

# NATIONAL Assessment Centre Services

Date In 04/11/22	Job description	Date & Time Completed	Done by
Ref No NA/L1P2011849/13	SAS e-filing		
Veh No 5LS9431M	E-mail (within 8hrs. Aft 2hrs)		
DOA 23/11/22	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	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: 5UE8831X	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

NA2203320	<b>Invoice Preparation Checklist</b>		Ant (\$)	Ant (\$)
			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) RT : 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			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	ON*			
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Cat 1:	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Cat 2/3:	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice date: /	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 Actual 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	24/11/2022 18:24 (SGT)
Reported by	Driver
Date of Accident	23/11/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TWDS KPE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9431M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUR SIEW NOI
NRIC No	SXXXX893A
Email Address	janice_ching_wen_li@hotmail.com
Mobile Phone No	(Phone) +65-96503440
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Ford
Model	Focus
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1000

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V12623/VPC/R05

#### DRIVER

Name of Driver	CHING WEN LI
NRIC No	SXXXX013G
Date Of Birth	15/11/1996
Occupation	Indoor

Date Of Driving Pass	05/08/2015
Driving experience	7 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82236826
Alt. Phone Number	-
Email Address	janice_ching_wen_li@hotmail.com
Address	84 RIVERINA CRESCENT
Address complement	-
Postcode	518313
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Raining
Road Surface	Wet

#### 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	PASSENGER
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

I WAS TRAVELLING STRAIGHT ALONG TPE TWDS KPE ON THE EXTREME RIGHT LANE, SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VEH.

#### 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	HAVEN'T RETRIEVE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE8831X
Vehicle Manufacturer	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MAHENDRA KENNEDY S/O RAMANATHN
NRIC No .....	SXXXX457H
Contact Number .....	(Phone) +65-85736545
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

TPE TWAS KPE

The sketch plan is drawn on a grid. At the top, there are three boxes labeled A, B, and C. Below them, there are two rows of text: A-SLS9431M and B-SJE8831X. To the right of the text, there are four arrows pointing left, indicating the direction of travel or the location of the accident.

Describe Circumstance of the Accident

*P/s refer to the statement.*

Declaration

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

\_\_\_\_\_  
Policyholder's Signature / Date & Time

*[Signature]* 24 NOV '22  
\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder)  
/ Date & Time

*[Signature]* 24/11/22  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



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> CHUR SIEW NOI		<b>Certificate No.:</b> SI22V12623/ VPC / R05
<b>Date of Issue:</b> 16 Sep 2022	<b>Effective Date of Commencement:</b> 12 Oct 2022 00:00	<b>Date of Expiry:</b> 11 Oct 2023 23:59
<b>Registration No.:</b> SLS9431M	<b>Chassis No.:</b> WF05XXGCC5HR82332	<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

<b>For Information Only:</b>	
Coverage(s):	Comprehensive, Unlimited Windscreen, NCD Protection
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$400, Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0
Name of Finance Company:	
Name of Producer:	SD CONTEGO SERVICES (A1429-3)

**Debit Note**  
**(Client)**  
Private CarCHUR SIEW NOI  
84 RIVERINA CRESCENT  
SINGAPORE 518313

<b>Name of Producer:</b> SD CONTEGO SERVICES (A1429-3 PML)		<b>Document No.:</b> DN22174832
<b>Date of Issue:</b> 16 Sep 2022	<b>Policy No.:</b> SI22V12623 / VPC / R05 / E00	

## Details of Policy

<b>Name of Insured:</b>	CHUR SIEW NOI		
<b>Mailing Address:</b>	84 RIVERINA CRESCENT, SINGAPORE	<b>Postal Code</b>	(518313)
<b>Period of Insurance (both dates inclusive):</b>	From: 12 Oct 2022 00:00	To: 11 Oct 2023 23:59	
<b>Description of Goods or Services:</b>	Pte Car - Standard Plan (Comprehensive)		

## Details of Premium

<b>Gross Premium:</b>	S\$ 671.66
<b>Prevailing GST (7%):</b>	S\$ 47.02
<b>Total Premium Payable*:</b>	S\$ 718.68

## Remarks:

No official receipt will be issued for payment by check.

This is a computer - generated document and it does not require a signature.

This document shall not be invalidated solely on the ground that it is not signed.

\* Premium above include prevailing GST (7%).

PLEK/SI22V12623/16-Sep-2022/MotorTaxInvCln/v1.0

Please scan this barcode for AXS payment

Document No.: DN22174832

Policy No.: SI22V12623 / VPC / R05 / E00

Amount Payable: S\$ 718.68



OTC1234567SD14X01234



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