

NATIONAL Assessment Centre Services (wef 1 Jan 05)

SN0923760001

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 06/07/2023 10:45 | Job description | Date & Time Completed | Done by |
| Ref No: NPA/LIP23006222/Y | SAS e-filing | | |
| Veh No: SJW 18222 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 05/07/2023 11:25 | 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: GRG 1922Y | 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)

| Remarks:- | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA2302031

Invoice Preparation Checklist

| | Ant (\$) | Ant |
|---|-------------|-----|
| | 1st Bill | Add |
| 1) AR: Accident Reporting (\$30); | | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 3) TF: Towing Fee \$40/\$45 | | |
| 4) FT: Follow-Through Survey \$120 | | |
| 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| For claiming against INC Only (wef 10 Jan 2005) | | |
| 6) TR: Re-inspection \$75 | | |
| 7) N1: Idac 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: Idac Mobile \$30 | | |
| Invoice dated | Fee Charged | |
| Invoice dated | Fee Charged | |

Claimant's Particulars:-

| | |
|---------------------------------|--|
| Driver/Owner: | |
| Contact No: | |
| Damaged Portion: | |
| QC Checked by (Engr-In-Charge): | |

Auditors' Comments:-

| | |
|-------------|--|
| Cat. 1: | |
| Cat. 2 / 3: | |

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 | 06/07/2023 10:45 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 05/07/2023 11:25 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | TOWARDS (CHANGI) WOODSVILLE FLYOVER |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SJW1822Z |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | LEE HUI PENG @ LIM AI HUAY |
| NRIC No | SXXXX933E |
| Email Address | calsialee@gmail.com |
| Mobile Phone No | (Phone) +65-90919966 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Volkswagen |
| Model | Golf |
| 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 | 3189 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SD22V13783/VPE/R00 |

DRIVER

| | |
|----------------|----------------------------|
| Name of Driver | LEE HUI PENG @ LIM AI HUAY |
| NRIC No | SXXXX933E |
| Date Of Birth | 23/02/1969 |
| Occupation | Indoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 01/09/1993 |
| Driving experience | 29 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90919966 |
| Alt. Phone Number | - |
| Email Address | calsialee@gmail.com |
| Address | BLK 55 STIRLING ROAD #01-348 |
| Address complement | - |
| Postcode | 142055 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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) | 2 |
| 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 | VICKY XIE |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| 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 | GBG1922Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|----------|
| Vehicle Registration Number | SHD7106S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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 | LEE HUI PENG @ LIM AI HUAY |
| Gender | Male |
| Phone No | (Phone) +65-90919966 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SJW1822Z |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|---------------|
| Name of injured person | VICKY XIE |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SJW1822Z |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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.

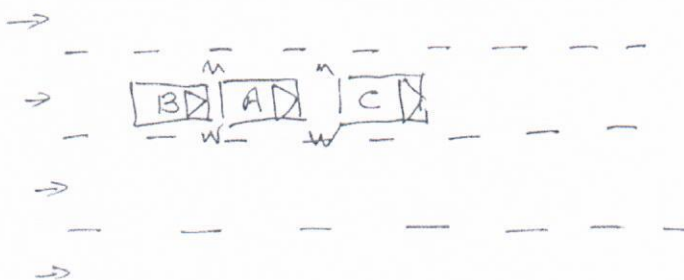
+ 
Policyholder's Signature / Date & Time

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

 06/07/2023
Witnessed by Reporting Centre Personnel
(Name as on R/C Card)

Sketch Plan

PIE → Changi Woodsville Flyover.



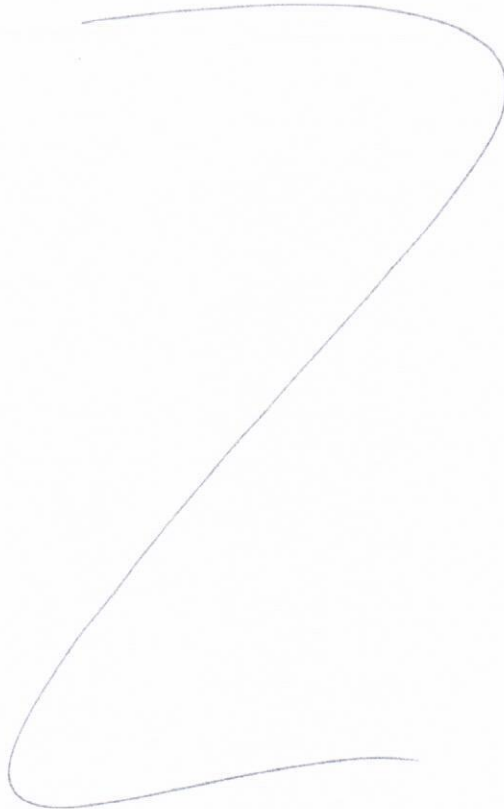
A) SJW 1822Z

B) GRG 1922Y

C) SHA 7106 S

Describe Circumstance of the Accident


Refer to police report no T/20230705/7071

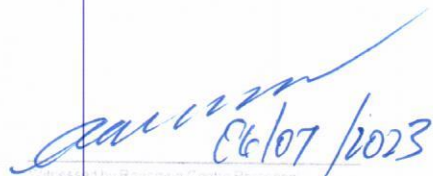


Declaration

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)


Witnessed by Reaching Centre Personnel
(Name as in NR/CID card) 06/07/2023



SINGAPORE POLICE FORCE



T/20230705/7071

1 of 3

Report No. T/20230705/7071

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 05/07/2023 17:39 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|------------------|
| Name of Informant: LEE HUI PENG | | | Address: 55 STIRLING ROAD #01-348 SINGAPORE 142055 | |
| ID Type / ID No.: NRIC NO / S6909933E | | | Contact No.: Home/Office: | Mobile: 90919966 |
| Nationality: SINGAPORE CITIZEN | | | Email: CALSIALEE@GMAIL.COM | |
| Sex: Female | Age: 54 | Date of Birth: 23/02/1969 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | |
| Occupation: Furniture maker and related trades worker | | | Driving Licence Information: Class: 3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 05/07/2023 11:25 | Type of Location: Straight Road |
| Location: PIE(CHANGI) WOODSVILLE FLYOVER | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: CHAIN COLLISION WITH 3 VEHICLE | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|----------------|----------|-------|----------|-------|
| GBG1922Y | Van | TOYOTA | HIACE | | | 0 |
| SHD7106S | Car | HYUNDAI | I40 | | | 0 |
| SJW1822Z | Car | VOLKSWAGO N | GOLF R32 | Black | | 2 |



**SINGAPORE
POLICE FORCE**



T/20230705/7071

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230705/7071

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | XIE SHU WEN VICKY | ID No. | S8108975B |
| Related Vehicle | SJW1822Z (Car) | Contact No. | 96695777 |
| Hospital/Clinic | PHOENIX MEDICAL GROUP | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 05/07/2023 | Date | 05/07/2023 |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |
| Driver | | | |
| Name | LEE HUI PENG | ID No. | S6909933E |
| Related Vehicle | SJW1822Z (Car) | Contact No. | 90919966 |
| Hospital/Clinic | PHOENIX MEDICAL GROUP | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 05/07/2023 | Date | 05/07/2023 |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

I WAS TRAVELLING ALONG PIE (ON WOODSVILLE FLYOVER) , JUST AFTER SAINT ANDREW'S SCHOOL, TOWARDS CHANGI AIRPORT AND.
I FELT A HUGE IMPACE AT THE BACK OF MY CAR, A VAN (GBG 1922 Y) HAD HIT THE REAR END OF MY CAR AND I CONSEQUENTLY (DUE TO THE IMPACE) HIT ANOTHER FRONT CAR (SHD 7106 S)
AFTER THE IMPACT , MY PASSENGER AND I FELT UNCOMFORTABLE WITH BACK AND NECK SORENESS, WE CONSULTED A GP AND WAS GIVEN A 3 DAY MEDICAL LEAVE.



**SINGAPORE
POLICE FORCE**



T/20230705/7071

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230705/7071

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
05/07/2023 17:39

Classification Of Case:

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident 05 07 2023 (dd-mm-yy) Time of Accident 11 25 am (24-HR FORMAT)
Vehicle No. SJW1822Z Vehicle Make & Model - Engine (cc) VW Golf R32 Private Hire (Y/N) ☒
Exact location of Accident PIE (change) woodville Flyover
Policyholder's Name - IC No Lee Hui Peng ROC LEX (Company) S6809933Z
Driver's Name - IC No (As Above) ☒
Driver's Contact No. 90919966 Company Contact No. Owner Contact No.
Driver's Address Blk 55 Stirling Rd #01-348 S (142055)
Owner Email address calsialee@gmail.com Insurance Company Liberty
Driver Email address

Relationship between Owner & Driver: (Please CIRCLE one only)

☒ Driver ☐ Spouse ☐ Children ☐ Friend ☐ Parents ☐ Sibling ☐ Relative ☐ Employee ☐ Hirer or Other's specify

What do you wish to claim? (Please TICK one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor ☐ Outdoor

☒ Private use ☐ Work purpose

*No. of Passengers (Including Driver): 2

* Passenger Name: Vicky & Xie
* Passenger Name:

Gender: Male / ☒ Female
Gender: Male / Female ()

Weather condition & Road conditions / (On the day of accident)

☒ Clear & Dry ☐ Raining & Wet ☐ After-Rain & Wet ☐ Drizzling & Wet Others:

Was there any video captured by your Car Camera? ☐ Yes ☒ No Remarks:

Any Injuries: ☒ Yes ☐ No (If YES) Injured Person's Name Lee Hui Peng, Vicky Xie

Injuries Sustain 3 days m/c Injured Person in Which Vehicle: SJW1822Z.

Police Report filed: ☐ Yes ☐ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name - IC No:

☒ Vehicle No. GBG1922Y.

Driver's Contact No:

Insurance Company:

2. Driver's Name - IC No (If Any):

☒ Vehicle No. SHD71065

Driver's Contact No:

Insurance Company:

Independent Witness (If Any):

Contact No:

Preferred Workshop Name:

Contact No:



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:

LEE HUI PENG @ LIM AI HUAY

Date of Issue:

29 Sep 2022

Registration No.:

SJW1822Z

Effective Date of Commencement:

15 Mar 2023 00:00

Chassis No.:

WVWZZZ1KZ8W023237

Certificate No.:

SD22V13783/ VPE / R00

Date of Expiry:

28 Mar 2024 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, NCD Protection

Sum Insured

MARKET VALUE AT THE TIME OF LOSS

Excess

Section I S\$400 Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000 Windscreen Excess S\$100

Name of Finance Company

Name of Producer:

DICKSON INSURANCE AGENCY PTE. LTD. (A1661-8888)