

# NATIONAL Assessment Centre Services

Date In 09/03/2023	Job description	Date & Time Completed	Done by
RefNo NA/HP23002507/d4	SAS e-filing		
VehNo SLU 9807C	E-mail (within 8hrs. A/C 2hrs)		
DOA 09/03/2023 13:19	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:

Tree Branches

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

NA2300705

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

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:-

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 \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 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	09/03/2023 16:09 (SGT)
Reported by	Driver
Date of Accident	09/03/2023 13:19 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CARPARKLOT OF TAMPINES STREET 41, BLK 421 ( LOT NO.98 )
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9807C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHUA MEI YUN ( PAN MEIYUN )
NRIC No	SXXXX599A
Email Address	victorloh7@gmail.com
Mobile Phone No	(Phone) +65-96185901
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1797

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	S122V14982/VPC/R05

#### DRIVER

Name of Driver	LOH KOK WEE ( LUO GUOWEI )
NRIC No	SXXXX127Z
Date Of Birth	17/10/1986

Occupation .....	Indoor
Date Of Driving Pass .....	23/08/2005
Driving experience .....	17 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85884794
Alt. Phone Number .....	-
Email Address .....	victorloh7@gmail.com
Address .....	APT BLK 518C TAMPINES CENTRAL 7
Address complement .....	# 06-60
Postcode .....	523518
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Hit by fallen tree / Other objects
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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 .....	BRANCHES
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
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

## IMPORTANT NOTICE

1. Please ~~report~~ report correctly the details of the accident to speed up the claims process.
2. This ~~Form~~ 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 ~~issuance~~ issuance and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~else~~ else reporting may be referred to the Traffic Police Department for investigation.
6. This ~~report~~ 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~~ 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~~ Consent under the Personal Data Protection Act (PDPA)  
I understand ~~and~~ acknowledge, agree and consent that:  
(a) My ~~insurer~~ insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or ~~process~~ process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed ~~by~~ by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have ~~insured~~ insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively ~~referred~~ 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~~ processing and handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) ~~investigating~~ investigating the accident and/or my claims;  
(iii) ~~carrying out~~ carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) ~~administering~~ administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of ~~certain~~ 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~~ and/or  
(v) ~~complying~~ 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 the ~~ir~~ ir lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

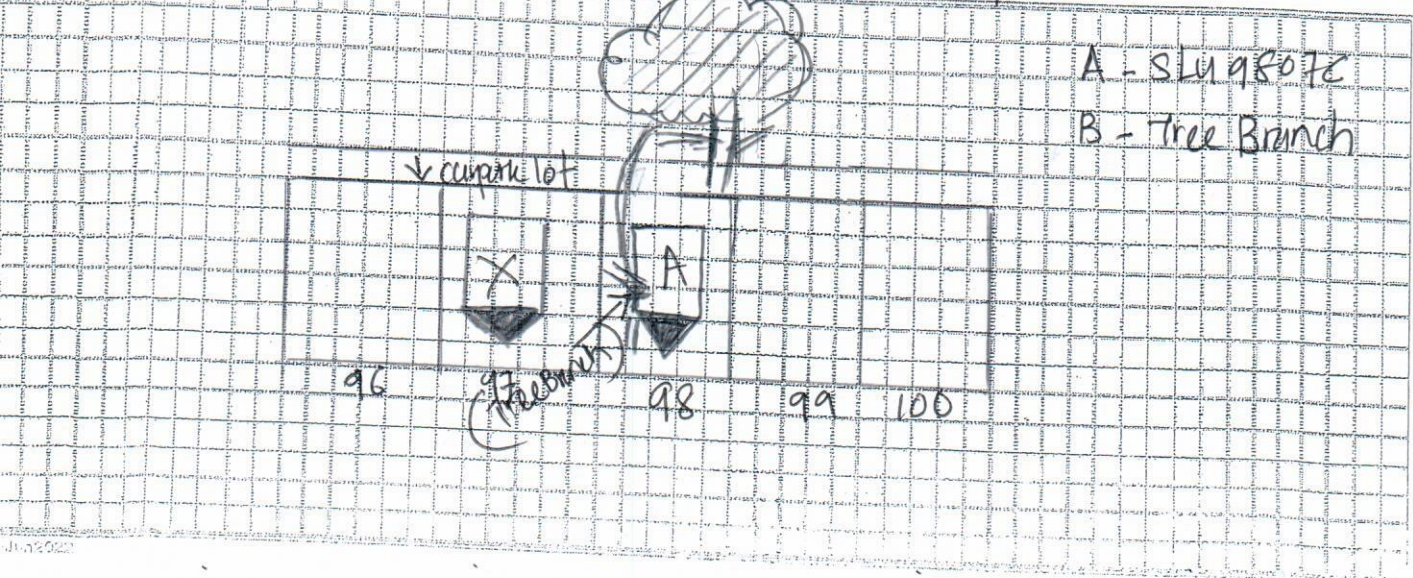
On behalf

W. 9/3/23  
Policyholder's Signature / Date & Time

W. 9/3/23  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

W. 9/3/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan Carpark lot of Tampines Street 41 - Blk 421 (Lot No. 98)





Describe Circumstance of the Accident

On 9/3/23 at approximately 1319, I was seated inside the driver seat and was about to disembark from the vehicle. Suddenly, I had a loud "thud" sound on top of my vehicle.

At 1320, I proceeded out to investigate and realised that a fallen tree branch had hit onto my vehicle, with damages to the top & right hand side of the vehicle.

At 1322, town council PR representative arrived

At 1406, facility management company (TTK Services Pte Ltd) arrived and exchange contact details. Ms Nisha (Hp. 8901 8350) She mentioned ~~to lodge report~~ she would lodge report on her end as well. I have informed her that I would proceed to lodge a IDAC report after the incident.

Declaration

We declare the foregoing particulars are true in every respect.

on behalf

W. 9/3/23

Policyholder's Signature / Date & Time

W. 9/3/23

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

W. 9/3/2023

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 09/03/2023 (DD/MM/YYYY), TIME: 13:19 (HH:MM)

LOCATION: Campark at Tampines Street 41, Blk 421, (Lot No. 98)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU 9807C  
 b) INSURANCE COMPANY: Liberty  
 c) POLICY NUMBER: 8122V14-982/rpc/pos  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Prius Hybrid 1.8 (AUTO / MANUAL)  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Phua Mei Yun (Pan Meiyun) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8731599A CONTACT: 9618-5901  
 c) ADDRESS: APT Blk 518C Tampines Central 7 # 06-60  
S. 523518

\* CONTINUE TO 3. & IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 a) NAME: Loth Kok Wei (Luo Guowei) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S86301272 CONTACT: 8888 4794  
 c) ADDRESS: APT Blk 518C Tampines Central 7 # 06-60  
S 523518

d) DATE OF BIRTH: 17/10/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 23/08/2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

5. a) WEATHER CONDITIONS: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Fallen tree Branches  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = victorloh7@gmail.com

fax =

video = NO



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> PHUA MEI YUN (PAN MEIYUN)		<b>Certificate No.:</b> SI22V14982/ VPC / R05
<b>Date of Issue:</b> 04 Nov 2022	<b>Effective Date of Commencement:</b> 19 Dec 2022 00:00	<b>Date of Expiry:</b> 18 Dec 2023 23:59
<b>Registration No.:</b> SLU9807C	<b>Chassis No.:</b> ZVW508067575	<b>Type of Certificate:</b> 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, NCD Protection
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I - Named Drivers S\$500, Section I - Unnamed Drivers S\$1000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	UNITED OVERSEAS BANK LIMITED
Name of Producer:	VENTURE CREDIT PTE LTD (A1451-2)