

NATIONAL Assessment Centre Services

(part 1 of 2)

SLA 923370004

Date In: 17/08/2023 16:04

Ref No: NPA 110220027947

Veh No: SE 7047A

D.O.A: 16/08/2023 08:53

OC: TP: Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 24hrs, A/C 2hrs)

1-Motor Claim Form

1-Motor W/O (within 24hrs, A/C 2hrs)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Preferred Wkap / INC Assign Wkap / QW: (

Tel:

Fax:

TP Particulars: Yeh No:

SLA 7667R

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

95) (Note: 1st Status (WO): 10-0-30%, P: 21-79%, P: 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: (UNC L0114: 07/08/2014)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Date:

Time:

Location:

Weather:

Other:

Notes:

Comments:

Signature:

Date:

Time:

Location:

Weather:

Other:

Notes:

Comments:

Signature:

Date:

Time:

Location:

Weather:

Other:

Notes:

Comments:

Signature:

Date:

Time:

Location:

Weather:

Invoice Preparation Checklist

Item	Amount	Inc	Ass
1) All: Accident Processing (\$100)			
2) DA: Damage Assessment (\$1000)		INC (\$55)	
3) TP: Towing Fee	\$10/\$45		
4) PT: Follow-Through Survey	\$112		
5) PT: Follow-Through Survey (Barney)	\$50		
6) TR: Dr/Speaking	\$75		
7) NT: New DA + SMRT Survey	\$140		
8) NTUC Administ Fee/Instn			
9) QM			
* NT: Courtesy Car / Tpt Allowance	\$55		
* NT: Repair Coordination	\$112		
* NT: Post Repair Inspection	\$55		
* NT: DV / Collect Excess Coordination	\$11		
* TP (NT) / TP (Non-INC) against INC	\$20		
* NT: 12 Mths	\$10		

Invoice Total

Fees Charged

Assessment

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	17/03/2023 16:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/03/2023 08:53 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	AFTER DEFU AVENUE 2 TOWARDS HOUGANG AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE7047A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOK MEE HONG
NRIC No	SXXXX760Z
Email Address	ray_sim81@yahoo.com.sg
Mobile Phone No	(Phone) +65-81011333
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216i
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	SI22V02067/VPC/R01

DRIVER

Name of Driver	SIM SOON LEONG, RAYMOND
NRIC No	SXXXX285B
Date Of Birth	01/08/1981
Occupation	Indoor

Date Of Driving Pass	27/01/2016
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81011333
Alt. Phone Number	-
Email Address	ray_sim81@yahoo.com.sg
Address	BLK 160B PUNGGOL CENTRAL #12-119
Address complement	-
Postcode	822160
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	Collision - Change/cross lane
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 SKETCH PLAN

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	SLA7647R
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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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.

[Signature]
16/3/23
4:38 pm

Policyholder's Signature / Date & Time

[Signature]
16/3/23
4:38 pm

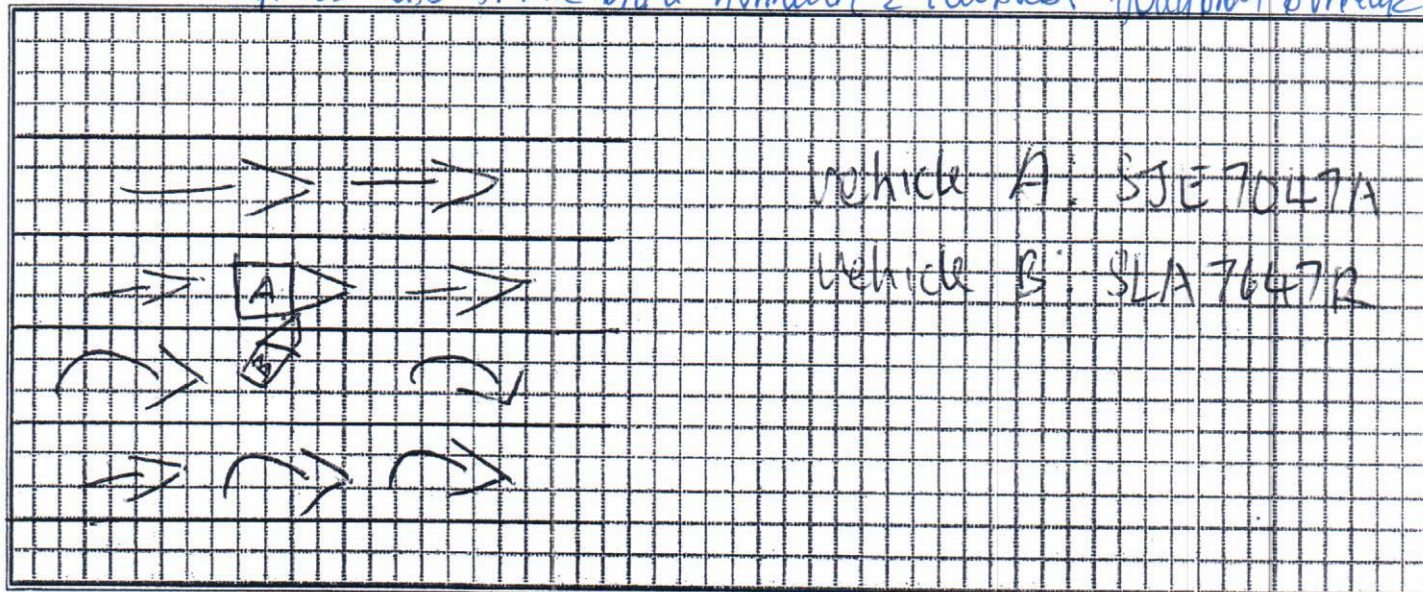
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
17/03/2023

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

Sketch Plan

Tampines Road after OBEU AKAU 2 towards Hougang Avenue 2




Describe Circumstance of the Accident


On the started date & time, I was driving my vehicle on Tampines Road aft defn ave 2, towardly Hougang ave 2, as I was going straight on my lane, vehicle B cut into my lane and bang into my vehicle, my side of the vehicle is badly damage and I have decided to do the claim.

Declaration

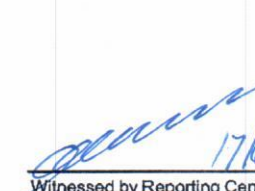
I/We declare the foregoing particulars are true in every respect.

 16/3/23
4:38pm

Policyholder's Signature / Date & Time

 16/3/23
4:38pm

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

 17/03/2023

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

VEHICLE NO: SJE7047A

MAKE & MODEL: BMW 216I

AUTO / MANUAL

DATE OF ACCIDENT	16 / 03 / 23	*C.C.
TIME OF ACCIDENT	8:53 AM / PM	
LOCATION OF ACCIDENT	Tampines Road aft delfu ave 2, towards Hougang ave 2	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	KOK mee Hong	
EMAIL:	Ray-sim81@yahoo.com.sg	Office.
NRIC	MOBILE: 81011333	
CLAIM TYPE	S8711760Z	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	Liberty	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	SJ22V02067 / VPL / 201	
NAME OF DRIVER	AS ABOVE / IF NO Sim Soon Leong, Raymond	
NRIC	S8124285B	
DATE OF BIRTH	01 / 08 / 1981	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	27 / Jun / 2016	
GENDER	Male / Female	
CONTACT NO.	Mobile: 81011333 Office. Home.	
EMAIL:	Ray-sim81@yahoo.com.sg	
ADDRESS	BLK 160B Punggol central #12-119 S822160	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER.	
RELATIONSHIP	Employee / If No. Couple	
WEATHER CONDITION	Clear / Raining / Other.	
ROAD SURFACE	Dry / Wet / Other.	
ANY INJURIES	No / If yes, Who?	
CONVEYED BY AMBULANCE	No / If yes, Who?	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SLA7647R Any Passenger.	
NAME		
CONTACT NO.		
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 / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / NO	

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

Name of Policyholder:

KOK MEE HONG

Date of Issue:

14 Feb 2022

Registration No.:

SJE7047A

Effective Date of Commencement:

28 Mar 2022 00:00

Chassis No.:

WBA2D920805K81155

Certificate No.:

SI22V02067/ VPC / R01

Date of Expiry:

27 Mar 2023 23:59

Type of Certificate:

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

Sum Insured:

* MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I S\$500, Additional Excess for Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0

Name of Finance Company:

UNITED OVERSEAS BANK LIMITED

Name of Producer:

SD CONTEGO SERVICES (A1429-2)