

NATIONAL Assessment Centre Services

Date In 06/03/2023	Job description	Date & Time Completed	Done by
REFNO NA/HP23002350/d4	SAS e-filing		
VehNo SJG 9939C	E-mail (within 8hrs, AD 2hrs)		
DOA 05/03/2023 12:50	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: SW 26F	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

NA2300664

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	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:-		
	Op*		
	*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 30		
	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 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	06/03/2023 15:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/03/2023 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG9939C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEOW SECK KAY
NRIC No	SXXXX958H
Email Address	davidseow@oakgreen.com.sg
Mobile Phone No	(Phone) +65-96749939
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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
Policy Number / Cover Note Number	SI22V02999/VPC/R03/E00

DRIVER

Name of Driver	SEOW SECK KAY
NRIC No	SXXXX958H
Date Of Birth	14/05/1943
Occupation	Indoor

Date Of Driving Pass	20/12/1962
Driving experience	60 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96749939
Alt. Phone Number	-
Email Address	davidseow@oakgreen.com.sg
Address	25 CONWAY CIRCLE
Address complement	-
Postcode	558270
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	Side Swipe
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

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	SW26E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ESTHER LEONG WAI HUAN
NRIC No	SXXXX357I

Contact Number	(Phone) +65-97818181
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.
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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

Witnessed by Reporting Centre
Personnel

Sketch Plan





Describe Circumstances of the Accident

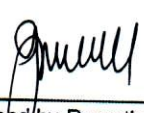
I was travelling along CTE twds Ang Mo Kio Ave 1 on 05-03-2023 at about 1250 pm. Vehicle B cut into my lane and collided onto front left portion of my vehicle.

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

 6/3/23
Witnessed by Reporting Centre Personnel

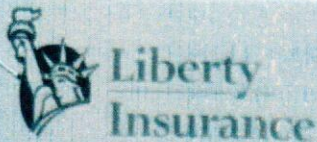
VEHICLE NO: SJG9939C

MAKE & MODEL: BMW 520I

AUTO / MANUAL

DATE OF ACCIDENT	05 / 03 / 2023	*C.C.
TIME OF ACCIDENT	1250	AM / PM
LOCATION OF ACCIDENT	CTE twds Ang Mo Kio Ave 1	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	Seow Seck Kay	
TELP NO	Mobile: 96749939	Email: davidseow@oakgreen.com.sg
NRIC	S0658958H	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	Liberty	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	SI23V02427 / VPC / R04	
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC	S0658958H	
DATE OF BIRTH	14 / 05 / 1943	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	20 / Dec / 1962	
GENDER	<input checked="" type="checkbox"/> Male / Female	
CONTACT NO.	Mobile: 96749939 Office: Home:	
EMAIL:	davidseow@oakgreen.com.sg	
ADDRESS	25 Conway Circle S (558270)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No. INSURER:	
RELATIONSHIP	Employee / If No: Owner	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / Wet / Other:	
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SW26E Any Passenger: No.	
NAME	Esther Leong Wai Huan (S11523571)	
CONTACT NO.	97818181	
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 / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

HUA MENG



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Policy Schedule

Private Car

Name of Producer:

SD CONTEGO SERVICES (A1429-5 PML)

Date of Issue:

03 Mar 2022

Previous Policy No.:

SI21V03010

Policy No.:

SI22V02999/VPC/R03/E00

Details of Insured**Name of Insured:**

SEOW SECK KAY

Mailing Address:

25 CONWAY CIRCLE GARDEN VIEW ESTATE, SINGAPORE

Period of Insurance (both dates inclusive):

From: 28 Mar 2022 00:00

To: 27 Mar 2023 23:59

NRIC/FIN No.:

S0658958H

Postal Code (558270)**Occupation:****Details of Vehicle****Registration No.:**

SJG9939C

Capacity/Tonnage:

1998 C.C

Chassis No.:

WBAJA12060WW00794

Hire Purchase Owner/Leasing Company:

DBS BANK LTD

Operative Endorsements:

V0001, V0009, V0013, V0095, V0097, V0152, V0225, V0233, V0281, V0289, Z011

Make and Model:

BMW G30/520i RL/B48 (JA12)

Seating Capacity Including Driver:

5

Engine No.:

20895434B48B20A

Type of Body:

SALOON

Year of Manufacture/Registration:

2018 / 2019

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Details of Coverage**Type of Plan:**

Pte Car - Standard Plan (Comprehensive)

Excess:

Section I S\$ 2,500.00

Additional Excess for Young & Inexperienced Drivers S\$ 2,500.00

Windscreen Excess S\$ 0.00

Additional Coverage(s):

Unlimited Windscreen

Name of Driver(s):

SEOW SECK KAY

Basic Premium:

S\$ 4,968.66

Prevailing GST (7%):

S\$ 347.81

Total Premium Payable Inclusive of

S\$ 5,316.47

Prevailing GST (7%):

This Schedule replaces any other Schedule. This Schedule and Policy are to be read together as one contract. Persons or classes of persons entitled to drive and limitations are to use, are as specified in the Certificate of Insurance issued in relation to this policy.

Date: 03 Mar 2022 08:12

For and on behalf of

LIBERTY INSURANCE PTE LTD