

NATIONAL Assessment Centre Services

Date In: 11/01/2018 14:49
 Ref No: N/A/1800068914
 Veh No: SLO 9733Y
 D.O.A: 11/01/2018 07:10
 OD: TP Reporting Only
 TP Insured:
 Preferred Wksp / INC Assign Wksp / OW: ()
 Job description: SAS e-illing
 Date & Time Completed: Done by:
 E-mail (within 3hrs, AIC only)
 E-Motor Claim Form
 E-Motor W/O (Within 30 days, TP only)
 E-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax / Hand to Owner/Wksp

TP Particulars: Yeh No: SHC 15D
 Owner / Driver: ()
 Policy No: () Period: ()
 Confirmed by: () Cover Type: ()
 Insured/Driver Liability: ()
 Year of Registration: ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()
 General Remarks: ()
 () Walk-In Customer: Customers Information strictly Confidential & Strictly NO refer of repeller.
 () Total Loss Case: 1 to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()

Remarks: 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo (Repair Cost > \$3000) ()
 Injury: ()
 Date Time Action:

N/A/1800303
 Driver/Owner:
 Contact No:
 Damaged Portion:
 C. Checked by (Ungr-In-Charge):
 Comments:
 L 1:
 L 2/3:
 Invoice Preparation Checklist:
 1) AR: Accident Reporting (\$20)
 2) DA: Damage Assessment (\$100) INC (\$50)
 3) TP: Towing Fee (\$40/\$42)
 4) PT: Follow-Through Survey (\$120)
 5) XT: Follow-Through Survey (Resurvey) (\$20)
 For claimant apply INC Only (Max 10 Jan 200)
 6) TR: Re-inspection (\$13)
 7) NI: (4x) DA + SMRT Survey (\$160)
 8) NTUC Additional Services
 Q11:
 * NI: Courtesy Car / Tpl Allowance \$5
 * NI: Repair Coordination \$10
 * NI: Post Repair Inspection \$25
 * NI: DY / Collect Unacc Coordination \$5
 TP (NI): TP (Kin INC) against INC \$20
 P) NI: (4x) Photos \$10
 Invoice dated: Recd Charged: 11/01/2018
 Issued dated: Recd Charged: 11/01/2018

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 11/01/2018 14:49
Date Of Accident 11/01/2018 07:10
Exact Location Of Accident CLEMENTI AVENUE 6 TOWARDS AYE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ9733Y
Insured/Policyholder
Name Of Registered Owner SHANKER S/O NEELA SEGARAN
NRIC No S7100922Z
Email Address SHANKER.NS@MARUNABAYSANDS.COM
Mobile Phone No (LOCAL) +65-81255433
Alternative Phone No OTHERS-81255433

Vehicle Particulars

Manufacturer JAGUAR
Model XE-2.0 (A)
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 THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number SD17V09381/VPC2/R00
Cover Note Number

Driver

Name of Driver SHANKER S/O NEELA SEGARAN
NRIC No S7100922Z
Date Of Birth 02/01/1971
Occupation INDOOR
Date Of Driving Pass 24/05/1994
Driving Experience 23 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81255433
Fax Number
Contact Number OTHERS-81255433
Email Address SHANKER.NS@MARUNABAYSANDS.COM

Address	32 PAVILION GREEN
Postcode	658317
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

PLEASE REFER TO SKETCH PLAN

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	SHC5215D
Vehicle Make/Model/Colour	RENAULT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOO CHEE KHAI
NRIC/Passport Number	S1701624E
Contact Number	91199618
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 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:



1/11/2018

@ 1450 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

 11/01/2018
Keshi AABAB

A) SLQ 9371Y

B) SHC 5215D

CLARKMAN AVE
TOWARDS AVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TAXI (SHC 5215D) HIT ME FROM
THE REAR.

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

DATE: _____

Date & Time:

NRIC/FIN No.:

11/01/2018

Rosalie Winters

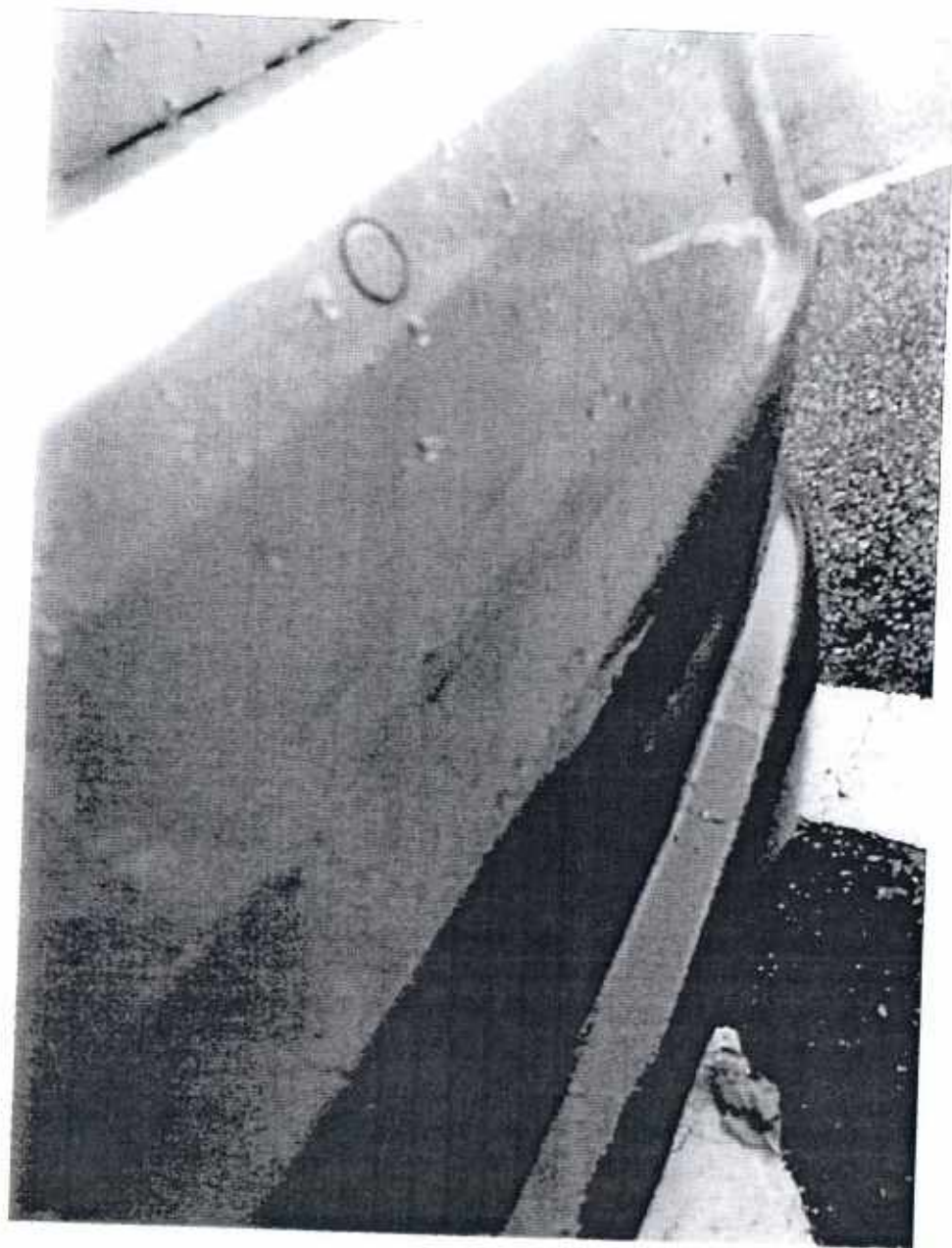
gav
11/01/2018



an
11/01/2018



an 11/01/2018



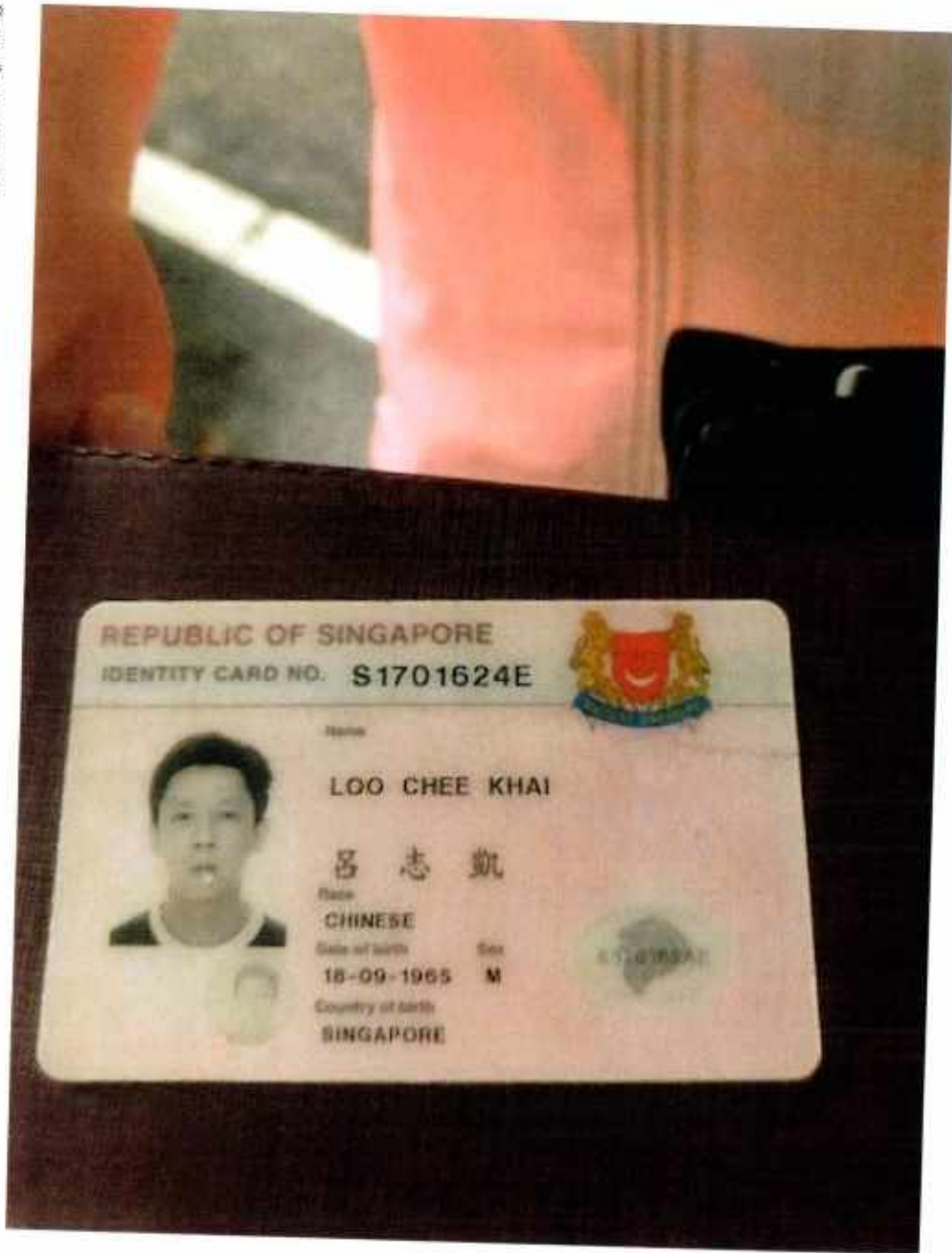
car 11/01/2018



Shanker

Subject:

FW:



Sent from my iPhone

an 11/01/2018

ACCIDENT STATEMENT

ACCIDENT DATE: 11/01/2018 (DD/MM/YYYY), TIME: 0740hrs. (HH:MM)
LOCATION: CLEMENTI AVE 6 HEADING TO AYE

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLQ9377J
b) INSURANCE COMPANY: LIBERTY
c) POLICY NUMBER: SD17V09381/VPC2/200
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: SHANKER S/O NEEDA SELARAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 571009222 CONTACT: 81255433
c) ADDRESS: 32 PAVILION GREEN, 5 (658317)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 02/01/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24051994

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHC 5215D MODEL: REAR END RENAULT TAXI
b) DRIVER'S NAME: LOO CHEE KHAI
c) NRIC/FIN/PASSPORT: 51701624E CONTACT: 91199618

9. THIRD PARTY VEHICLE


d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7100922Z



SHANKER S/O NEELA
SEGARAN

சங்கர்
INDIAN
Date of Birth 02-01-1971
Country of Birth SINGAPORE

Sex M

S7100922Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S7100922Z



SHANKER S/O NEELA SEGARAN

Birth Date: 02 Jan 1971
Issue Date: 06 Sep 2016

002606301J

Q 1 7 7 5 7 9



S7100922Z



Valid Group D- Date of Issue 05-12-1991

32 PAVILION GREEN
SINGAPORE 858317
NRIC No: S7100922Z Date: 18/05/2015

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	22 Aug 1992
Class 2A	Motorcycles between 201 cc and 400 cc	20 Dec 1993
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	24 May 1994
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	31 Jan 1997

NP 426A





**Liberty
Insurance**

Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street

#03-00 Liberty House

Singapore 069428

Tel: (65) 6221 8811 Fax: (65) 6225 6890

Website: <http://www.libertyinsurance.com.sg>

THE SCHEDULE

PTE CAR - STANDARD PLAN 2YP (Comprehensive) Policy Number SD17V09381 / VPC2 / R00

Name and Address of Insured

SHANKER S/O NEELA SEGARAN
32 PAVILION GREEN
SINGAPORE 658317

Replacing No.

Account No. A1716 (JAG)
Registration No. SLQ9377Y
Type of Body SALOON
Capacity/Tonnage 1999 C.C
Engine No. 015258040348204PT
Chassis No. SAJAB4AGXHA954473
Seating Capacity 5 including driver
Year of Mfg/Reg 2017/2017
Make / Model JAGUAR XE 2.0P
PRESTIGE

Profession or Business

Director

Hire Purchase Owner/Leasing Company

OVERSEA-CHINESE BANKING CORPORATION LTD

Period of Insurance (Both Dates Inclusive)

From 27-JUL-17 To 26-JUL-19

Sum Insured

Market value at the time of loss

Named Drivers:

SHANKER S/O NEELA SEGARAN

Excess

Section I - SGD 800, Additional Excess for Young & Inexperienced Drivers - SGD 3000, Windscreen Excess - SGD 100

Extra Coverage

Unlimited Windscreen

Subject to the following Operative Endorsement attached:

V0001, V0009, V0010, V0011, V0012, V0097, V0152, V0225, V0233, V0281, V0302, Z011, V0095, V0002, V0276A, V0308B, V0313D, V0314, V0315, V0316, V0013

THE POLICY'S PREMIUM (IN SINGAPORE DOLLAR)

Basic Premium

6,522.54

NCD

3,261.27 (50%)

Fleet / Other Discounts

0.00

Good Driver Discount

163.06 (5%)

Extra Premium

0.00

Sub Total

3,098.21

GST

216.87 (7.00%)

Total Premium Payable

3,315.08

This Schedule replaces any previous Schedule.
This Schedule and Policy are to be read together as one contract.
Person or classes of persons entitled to drive and limitation as to use, are as specified in the Certificate of Insurance issued in relation to this policy.

SCHEME: JAG

SINGAPORE
For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers


Authorised Signature

PLYH/PLSA/14-AUG-17

S1_TEMPLATE 14-AUG-17