERTY INSURANCE PTE LTD</b><br>Approved Insurers<br><br>_____<br>Authorised Signature  |   |
| <b>For Information only:</b>   |   |
| COVERAGE :   | Comprehensive, Unlimited Windscreen   |
| SUM INSURED:   | MARKET VALUE AT THE TIME OF LOSS  |
| EXCESS:  | Windscreen Excess S\$100, Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000 |
| FINANCE COMPANY:   | MOTOR-WAY CREDIT PTE LTD  |
| PRODUCER NAME:   | MOTOR-WAY CREDIT PTE LTD  |

PLSL/PLSL/14-FEB-22

S3\_CL\_T1\_T3\_TEMPLATE2-VER1 14-FEB-22