

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MMA 117154505

Date-In: 22/11/17 13:40	Job description	Date & Time Completed	Done by
Ref No: NA/11P170 22254/64	SAS e-filing		
Veh No: SEP 612 D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/11/17 11:45	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: SLL 63386	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	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	OP:		
	*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 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 ability.
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 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 Report	22/11/2017 13:40
Date Of Accident	22/11/2017 11:45
Exact Location Of Accident	JUNCTION OF VICTORIA ST & ARAB ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFP612D
Insured/Policyholder	
Name Of Registered Owner	GOH CHIH YUAN(WU ZHIYUAN)
NRIC No	S7511454J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97902921
Alternative Phone No	OFFICE-97902921

Vehicle Particulars

Manufacturer	BMW
Model	M5 D/AB SR ABS HID DSC NAV HUD RR/ENT
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V06989/VPS/R05
Cover Note Number	-

Driver

Name of Driver	GOH CHIH YUAN(WU ZHIYUAN)
NRIC No	S7511454J
Date Of Birth	26/04/1975
Occupation	INDOOR
Date Of Driving Pass	05/07/2004
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97902921
Fax Number	
Contact Number	OFFICE-97902921
Email Address	NOEMAIL

Address	NO 5 BERRIMA ROAD
Postcode	299881
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG VICTORIA STREET, WHILE APPROCHING THE TRAFFIC JUNC OF ARAB ST, THE TRAFFIC LIGHT WAS IN MY FAVOR AND VEH B (BEARING NO SLL6338G) WAS DRIVING INFRONT OF ME, WHILE VEH B CROSS THE JUNC AND THE LIGHT TURN TO EMBER, VEH B SUDDENLY JAMMED BRAKE AND STOPPED, I FROM BEHIND CANNOT HAVE ENOUGH TIME TO REACT DUE TO VEH B RECKLESS ACTION. MY VEH HIT ONTO THE REAR PORTION OF THE VEH B. I WISH TO STATE, VEH B HAD ALREADY CROSS OVER THE TRAFFIC JUNC STOP LINE, HE SHOULD HAVE ENOUGH TIME TO CROSS THE JUNC. VEH B IS A GRAB DRIVER AND HAVE A WORKING CAMERA ON HIS CAR.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL6338G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	POON TECK JIN
NRIC/Passport Number	S1621271G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



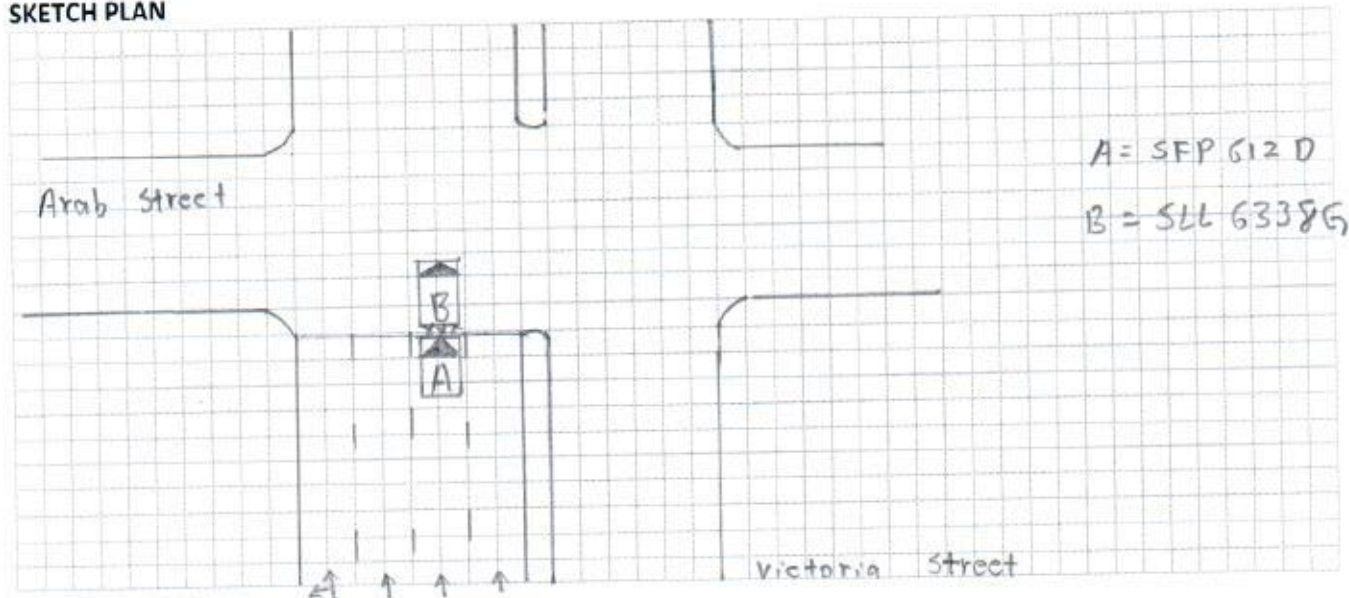
Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

I/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:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Type
PA
Name



Sex
M

Date of birth	Place of birth
26 APR 1975	SINGAPORE

Date of issue	Date of expiry
03 MAY 2013	29 DEC 2018

Modifications	Authority
SEE PAGE 2	MINISTRY OF

National ID No
57511454J

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REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7511454J**
Name: **GOH CHIH YUAN
(WU ZHIYUAN)**

Birth Date: **26 Apr 1975**
Issue Date: **18 Oct 2011**

0020096650



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	05 Jul 2004

NP 428A

Licence No: S7511454J



Liberty Insurance Pte Ltd
Registration no. 190002731D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://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 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No. SD17V06989 /VPS/R05	
Form	MX1
Date of Issue	05-JUN-2017
1. Index Mark and Registration No. of Vehicle:	SFPB12D
2. Chassis number of Vehicle:	WBSFV92060DX95490
3. Name of Policyholder:	GOH CHIH YUAN (WU ZHIYUAN)
4. Effective date of Commencement of Insurance for the purposes of the Act:	05-JUN-2017 12:10 PM
5. Date of Expiry of Insurance:	04-JUN-2018 23:59 PM
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.	
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.	
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.	
*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 (Malaysia) 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 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers	
 Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I - (Driver Must Be Between 27 To 65 Years Old With At Least 2 Years Driving Experience And No Claims For The Past 3 Years) - Singapore S\$5000 / Outside Singapore S\$10000, Windscreen Excess S\$500
FINANCE COMPANY:	BMW FINANCIAL SERVICES SINGAPORE PTE LTD
PRODUCER NAME:	AETNA INSURANCE BROKERS PTE LTD

PLYW/PLYW/05-JUN-17

S1_Cl_T1_T3_OE_Template2-Ver1.

05-JUN-17

Jun 5, 2017, 2:29 PM

IN THE EVENT OF AN ACCIDENT - Please call Liberty Auto Assistance at 1800-LIBERTY (1800-5423-788) and follow instructions as given:

1. Call 995 or 999 for ambulance and police assistance if there is personal injury.
2. Move your vehicle to a safe place if nobody is injured.
3. You need to file a police report within 24 hours if the accident involves:
 - a. Bodily injuries c. Government or foreign vehicles e. Government property
 - b. Cyclist or pedestrian d. Vehicle stolen or vandalized
4. Report the accident with your damaged vehicle to us through our reporting centres or approved workshops within 24 hours or the next working day of the accident.
5. If towing is required, request Liberty Auto Assistance to make the arrangements and instruct the tow-truck operator to take your disabled vehicle to the approved workshop, as arranged by Liberty Auto Assistance. Please do not allow your vehicle to be taken away to any other workshops and do not sign any agreement given by any unauthorised tow-truck operator.

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle. It must be returned to the insurer if the insurance is terminated or does so need. If this Certificate