

NATIONAL Assessment Centre Services			
Date In	03/04/23	Job description	Date & Time Completed
Ref No	NA/LIP23003458/T	SAS e-filing	Done by
Veh No	SAB7622K	E-mail (within 8hrs. AP 2hrs)	
DOA	01/04/23	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: PILLAR	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel: ( )	
Policy No: (		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		
NA 2300997	Invoice Preparation Checklist		
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wof 10 Jan 2005)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) N1: Idas 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: Idas Mobile 30		
	Invoice dated	Fax Charge	
	Invoice dated	Fax Charge	



## 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	03/04/2023 17:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/04/2023 11:00 (SGT)
Exact Location of Accident	Malacca, Malaysia
Additional Location Information	ESTADIA HOTEL CARPARK, MALACCA
Country/State of Loss	Malaysia

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB7602R
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SEOW KIAT
NRIC No	SXXXX154G
Email Address	DARYLTSK@YAHOO.COM
Mobile Phone No	(Phone) +65-81333609
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1797

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V11691/PC/R01/E00

#### DRIVER

Name of Driver	TAN SEOW KIAT
NRIC No	SXXXX154G
Date Of Birth	20/12/1965
Occupation	Indoor

Date Of Driving Pass	01/11/1983
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81333609
Alt. Phone Number	-
Email Address	DARYLTSK@YAHOO.COM
Address	116C RIVERVALE DRIVE
Address complement	#11-42
Postcode	543116
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 Property
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)	6
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	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Male

#### PASSENGER 3

Name	UNKNOWN
Gender	Female

#### PASSENGER 4

Name	UNKNOWN
Gender	Female

#### PASSENGER 5

Name	UNKNOWN
Gender	Female

#### 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 CIRCUMSTANCES OF ACCIDENT.

## 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 .....	PILLAR
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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~~ 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 ~~is~~ use 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~~ 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

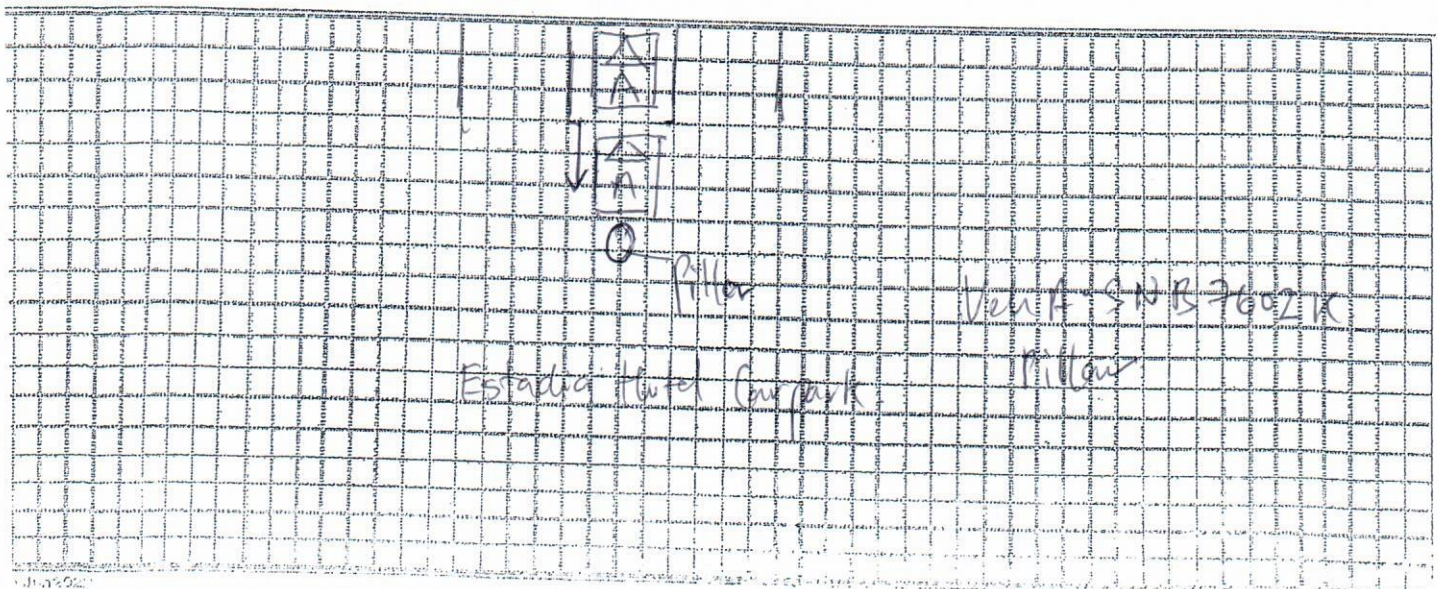
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

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

## Sketch Plan



The sketch plan grid contains the following handwritten notes:

- At the top center, there is a diagram showing a vertical line with a circle at the bottom, labeled "Pillar".
- To the right of the pillar, there is a label "Vehicle A SN B 76021K".
- Below the pillar, there is a label "Estate Hotel Carpark".



Describe Circumstance of the Accident

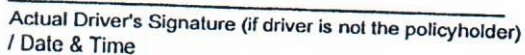
I was reversing my vehicle out from the parking lot at Estadia Hotel Carpark when suddenly my rear portion hit onto a pillar behind.

Declaration

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

x 

Policyholder's Signature / Date & Time

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



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

# ACCIDENT STATEMENT

ACCIDENT DATE: 01/04/2032 (DD/MM/YYYY) TIME: 11:00 <sup>am</sup> (HH:MM)

LOCATION: Estadia Hotel Carpark Malacca

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNB 7602K  
 b) INSURANCE COMPANY: Liberty Ins  
 c) POLICY NUMBER: S122V11691/VPC/KD/E00  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) AUTO / MANUAL  
 e) MAKE & MODEL: Toyota Nakh  
 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: Tan Seow Keat (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S16901546 CONTACT: 81323609  
 c) ADDRESS: BLK 116C Rivervale Drive #11-42 S(543116)

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

DRIVER

- a) NAME: As Above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01 Nov 1983

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (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: Pillar MODEL: \_\_\_\_\_  
 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 = daryltsk@yahoo.com

Phone =

Address =



<b>Name of Producer:</b> VENTURE CREDIT PTE LTD (A1451 PI)	<b>Policy No.:</b> SI22V11691/PC/R01/E00
<b>Date of Issue:</b> 31 Aug 2022	<b>Previous Policy No.:</b> SD21V14096

## Details of Insured

<b>Name of Insured:</b> TAN SEOW KIAT	<b>NRIC/FIN No.:</b> S1690154G
<b>Mailing Address:</b> 116C RIVERVALE DRIVE, #11-42, SINGAPORE	<b>Postal Code (543116)</b>
<b>Period of Insurance (both dates inclusive):</b> From: 13 Sep 2022 00:00 To: 12 Sep 2023 23:59	<b>Occupation:</b> Cro

## Details of Vehicle


<b>Registration No.:</b> SNB7602R	<b>Make and Model:</b> TOYOTA NOAH HYBRID 7-SEATER 1.8 X CVT	<b>Type of Body:</b> MPV
<b>Capacity/Tonnage:</b> 1797 C.C	<b>Seating Capacity Including Driver:</b> 7	<b>Year of Manufacture/Registration:</b> 2021 / 2021
<b>Chassis No.:</b> ZWR800502294	<b>Engine No.:</b> 2ZR2M56921	<b>Sum Insured:</b> MARKET VALUE AT THE TIME OF LOSS
<b>Hire Purchase Owner/Leasing Company:</b> UNITED OVERSEAS BANK LIMITED		
<b>Operative Endorsements:</b> V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0143, V0145, V0152, V0225, V0233, V0236, V0237, V0249, V0276, V0281, Z011		

## Details of Coverage

<b>Type of Plan:</b>	Pte Car - Standard Plan (Comprehensive)
<b>Excess:</b>	Section I -Named Drivers S\$ 500.00 Section I -Unnamed Drivers S\$ 1,000.00 Additional Excess for Young, Elderly & Inexperienced Drivers S\$ 3,000.00 Windscreen Excess S\$ 100.00
<b>Additional Coverage(s):</b>	Unlimited Windscreen , NCD Protection
<b>Name of Driver(s):</b>	TAN SEOW KIAT, CHAN LAI WAH ALICE
<b>Basic Premium:</b>	S\$ 2,483.03
<b>Discounts:</b>	No Claim Discount (50%), Offence Free Discount (5%)
<b>Prevailing GST (7%):</b>	S\$ 82.56
<b>Total Premium Payable Inclusive of Prevailing GST (7%):</b>	S\$ 1,261.99

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: 31 Aug 2022 10:29

  
For and on behalf of  
**LIBERTY INSURANCE PTE LTD**