

NATIONAL Assessment Centre Services (Ref: 10105)

Date In: 21/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/LIA18003332/13	SAS e-filing		
Veh No: ABL8838K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/01/18 0915	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SK56659E** 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

NA1801084		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);				
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)				
Contact No:	3) TF: Towing Fee \$40/\$45				
Damaged Portion:	4) FT: Follow-Through Survey \$120				
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30				
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)				
Cat. 1:	6) TR: Re-inspection \$75				
Cat. 2/3:	7) NI: Idac DA + SMRI Survey \$160				
	8) NTUC Additional Services:-				
	OH:				
	*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 date/	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 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	21/02/2018 18:05
Date Of Accident	05/01/2018 09:15
Exact Location Of Accident	PADANG JERINGAU JUST B4 KALLANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8838K
Insured/Policyholder	
Name Of Registered Owner	ROWLEY STEPHEN MICHAEL
Passport No/FIN	G5561442W
Email Address	STEVE@1ROWLEY.COM
Mobile Phone No	(LOCAL) +65-94596364
Alternative Phone No	OTHERS-94596364

Vehicle Particulars

Manufacturer	YAMAHA
Model	-
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	C0070754

Driver

Name of Driver	ROWLEY STEPHEN MICHAEL
Passport No/FIN	G5561442W
Date Of Birth	13/05/1967
Occupation	INDOOR
Date Of Driving Pass	18/03/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94596364
Fax Number	
Contact Number	OTHERS-94596364
Email Address	STEVE@1ROWLEY.COM

Address	18 IPOH LANE #08-02
Postcode	438622
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKS6659E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HIOK KHENG
NRIC/Passport Number	S1690773A
Contact Number	90496268
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ROWLEY STEPHEN MICHAEL
------	------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

FBL8838K

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 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)**

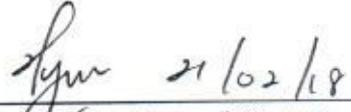
I understand, acknowledge, agree and consent that:

- (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.



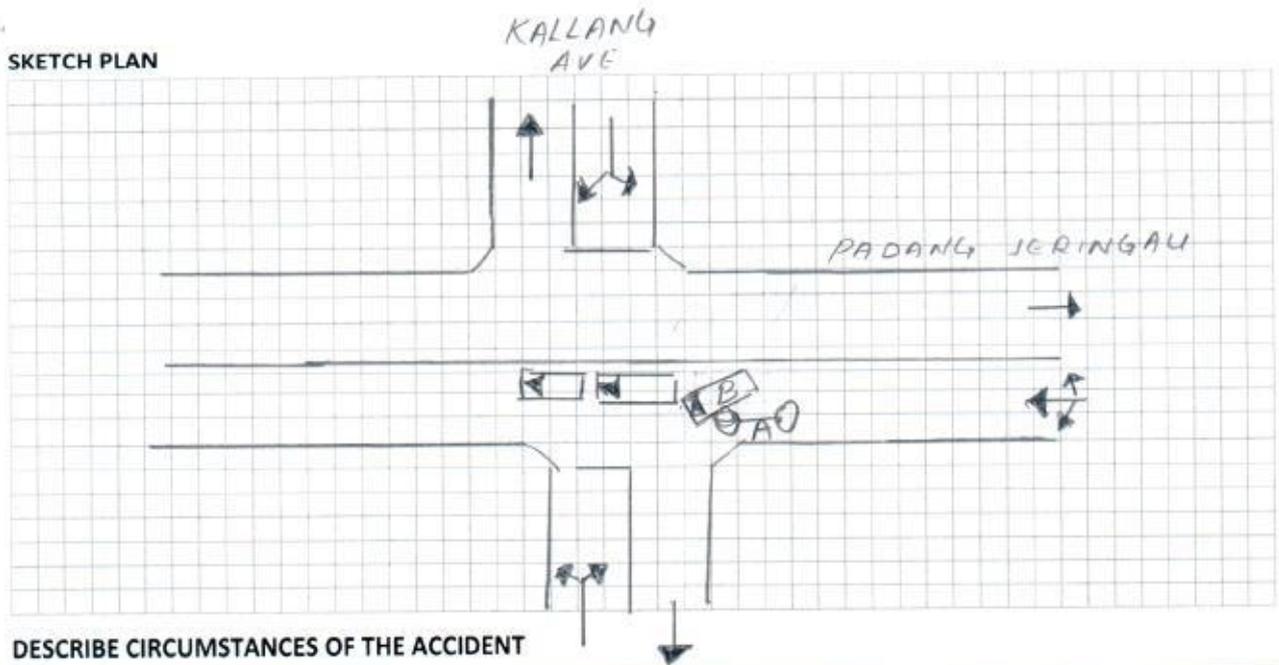
Policyholder's Signature
Date & Time:

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

P/s refer to the statement.

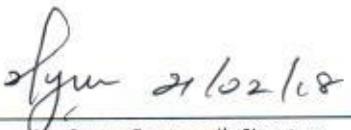
DECLARATION

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.:

I WAS TRAVELLING STRAIGHT ALONG PADANG JERINGAU JUST B4 KALLANG AVE. INFRT OF VEH(B)
WAITING TO MAKE A RIGHT TURN,SUDDENLY VEH B SWERVED HER VEH TO THE LEFT AND MY VEH
HIT ONTO HER LEFT SIDE PORTION OF HER VEH.

ACCIDENT STATEMENT

ACCIDENT DATE: 05/01/2018 (DD/MM/YYYY), TIME: (09:15) (HH:MM)
JERINGAU

LOCATION: PADANG JERINGAU JUST BEFORE KALLANG AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL8838K
- b) INSURANCE COMPANY: LIBERTY
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: YAMAHA MT09 TRACER
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK
- 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: STEPHEN MICHAEL ROWLEY (MALE) / FEMALE)
- b) NRIC/FIN/PASSPORT: G5561442W CONTACT: 94596364
- c) ADDRESS: 18 POH LANE, 08-02, S438622

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* No. of passenger
(Including driver)
(1)

*d) DATE OF BIRTH: (13/05/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18 MAR 2017

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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

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

6. WAS ANYBODY INJURED (YES) / ~~NO~~ SLIGHT.

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKS6659E MODEL: TOYOTA
- b) DRIVER'S NAME: TAN HIOK KHENG
- c) NRIC/FIN/PASSPORT: S1690773A CONTACT: 90496268

* No. of passenger
(Including driver)
()

9. THIRD PARTY VEHICLE

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

* No. of passenger
(Including driver)
()

09/02/18

Email =

fax =

waiting for CI ✓

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G5561442W**

Name: **STEPHEN MICHAEL ROWLEY**

Birth Date: **13 May 1967**

Issue Date: **18 Mar 2017**

Valid Till: **17/03/2022**

002667161G




EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **SELECT 4 PTE. LTD.**

Name: **ROWLEY STEPHEN MICHAEL**

Occupation: **PROJECT DIRECTOR**

FIN: **G5561442W**

Date of Application: **30-03-2017**

Date of Issue: **28-04-2017**

Date of Expiry: **28-04-2019**

L7879825





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

		EFFECTIVE DATE
Class 2B	Motorcycles ≤ 200 cc	18 Mar 2017
Class 2A	Motorcycles between 201 cc and 400 cc	18 Mar 2017
Class 2	Motorcycles > 400 cc	18 Mar 2017
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	18 Mar 2017

94596364

Licence No: G5561442W



NP 428A

VISIT PASS
Immigration Regulations

Name: **ROWLEY STEPHEN MICHAEL**

Date of Birth: **13-05-1967** Sex: **M** Nationality: **BRITISH**

FIN: **G5561442W** Date of Issue: **28-04-2017** Date of Expiry: **28-04-2019**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




ATTN: Mr LEE



www.libertyinsurance.com.sg

Motor Cover Note

Name of Producer: WTT INSURANCE AGENCIES PTE LTD (A1434)
 Date of Issue: 21 Apr 2017

Cover Note No.: C0070754
 Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

Name of Insured:	ROWLEY STEPHEN MICHAEL	
Period of Insurance:	From: 21 Apr 2017 17:25	To: 20 Apr 2018 23:59
Registration No.:	FBL8838K	
Make and Model:	YAMAHA MT-09 ABS TRACER	
Type of Body:	NON SPORTS	
Capacity/Tonnage:	847	
Year of Manufacture/Registration:	2016/2017	
Chassis No.:	JYARN438000004152	
Engine No.:	N701E080524	
Sum Insured:	MARKET VALUE AT TIME OF LOSS	
Name of Finance Company:		
Type of Plan:	Comprehensive	
Excess:	SG:\$1000 MY:\$2500	

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1980, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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).

Not valid unless counter-signed by authorized person.



Date: 21 Apr 2017 17:25

For and on behalf of
 LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

Liberty Insurance Pte Ltd (Registration No. 199002791D) | GST Registration No. M2-0093571-3
 51 Club Street #03-00 Liberty House Singapore 060428 | Tel: 1800-LIBERTY (542 3789) | Fax: (+65) 6223 0434

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