

NATIONAL Assessment Centre Services

Date In: 17/05/2022	Job description	Date & Time Completed	Done by
Ref No: NA / LIP 22004604/m4	SAS e-filing		
Veh No: SNC 6997C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/05/2022 08:30	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: SLL 5220 T	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

NA 2201324		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);			
		2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:		3) TF : Towing Fee \$40/\$45			
		4) FT : Follow-Through Survey \$120			
Contact No:		5) FT : Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:		6) TR : Re-inspection \$75			
		7) N1 : Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):		ON*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
Auditors' Comments :-		*N8: DV / Collect Excess Coordination \$5			
		TP (N11) : TP (Non INC) against INC \$20			
Cat. 1:		9) N12: Idac Mobile 30			
Cat. 2 / 3:		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	17/05/2022 19:37 (SGT)
Date of Accident	13/05/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FILTER LANE FROM TAMPINES STREET 61 TO TAMPINES AVENUE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC6997C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN DE
NRIC No	SXXXX393F
Email Address	SCOTCHHERE123@GMAIL.COM
Mobile Phone No	(Phone) +65-94792093
Alternative Phone No	+65-94792093

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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	1998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI22V01090/VPE/R00
Cover Note Number	-

DRIVER

Name of Driver	CHEN DE
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NRIC No	SXXXX393F
Date Of Birth	09/11/1984
Occupation	Indoor
Date Of Driving Pass	16/11/2005
Driving experience	16 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94792093
Alt. Phone Number	+65-94792093
Email Address	SCOTCHHERE123@GMAIL.COM
Address	BLK 704 TAMPINES STREET 71
Address complement	#14-42
Postcode	520704
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NARIN GREWAL
Gender	Female

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	SLL5220T
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)	-

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: SN09225H000G1 Vehicle Registration No: SNC 6997C
Name (as shown in NRIC): Chen De NRIC/FIN/Passport No: S8436393F
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: Blk 704 Tampines St 71 #14-42 Singapore (520707)
Contact (Tel): _____ Mobile No.: _____
Email Address: _____
Date of Accident: 13/05/2022 Time of Accident: 0830
Place of Accident: _____
Insurance Company: LIP.

(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:

Amend mobile number to 9479 2093 .

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 17/5/22

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

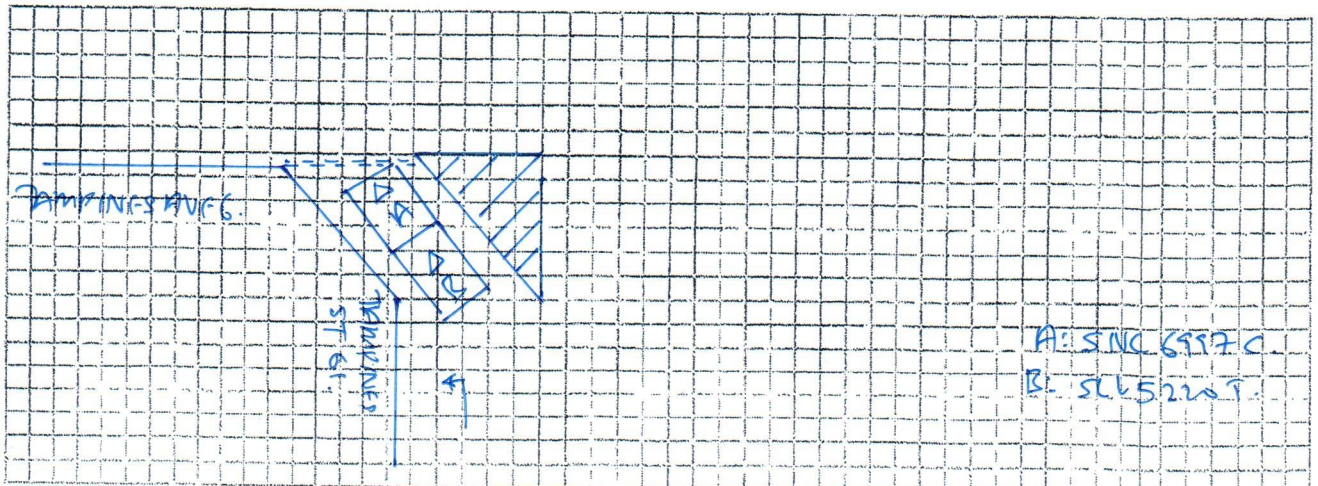
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

R 17/5/22
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE STATED DATE AND TIME, I WAS IN THE FILTER
LANE AND CAME TO A STOP BEFORE THE GIVE WAY LINE.
TO CHECK FOR ONCOMING TRAFFIC FROM TAMMINS AVE S.
OUT OF NOWHERE, I FELT A HUGE IMPACT FROM THE REAR.

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

R 17/5/22

Witnessed by Reporting Centre
Personnel

VEHICLE NO: SNC 6997 C.

MAKE & MODEL: MAZDA 5.

AUTO / MANUAL

DATE OF ACCIDENT	13 / 05 / 22.	CC	1998cc
TIME OF ACCIDENT	0830.	AM / PM	
LOCATION OF ACCIDENT	FILTER LANE FROM DAMPING ST 61 to DAMPING BRG.		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	CHEN DE.		
EMAIL: SCOTCHMER123@gmail.com	Office:	MOBILE: 9479 2093.	
NRIC	88436393F.		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY:	YES / NO ?		
INSURANCE CO.	LIBERTY.		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.			
NAME OF DRIVER	AS ABOVE. / IF NO. -		
NRIC			
DATE OF BIRTH	09 / 11 / 84.		
ANY PASSENGER	YES / NO: 1 more.		
NAME OF PASSENGER	(F) NARIN GREWAL.		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor.		
DATE OF DRIVING PASS	16 / 11 / 05.		
GENDER	Male / Female		
CONTACT NO.	Mobile: "	Office:	Home:
EMAIL:	"		
ADDRESS	704 DAMPING ST 71 #14-42 S (52704).		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.		INSURER: -
RELATIONSHIP	Employee / If No: SELF.		
WEATHER CONDITION	Clear / Raining / Other.		
ROAD SURFACE	Dry / Wet / Other.		
ANY INJURIES	No / If yes: Who?		
CONTACT NO.			
POLICE REPORT	No / If yes: Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?		
VEHICLE B NO.	SU 520T	Any Passenger:	
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES/NO		
WAS THERE ANY AUDIO RECORDED?	YES/NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES/NO		
**WORKSHOP:			

Have you been approach by unknown person soliciting (s) /

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

Name of Policyholder: CHEN DE		Certificate No.: SI22V01090/ VPE / R00
Date of Issue: 18 Jan 2022	Effective Date of Commencement: 19 Jan 2022 00:00	Date of Expiry: 18 Jan 2023 23:59
Registration No.: SNC6997C	Chassis No.: JM6CW1071H0126731	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
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I -Named Drivers S\$700, Section I -Unnamed Drivers S\$1200, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	DBS BANK LTD
Name of Producer:	CAR TIMES INSURANCE AGENCY PTE LTD (A1200-5)

A1200-5/B2BAANT/SI22V01090/18-Jan-2022/MotorCI/v1.0