

NATIONAL Assessment Centre Services

Date In 27/02/2023	Job description	Date & Time Completed	Done by
Ref No NM/LP23002109 / Tld4	SAS e-filing		
Veh No 8KB 655SK	E-mail (within 8hrs. A/C 2hrs)		
DOA 25/02/2023 04:30	i-Motor Claim Form		
OD / TP Reporting Only	i-Motor W/O (Within: O/D 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: SNF 5535T	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

NA2300594 / NA2300595

Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	1st Bill	Add Bill
1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
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) 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 \$0		

Invoice date:	Fee Charged
Invoice dated	Fee Charged

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Call 1:

Call 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 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	27/02/2023 13:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/02/2023 04:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NO.43 SELETAR GREEN VIEW
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB6555K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHUI CHING, NINA
NRIC No	SXXXX163G
Email Address	nina.ccyang@gmail.com
Mobile Phone No	(Phone) +65-97696015
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Macan
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	2995

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V04159/VPS/R00

DRIVER

Name of Driver	TAN CHUI CHING, NINA
NRIC No	SXXXX163G
Date Of Birth	02/11/1965
Occupation	Indoor

Date Of Driving Pass	21/04/1986
Driving experience	36 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97696015
Alt. Phone Number	-
Email Address	nina.ccyang@gmail.com
Address	54 SELETAR GREEN VIEW
Address complement	-
Postcode	805139
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
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

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF5535T
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIM JUN XIANG, SHAWN
NRIC No	SXXXX637A

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 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.

x
Policyholder's Signature / Date & Time

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

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

Sketch Plan

No. 43 Seletar Green view

A: SKB 6555K Stationary at roadside

B: SNF 5535T

Describe Circumstance of the Accident

VEHICLE NO: SKB 6555K

ACCIDENT DATE & TIME: 25/02/2023

CONTACT NUMBER: 97696015

E-MAIL:

LOCATION:

At about 4:30am, my vehicle SKB 6555K was stationary and parked along the road side. No driver nor passenger inside the car. We were asleep and woken up by a loud noise when we came out and saw the right front side (driver side) was badly damaged, with the right front wheel crooked and tyre deflated, and the metal rim caved in. The impact was great that my vehicle moved and hit the road kerb by the left front wheel.

Driver of SNF 5535T, Shawn Sim walked towards us and kept apologising, claiming that he was careless when the accident occurred. He admitted to his fault in entirety and we exchange personal details.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN

OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE:

☐ CLAIM OWN POLICY☒ CLAIM THIRD PARTY☐ CLAIM OD/TP AT OTHER WORKSHOP☐ REPORTING ONLY

Declaration

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

x

Policyholder's Signature / Date & Time

x

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

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

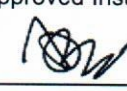
Date of Accident : 25/02/2023 Accident Time: 4:30-5:00am (24-HR-Format)
Accident Place : NO 43, Seletar Green View
Vehicle Reg. No. (Car Plate No.) : SKB6555K
Vehicle Make/Model : Porsche
Insurance Company : Liberty insurance Policy No. SD22V04159/VPS/R00
Owner or Company Name /IC No. : TAN CHUI CHING, NINA S1692163G
Owner or Company Contact No. : _____ Owner's Hp 97696015 Company Tel _____
DRIVER'S Name / IC No. : TAN CHUI CHING, NINA (Car Stationary)
DRIVER'S Date Of Birth : 02-11-1965 DRIVER'S License Pass Date 21 Apr 1986
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 54 Seletar Green View Singapore 805139
DRIVER'S Contact No./ Alt No. : 1) 97696015 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : nina.cc yang@gmail.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
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 Particular (if any)

Vehicle Reg. No: <u>SNF5535T</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Mercedes</u>	Vehicle Make/Model: _____
Name Driver: <u>Sim Jun Xiang, Shawn</u>	Name Driver: _____
IC No. Driver: <u>S9629637A</u>	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

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

Certificate No	SD22V04159 /VPS /R00
Form	MX1
Date of Issue	29-MAR-2022
1.Index Mark and Registration No. of Vehicle:	SKB6555K
2.Chassis number of Vehicle:	WP1ZZZ95ZLLB80504
3.Name of Policyholder:	TAN CHUI CHING NINA
4.Effective date of Commencement of Insurance for the purposes of the Act:	25-MAR-2022 00:00 AM
5.Date of Expiry of Insurance:	16-MAR-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.	
<small>*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.</small>	
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  <hr style="width: 20%; margin: 0 auto;"/> Authorised Signature	
For Information only: COVERAGE : Comprehensive, Unlimited Windscreen, NCD Protection SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Section I - Named Drivers - Singapore S\$3000 / Outside Singapore S\$6000, Section I - Unnamed Drivers (Driver Must Be Between 25 To 69 Years Old With At Least 3 Years Driving Experience And No Claims For The Past 3 Years) - Singapore S\$4000 / Outside Singapore S\$8000, Windscreen Excess S\$500 FINANCE COMPANY: HONG LEONG FINANCE LTD PRODUCER NAME: INSURANCE MARKET PTE LTD	

PLYW/PLYW/29-MAR-22

S3_CI_T1_T3_TEMPLATE2-VER1 29-MAR-22