

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In 21/03/2023	Job description		
Ref No NA/HP23002929/04	SAS e-filing		
Veh No SKV 6891	E-mail (within 8hrs, AP 2hrs)		
DOA 20/03/2023 17:30	i-Motor Claim Form		
OD/TP Reporting Only	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: SKZ 7151 J	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
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist	Amt (\$)	
		1st Bill	Add
NA2300831	1) AR: Accident Reporting (\$30);		
Claimant's Particulars	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TP: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) RT: Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments:	6) TR: Re-inspection \$75		
Call 1:	7) N1: Idac DA + SMRT Survey \$160		
Call 2/3:	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 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	21/03/2023 15:42 (SGT)
Reported by	Driver
Date of Accident	20/03/2023 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TUAS BEFORE CLEMENTI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV6989L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG JIA WEI , EUGENE
NRIC No	SXXXX482F
Email Address	wongjiaweieugene@gmail.com
Mobile Phone No	(Phone) +65-97563027
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	SD22V08109/VPC/R00

DRIVER

Name of Driver	CHEN WANYING
NRIC No	SXXXX442J
Date Of Birth	12/08/1982
Occupation	Indoor

Date Of Driving Pass	14/12/2004
Driving experience	18 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93699370
Alt. Phone Number	-
Email Address	firefly_y08@yahoo.com.sg
Address	APT BLK 177 YUNG SHENG ROAD
Address complement	# 17-115
Postcode	610177
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ7151J
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEN WANYING
Gender	Female
Phone No	(Phone) +65-93699370
Address	APT BLK 177 YUNG SHENG ROAD
Address Complement	# 17-115
Post Code	610177
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	SKV6989L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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

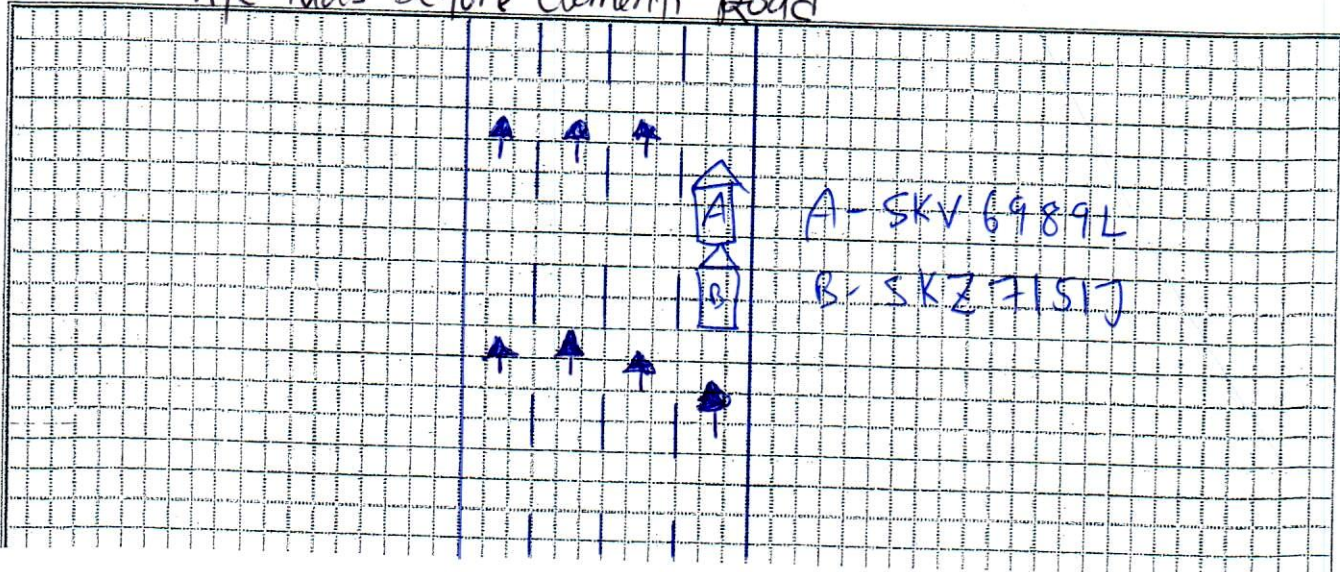
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 21/3/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan Aye Tuas before Clementi Road



Describe Circumstance of the Accident

On the stated date and time I was travelling

along A/E towards before Clementi Road on lane 1.

As the traffic is slow I followed suit and stop.

Suddenly I felt a huge impact from my rear and

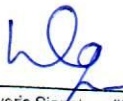
realised that vehicle B collided onto my rear.

Declaration

I/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

 21/3/2023

Witnessed by Reporting Centre Personnel

IDA C

Date of Accident

20/03/23 Accident Time: 1730 (24-HR-FORMAT)

Accident Place

AYE turn before Clementi Road

Vehicle Reg. No (Car plate No.)

SKV 6989L CC: 1500 Vehicle Make/Model: 21bi Gran Coupe

Insurance Company

Liberty Insurance Policy No. SD22V08109/VPC/R00

Name of Registered Owner

Company / Individual Wong Jia Wei, Eugene

ID of Registered Owner

Co Reg No: Co Contact No: Owner's NRIC No: 58011482F

OWNER EMAIL ADDRESS:

WONGJIAWEIEUGENE@GMAIL.COM Co Contact No: Owner's Contact No: 97563027

DRIVER'S Name

Chen Wanying DRIVER'S NRIC No: 58225442J

DRIVER'S Date of Birth

12 Aug 1982 DRIVER'S License Pass Date 14 Dec 2004

Relationship bet. Owner & Driver

Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Husband / Wife

DRIVER'S Address

177 Yung Sheng Road #17-115

DRIVER'S Contact No. / Alt No.

1) 9369 9370 2) -

DRIVER'S Occupation

INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address

FIREFLY_Y08@YAHOO.COM.SG

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):

1 Name & Gender: -

Was the accident reported to the police? YES \ NO

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

Any injuries, if yes (name of the injured person) CHEN WANYING Back and Neck

Other Party Driver's Particulars (if any)

Vehicle Reg No: SKZ 7151J

Vehicle Reg No: -

Vehicle Make/Model: -

Vehicle Make/Model: -

Name DRIVER: -

Name DRIVER: -

IC No. DRIVER: -

IC No. DRIVER: -

DRIVER'S Contact & add: -

DRIVER'S Contact & add: -

REPORT FORM EXPLAINED IN: ENGLISH / CHINESE / MALAY / TAMIL OTHERS: -

WHO REPORTED THE ACCIDENT: OWNER / DRIVER / BOTH

Firefly = y08 @ yahoo.com.sg
Wongjiawei.eugene@gmail.com

SD22V08109_Certificate Of In...

Done



www.libertyinsurance.com.sg



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:

WONG JIA WEI, EUGENE

Date of Issue:

22 Jun 2022

Effective Date of Commencement:

17 Jun 2022 00:00

Registration No.:

SKV6989L

Chassis No.:

WBA32AN0607L01771

Certificate No.:

SD22V08109: VPC / R00

Date of Expiry:

16 Jun 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, 1967 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)

NCD Protection Comprehensive Unlimited Windscreen

Sum Insured

MARKET VALUE AT THE TIME OF LOSS

Excess

Section 1: S\$600, Additional Excess for Young & Inexperienced Drivers: S\$2500, Windscreen Excess: S\$0

Name of Finance Company

DBS BANK LTD

Name of Producer

SD CONTEGO SERVICES (A1429-5)