

NATIONAL Assessment-Centre Services (wef 1 Jan 05)

SM092866005

Date In: 21/06/2023 14:07	Job description	Date & Time Completed	Done by
Ref No: N/A/Ltd 22006292/4	SAS e-filing		
Yeh No: SMC 2662G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 21/06/2023 08:08	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:	Yeh No: SMC 8820H	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

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't
			1st Bill	Add
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF : 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			
	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
Cat. 2 / 3:	8) NTUC Additional Services:-			
	OD*			
	*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		

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	21/06/2023 14:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/06/2023 08:08 (SGT)
Exact Location of Accident	N Canal Rd, Singapore
Additional Location Information	TOWARDS SOUTH CANAL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2662G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEONG CHEE MOON
NRIC No	SXXXX650B
Email Address	himec@singnet.com.sg
Mobile Phone No	(Phone) +65-96506252
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	1796

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V14274/VPP/R02

DRIVER

Name of Driver	CHEONG CHEE MOON
NRIC No	SXXXX650B
Date Of Birth	30/05/1951
Occupation	Indoor

Date Of Driving Pass	04/11/1975
Driving experience	47 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96506252
Alt. Phone Number	-
Email Address	cheongcheemoon@hotmail.com
Address	BLK 109A DEPOT ROAD #17-85
Address complement	-
Postcode	101109
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	DAUGHTER
Gender	Female

PASSENGER 2

Name	DOG
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 SKETCH PLAN

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	SMU8820H
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHRIS CHIA GUAN SOON
NRIC No	SXXXX603F
Contact Number	(Phone) +65-90263838
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 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 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")

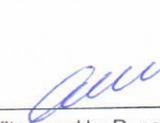
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

x  21/06/23

Policyholder's Signature / Date & Time

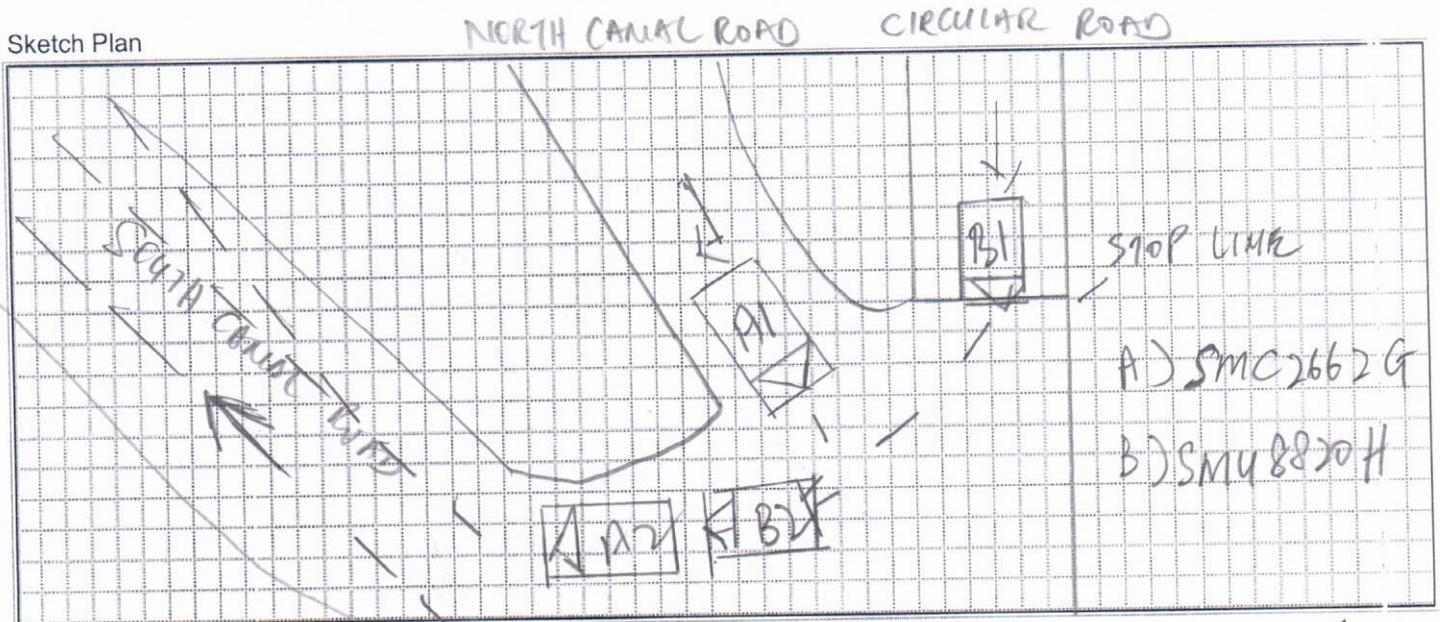
 21/06/2023

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

 21/06/2023

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

Sketch Plan



Describe Circumstance of the Accident

on mentioned date and time, I was driving along North Canal Road leading to South Canal Road (U-TURN). As I was waiting for the vehicles along South Canal Road to clear, vehicle B - (SMU 8820H) crashed against my vehicle's rear section. Since no one injured and no damages to public property NO police vehicle or Ambulance were called to scene. We exchange particulars and took some photos before leaving the scene.

Declaration

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

x

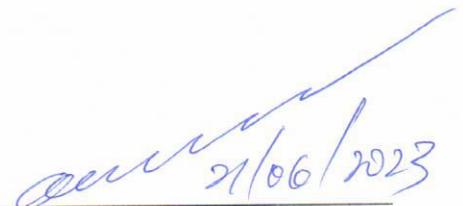


Policyholder's Signature / Date & Time

21/06/23

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

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



21/06/2023

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 21/06/2023	TIME OF ACCIDENT : 08:08 HRS
VEHICLE NO : SMC 2662G	TRANSMISSION : <input checked="" type="radio"/> AUTO / MANUAL
MAKE & MODEL : MERCEDES BENZ E250 (1796cc)	LOCATION : NORTH CANAL ROAD TOWARDS SOUTH CANAL ROAD
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : <input checked="" type="radio"/> OD / <input type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY
INSURANCE COMPANY : LIBERTY	POLICY NO : S122X14274/VPP/R02
TYPE OF COVERAGE : <input checked="" type="radio"/> COMPREHENSIVE / <input type="radio"/> THIRD PARTY / <input type="radio"/> THIRD PARTY & THEFT	VEHICLE TYPE : (<input checked="" type="radio"/> SALOON / <input type="radio"/> COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : CHIA GUAN MOON	NRIC : S0005650B
ADDRESS : BIK 109A DEPOT ROAD #17-25 (101109)	CONTACT NO : 96506252
EMAIL ADDRESS :	VIDEO RECORDING : <input checked="" type="radio"/> YES / <input type="radio"/> NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : <u>owner</u>	PASSENGER : 1 MALE () FEMALE (<input checked="" type="checkbox"/>) <u>DAUGHTER of OC</u>
DATE OF BIRTH : 30 / 05 / 1951	DRIVING PASSING DATE : 09 / 11 / 1975
OCCUPATION : <input checked="" type="radio"/> INDOOR / <input type="radio"/> OUTDOOR	ADDRESS :
ANY INJURIES : <input checked="" type="radio"/> NO, IF YES :	POLICE REPORT : <input checked="" type="radio"/> NO / IF YES WHERE ?
WEATHER CONDITION : <input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / OTHERS	ROAD SURFACE : <input checked="" type="radio"/> DRY / <input type="radio"/> WET / OTHERS
VEHICLE B REG NO : <u>SMU 8820H</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>CHIA GUAN MOON</u>	DRIVER NAME : _____
NRIC : <u>S1240603F</u> (NRIC)	NRIC : _____
CONTACT : <u>90263838</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : 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
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI22V14274 /VPP /R02
Form	MX1
Date of Issue:	20-Oct-2022
1. Index Mark and Registration No. of Vehicle:	SMC2662G
2. Chassis number of Vehicle:	WDD2120472A166946
3. Name of Policyholder:	CHEONG CHEE MOON
4. Effective date of Commencement of Insurance for the purposes of the Act:	21-OCT-2022 00:00
5. Date of Expiry of Insurance:	20-OCT-2023 23:59
6. 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. <small>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.</small>
7. Limitations as to use*:	Use only for social, domestic and pleasure purposes and for the Policyholder's business.
8. 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.
<small>*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.</small>	
<small>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.</small>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <hr/> <p>Authorised Signature</p>	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, NCD Protection
SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$):	Section I -Named Drivers \$1,700.00, Section I -Unnamed Drivers \$2,200.00, Additional Excess for Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	
PRODUCER NAME:	AAS INSURANCE AGENCY PTE. LTD.