

# NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

SN0922590002

Date In: 01/05/2022 10:40	Job description	Date & Time Completed	Done by
Ref No: NBS/LIP20042474	SAS e-filing		
Veh No: SKC 3488K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/05/2022 11:07	i-Motor Claim Form		
OD : TP / Reporting Only	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars: Veh No: GBL 327X	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: ( %)	[Note-Bst. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (	Warranty: YBS ( ) / 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

X/A2201228		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Main Particulars:				Inc Bill	Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);			
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:		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) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
C Checked by (Engr-In-Charge):		OD*			
		*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: Idao Mobile \$0			
L 1:		Invoice dated		Fee Charged	
L 2 / 3:		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	09/05/2022 10:40 (SGT)
Date of Accident	04/05/2022 11:07 (SGT)
Exact Location of Accident	682 Hougang Ave 8, Singapore
Additional Location Information	CARPARK LOT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC3488K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM SIEW CHENG
NRIC No	SXXXX975Z
Email Address	chua_peifang@live.com
Mobile Phone No	(Phone) +65-86683488
Alternative Phone No	+65-86683488

## VEHICLE PARTICULARS

Manufacturer	BMW
Model	840i
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	2998

## INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V08177/VPC/R00
Cover Note Number	-

## DRIVER

Name of Driver	LIM SIEW CHENG
NRIC No	SXXXX975Z

Date Of Birth	12/02/1967
Occupation	Indoor
Date Of Driving Pass	15/07/1993
Driving experience	28 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86683488
Alt. Phone Number	+65-86683488
Email Address	chua_peifang@live.com
Address	34 JALAN KELULUT
Address complement	-
Postcode	809051
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	Hit and run / Vandalism / Damaged whilst parked
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?	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	GBL327X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	STEVEN
Contact Number	(Phone) +65-88709088
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

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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.

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Policyholder's Signature / Date & Time

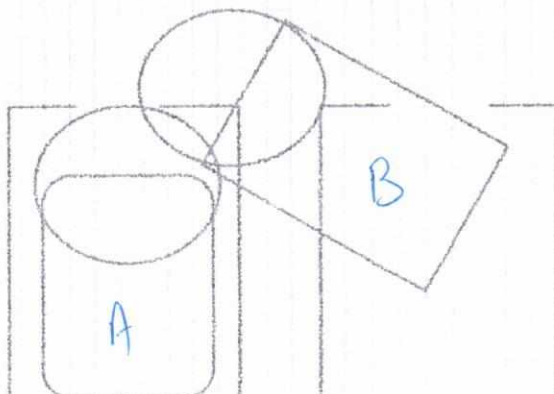
Sketch Plan

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

BIK 682 HOLLONCK AVK 8 (CARPARK LOT)

Witnessed by Reporting Centre Personnel

09/05/2022



A) SKC 3488K

B) GBL327X


Describe Circumstances of the Accident

On 04/05/2022 at 11.07am, my car was stationary in the parking lot at Blk 682 Hougang Avenue 8. When I returned to my vehicle, my vehicle was damaged and there was a note left on my windscreen by someone, admitting they collided into my vehicle. I contacted the number and they admitted that their vehicle GBL327X

collided into the front right of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

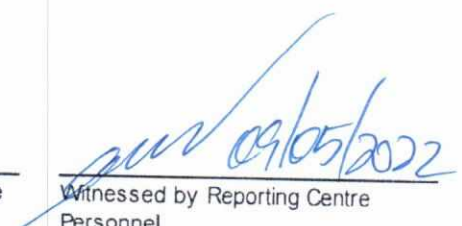


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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





I'M SORRY,

I HAD KNOCKED  
YOUR VEHICLE

YOU MAY CONTACT ME AT

STEVEN

HP: 88709088

*Jan* 09/05/2022



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

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

Date of Accident: 04/05/2022 (dd/mm/yy)

Time of Accident: 11:07 (24-HR-FORMAT)

Vehicle No.: SKC3488K Vehicle Make & Model / Engine (cc): BMW840i

2998cc Private Hire: (Y/N) ☒ N

Exact location of Accident: Blk 682 Hougang Ave 8 (Carpark Lot)

Policyholder's Name / IC No.: Lim Siew Cheng S1828975Z

Driver's Name / IC No.: (As Above) ☒

Driver's Contact No.: 86683488 Company Contact No / Owner Contact No:

Driver's Address: 34 Jalan Kelulut, Singapore 809051

Owner Email address: chua\_peifang@live.com Insurance Company: Liberty Insurance

Driver Email address: chua\_peifang@live.com

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)

Exact purpose for which the vehicle  
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☒ Work purpose

\*No. of Passengers (Including Driver): NA

\*Passanger Name: NA

Gender:

\*Passanger Name:

Gender:

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 Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's 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: Heng Swee Khiang S7826576J Vehicle No: GBL327X

Driver's Contact No: 88709088 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: Contact 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; The Motor Vehicles (Third Party Risks) Rules, 1959

<b>Name of Policyholder:</b> LIM SIEW CHENG		<b>Certificate No.:</b> SD21V08177/ VPC / R00
<b>Date of Issue:</b> 31 May 2021	<b>Effective Date of Commencement:</b> 28 May 2021 00:00	<b>Date of Expiry:</b> 27 May 2022 23:59
<b>Registration No.:</b> SKC3488K	<b>Chassis No.:</b> WBAGV22050CH03262	<b>Type of Certificate:</b> MX1
<b>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. 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. <b>Limitations as to use:</b> Use only for social, domestic and pleasure purposes and for the Policyholder's business. <b>The Policy does not cover:</b> 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, NCD Protection
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$1500, Additional Excess for Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0
Name of Finance Company:	DBS BANK LTD
Name of Producer:	SD CONTEGO SERVICES (A1429-5)

ROBO13/PLPZ/SD21V08177/01-Jun-2021/MotorCI/v1.0