

# NATIONAL Assessment Centre Services

Date: 21/04/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
RefNo: NA/HP23004106/d4	E-mail (within 8hrs, Aft 2hrs)		
VehNo: SNF1221A	i-Motor Claim Form		
DOA: 20/04/2023 08:40	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	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:

FBT 1174Y.

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

NA230156

Claimant's Particulars	Invoice Preparation Checklist	Amnt (\$)	Amnt
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Call 1:	For claiming against INC Only (wef 10 Jan 2005)		
Call 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idno 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: Idno Mobile \$10		
	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	21/04/2023 08:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/04/2023 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE ( CHANGI ) PAYA LEBAR ROAD EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF1221A
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG HUA YAN
NRIC No	SXXXX544J
Email Address	huayanng@gmail.com
Mobile Phone No	(Phone) +65-97838534
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	SD22V12129/VPC/R00

### DRIVER

Name of Driver	NG HUA YAN
NRIC No	SXXXX544J



Date Of Driving Pass	30/01/2015
Driving experience	8 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97838534
Alt. Phone Number	-
Email Address	huayanng@gmail.com
Address	109 BUKIT PURMEI ROAD
Address complement	# 08-153
Postcode	090109
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	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

#### 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	FBT1174X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	

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

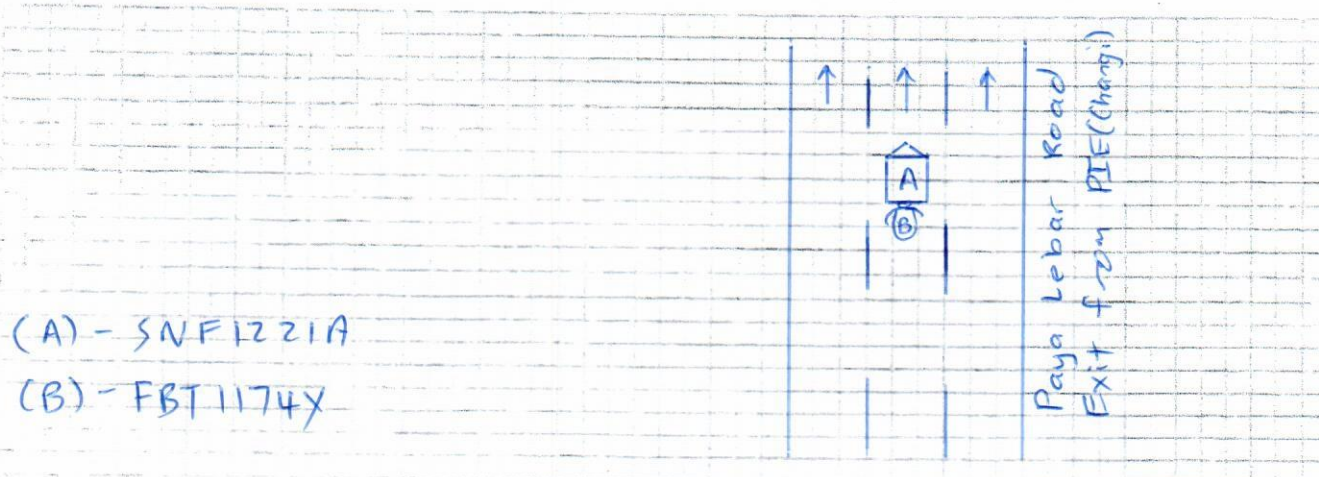
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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


On the 20/04/2023 @ about 8.40a.m, along Paya Lebar Road Exit from PIE(Changi). I was travelling on Lane 2 of the above mentioned road, and when the traffic light turned red, I slowed down and stopped my vehicle (A). Suddenly I heard a loud bang from behind, and when I alighted, I realised it was Vehicle (B) who collided into the rear portion of my Vehicle (A), causing damages to 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

 21/04/2023  
Witnessed by Reporting Centre Person(s)



VEHICLE NO: 5NF1221A

MAKE &amp; MODEL: BMW 216I

AUTO MANUAL

DATE OF ACCIDENT	20.04.2023	°C.C. 1,500
TIME OF ACCIDENT	8.40 AM	PM
LOCATION OF ACCIDENT	PIE (Changi) Paya Lebar Road Exit	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Ng Hua Yan	
EMAIL	huayannng@gmail.com	Office: MOBILE: 9783 8534
NRIC	S9050544J	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES (NO)?	
INSURANCE CO	Liberty	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	SD22V12129/UPC/R00	
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC	S9050544J	
DATE OF BIRTH	29 / 12 / 1990	
ANY PASSENGER	YES (NO):	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	30 / 01 / 2015	
GENDER	Male / Female	
CONTACT NO.	Mobile: 9783 8534 Office:	
EMAIL		
ADDRESS	109 Bukit Permai Road #08-153 S(090109)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER:	
RELATIONSHIP	Employee / If No. owner	
WEATHER CONDITION	Clear / Raining / Other: After Rain	
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.	FBT1174X Any Passenger: 0	
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	
Who is Reporting	Driver / Owner Both	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / 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

**Name of Policyholder:**

NG HUA YAN

**Certificate No.:**

SD22V12129/ VPC / R00

**Date of Issue:**

31 Aug 2022

**Effective Date of Commencement:**

22 Aug 2022 00:00

**Date of Expiry:**

21 Aug 2023 23:59

**Registration No.:**

SNF1221A

**Chassis No.:**

WBA32AN0207L13853

**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\$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)