

NATIONAL Assessment Centre Services

Date In: 27/06/22	Job description	Date & Time Completed	Done by
Ref No. NAHLP22006112/r3	SAS e-filing		
Veh No. SKA 2853	E-mail (within 8hrs, A/C 2hrs)		
D.O.A. 26/06/22 2113	i-Motor Claim Form		
OD: (P) 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: SME 97444	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	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

NA2201771	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tp 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: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Cal. 1:			
Cal. 2 / 3:			

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	27/06/2022 13:31 (SGT)
Reported by	Owner
Date of Accident	26/06/2022 21:13 (SGT)
Exact Location of Accident	53 Tampines Street 86, Singapore 528540
Additional Location Information	TAPESTRY CONDO CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA285J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEA ENG BUAN
NRIC No	SXXXX624B
Email Address	CLAIMS@MIRAGEMW.SG
Mobile Phone No	(Phone) +65-97616661
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116i
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	1499

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD21V10519/VPC2/ROO

DRIVER

Name of Driver	WANG JIE RONG
NRIC No	SXXXX704H
Date Of Birth	05/03/1991
Occupation	Indoor

Date Of Driving Pass	25/07/2012
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98889935
Alt. Phone Number	-
Email Address	CLAIMS@MIRAGEMW.SG
Address	73 Pasir Ris Grove #08-25
Address complement	-
Postcode	518206
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

REFER TO REPORT

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 WORK SHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME9744Y
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

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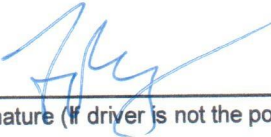
8. Consent under the Personal Data Protection Act (PDPA)

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 :

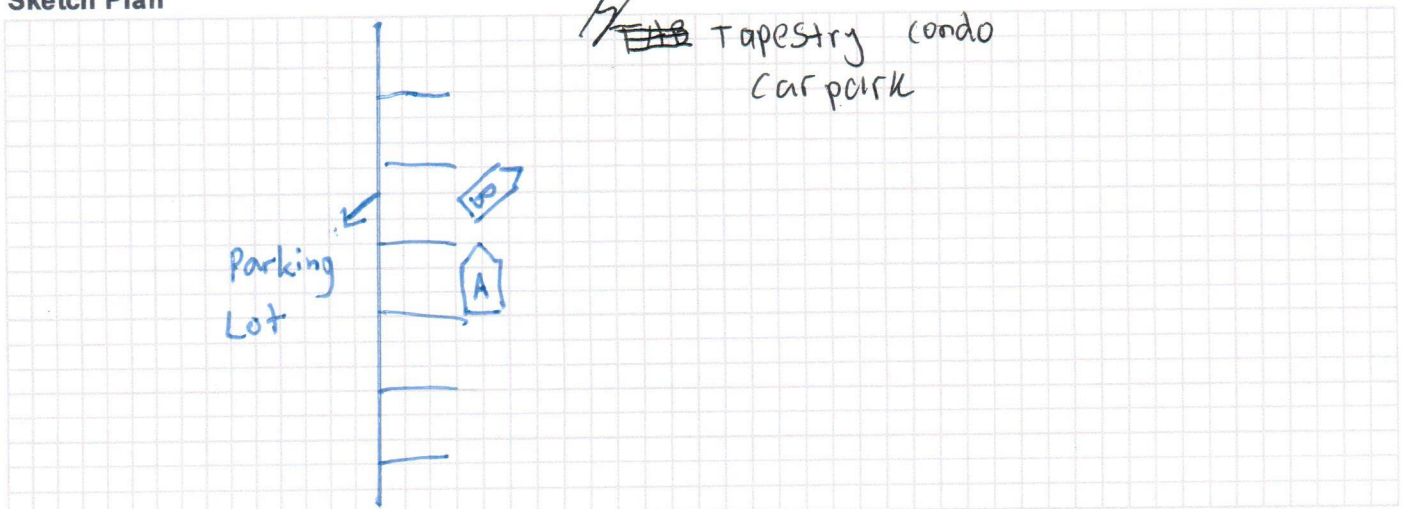
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

 27/06/22
Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SKA 285J

(B) SME 9744Y

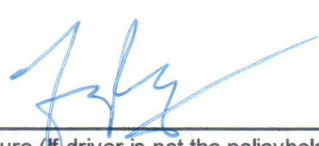
Describe Circumstances of the Accident

I was Driving inside the car park & vehicle B was
in front of my vehicle A .
and Suddenly vehicle B stop & start to reverse
& collided into my front left portion of my car.

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

 27/06/22
Witnessed by Reporting Centre
Personnel

Date of Accident : 26/6/2022 Accident Time: 2:13 (24-HR-FORMAT)
 Accident Place : Tapestry Condo car park
 Vehicle Reg. No (Car plate No.) : SKA 285 J Vehicle Make/Model: BMW
 Insurance Company : Liberty Insurance Policy No. SD21V10519/vp2 / Roo
 Name of Registered Owner : Company / Individual TEA ENG BUAN
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S7535624B
 : Co Contact No: _____ Owner's Contact No: 9761 6661
 DRIVER'S Name : Wang Jie Rong DRIVER'S NRIC No: S910 6704 H
 DRIVER'S Date of Birth : 5/3 / 1991 DRIVER'S License Pass Date 25 JUL 2012
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: friend
 DRIVER'S Address : 73 PASIR RIS Grove # 08-25
 DRIVER'S Contact No./ Alt No. : 1) 9889 9935 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : claims@miragemw.sg 74
 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): 2
 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

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SME 9744 Y</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: <u>melchizabek Roshan</u>	Name DRIVER: _____
IC No. DRIVER: <u>S95 287 541</u>	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

(Nigel 95824402)

WARRANT TO ACT

RE: ACCIDENT INVOLVING SKA 285J & SME 9744Y
ALONG Tapestry Condo car park
ON 25/6/2022 @ 9.13 PM

I / We, TEA ENG BUAN, NRIC No / UEN. 87535624B,
having my / our address at Blk 68 Bedok South Ave 3 #11-516,
hereby put in my / our place and stead **M/S HIN TAT AUGUSTINE & PARTNERS**,
Advocates and Solicitors of the Supreme Court of the Republic of Singapore of 20 Upper Circular
Road #02-10/12 The Riverwalk, Singapore 058416, to act on my / our behalf and to institute,
prosecute, appear on and defend any actions or proceedings arising out of or relating to the above
matter and all other issues arising out of or in connection with the above matter and all matters in
defence of any counterclaim made therein matters arising out of or in connection with.

I / We agree that you shall have a lien over your file and all papers and documents whether
handed over by me / us to you or otherwise relating to the above matter for your costs. I / We agree
that I / us may need to pay your legal costs and disbursements (medical report, filing and/or search
fees etc), should I / we request a change of solicitors to take over conduct of my matter. I / We
agree that, should my / our claim involve a personal injury, I / We will reimburse your disbursements
if I / we choose to withdraw the claim or if there is no diagnosed injury after perusal of the medical
reports.

☒ I declare and confirm that I am currently not adjudged a bankrupt. / No current
bankruptcy proceedings have been commenced against me. / I do not intend to declare
myself a bankrupt.

Dated:


Signed:

Name:

NRIC No. :

Mobile No.

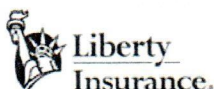
Email :



TEA ENG BUAN (Company Stamp)
87535624B
97616661
ryantea75@gmail.com

Done

SD21V10519 - Cl.pdf



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel. (65) 6221 8611

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969
ROAD TRANSPORT ACT, 1987
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD21V10519 /VPC2 /R00
Form	MX1
Date of Issue	16-JUL-2021
1 Index Mark and Registration No. of Vehicle	SKA285J
2 Chassis number of Vehicle	WBA7K120107J32233
3 Name of Policyholder	TEA ENG BUAN
4 Effective date of Commencement of Insurance for the purposes of the Act	25-JUN-2021 00:00 AM
5 Date of Expiry of Insurance	24-JUN-2023 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.	
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.	
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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers	
 Authorised Signature	
For information only: COVERAGE SUM INSURED EXCESS FINANCE COMPANY PRODUCER NAME	Comprehensive Unlimited Windscreen NCD Protection MARKET VALUE AT THE TIME OF LOSS Section 1 - \$3900 Additional Excess For Young & Inexperienced Drivers \$52500 Windscreen Excess \$30 DBS BANK LTD SD CONTEGO SERVICES

PLPZ 20210721

Ver.1.260705

