

# NATIONAL Assessment Centre Services

(wef 1 Jan'06)

Date In: 26/07/2023

Ref No: NALHP23007546/d4

Veh No: SMK 647Y

D.O.A: 25/07/2023 10:12

OD / TP / Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksn

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SLE 6637E

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% P: 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time

Actions

NA2302223

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2/3:

## Invoice Preparation Checklist

- 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 : Idao 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: Idao Mobile \$10

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Amf (\$)

In Bill

Am

Add



# 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 First Submission	26/07/2023 09:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/07/2023 10:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FROM PIE GOING TO KPE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK647Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUA CHIN YONG (CAI JINRONG)
NRIC No	SXXXX628B
Email Address	elsonxchua@gmail.com
Mobile Phone No	(Phone) +65-84181618
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1591

## INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI23V03326/VPE/R02

## DRIVER

Name of Driver	CHUA CHIN YONG (CAI JINRONG)
NRIC No	SXXXX628B

Date Of Driving Pass	06/08/1996
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84181618
Alt. Phone Number	-
Email Address	elsonxchua@gmail.com
Address	490A CHOA CHU KANG AVENUE 5
Address complement	# 11-253
Postcode	681490
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?	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?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE6637E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAKI YUJARI HUI



Contact Number	
Address	(Phone) +65-93393375
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

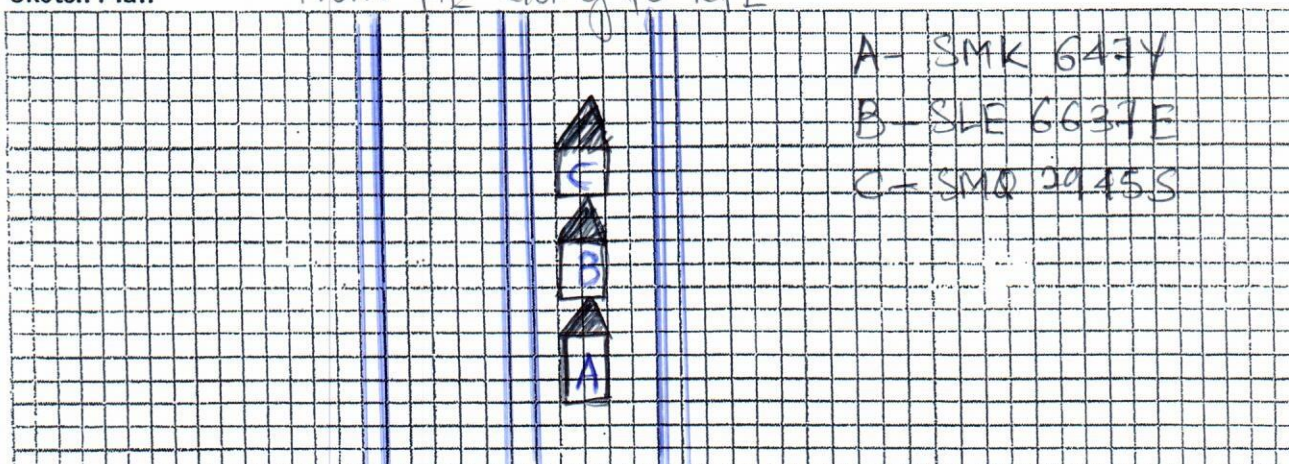
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

From PIE Going to KPE






**Describe the Circumstance of the Accident**

on the above stated date and time, I was from  
PIE going to KPE. I was on the first lane.  
Vehicle C put on a firm brake and vehicle B  
couldn't stop on time and hit vehicle C and I was  
behind vehicle B, and I couldn't stop on time upon  
seeing his firm brake and I bang onto the rear  
portion of vehicle B. It was a three car chain  
collision.

**Declaration**

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

 25-07-23  
Policyholder's Signature / Date & Time

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

 26/7/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 25/07/2023	TIME OF ACCIDENT: 10:12am
VEHICLE NO: SMK 647Y	TRANSMISSION: AUTO / MANUAL
MAKE & MODEL: Kia/Cenuto	LOCATION: From PIE going to KPE
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: Liberty	POLICY NO: SI23V 03326/VPE/R02
TYPE OF COVERAGE:	VEHICLE TYPE: (SALOON) / COUPE/MPV/VAN/LORRY/MOTORCYCLE
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	NRIC:
NAME OF OWNER: Chua Chin Yong (Cal jinnong)	CONTACT NO: 84181618
ADDRESS: 440A Choa Chu Kang Avenue 5 #11-253 681490	VIDEO RECORDING: YES / NO
EMAIL ADDRESS:	NRIC: 87610628B CONTACT NO: 84181618
NAME OF DRIVER: AS ABOVE / IF NO:	PASSENGER: <input checked="" type="radio"/> MALE ( ) FEMALE ( )
DRIVER OWNER RELATIONSHIP: owner	DRIVING PASSING DATE: 06 / 08 / 1996
DATE OF BIRTH: 14 / 03 / 1976	ADDRESS:
OCCUPATION: INDOOR / OUTDOOR	POLICE REPORT: NO / IF YES WHERE?
ANY INJURIES: NO, IF YES:	ROAD SURFACE: DRY / WET / OTHERS
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	VEHICLE B REG NO: SLE 6637E
VEHICLE C REG NO: SMD 29455	DRIVER NAME: Tan Yuan Jin
DRIVER NAME:	NRIC: 89690078C
NRIC:	CONTACT: 93393375
CONTACT:	ANY WITNESS? NO, IF YES:
VEHICLE D REG NO:	NAME:
DRIVER NAME:	CONTACT:
NRIC:	WAS NOTICE OF PROSECUTION GIVEN? (YES / NO)
CONTACT:	IF YES, AGAINST WHOM:
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO)	WERE SEAT BELTS WORN?: YES / NO
WERE SEAT BELTS WORN?: YES / NO	WERE INJURY CONVEYED BY AMBULANCE: YES / NO
WERE INJURY CONVEYED BY AMBULANCE: YES / NO	DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	VEHICLE NUMBER:
VEHICLE NUMBER:	HANDLING INSURER:





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# 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:**

CHUA CHIN YONG (CAI JINRONG)

**Date of Issue:**

21 Mar 2023

**Registration No.:**

SMK647Y

**Effective Date of Commencement:**

28 Mar 2023 00:00

**Chassis No.:**

KNAF3416MK5036847

**Certificate No.:**

SI23V03326/ VPE / R02

**Date of Expiry:**

27 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

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

UNITED OVERSEAS BANK LIMITED

Name of Producer:

DICKSON INSURANCE AGENCY PTE. LTD. (A1661-7)