

NATIONAL Assessment Centre Services. (last 1 Jan 200)

Date In: 19/03/2018 16:49	Job description	Date & Time Completed	Done by
Ref No: NA/LIP 18005131/K4	SAS e-billing		
Veh No: SK56376X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/03/2018 12:15	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor Y/O (Within OD 3hrs, TP 4hrs)		
TP Insure:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Veli No: UNKNOWN	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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (UN) Rep. Inc. 678810016	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: _____

NA1801729	Invoice Preparation Credits	Amnt (\$)	Amnt (\$)
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$10/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
C Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$20	
	For claiming against INC Only (wef 10 Jan 200)		
	6) TR: Re-inspection	\$75	
	7) NI: Idav DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	9) NI: Idav Mobiles	\$0	
	10) NI: Courtesy Car / Tpl Allowance	\$5	
	11) NI: Repair Co-ordination	\$10	
	12) NI: Post Repair Inspection	\$25	
	13) NI: DY / Collision Unsett Coordination	\$5	
	TE (NI): TP (Non INC) against INC	\$20	
	14) NI: Idav Mobiles	\$0	
	Invoice dated	Fee Charged	
	Invoice closed	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	19/03/2018 16:49
Date Of Accident	18/03/2018 12:15
Exact Location Of Accident	WOODLAND DRIVE 50 BLK 892C MULTI - STORES CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6376X
Insured/Policyholder	
Name Of Registered Owner	A KANNAN
NRIC No	S1705521F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90622921
Alternative Phone No	OTHERS-90622921

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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	SI17V05719/VPC/R01
Cover Note Number	

Driver

Name of Driver	A KANNAN
NRIC No	S1705521F
Date Of Birth	03/08/1965
Occupation	INDOOR
Date Of Driving Pass	30/05/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90622921
Fax Number	
Contact Number	OTHERS-90622921
Email Address	NOEMAIL

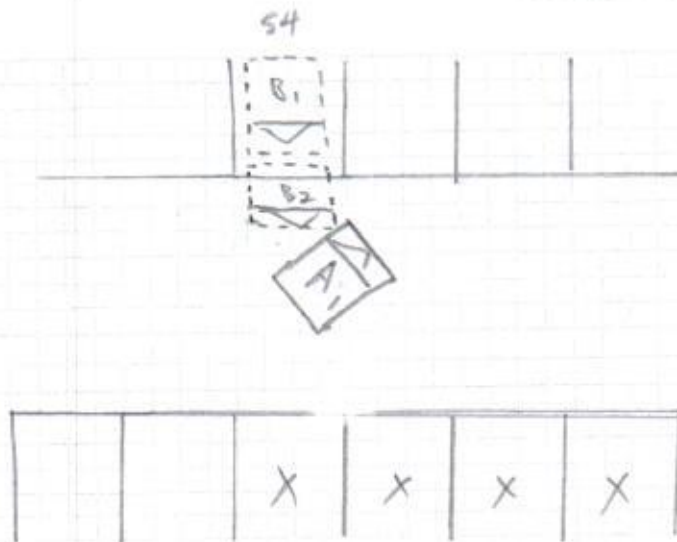
Woodland Drive 50 BLK 892C

Multi-stories
carpark.

vehicle A → sks6376x

vehicle B → x

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the Drive way of woodland Drive 50 BLK 892C multi-story carpark at level 1B. As I found an empty lot, I started to reversed into lot. However- vehicle B which was completely stationary suddenly move out and hit onto my Front left portion.

DECLARATION

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

Swam

Policyholder's Signature
Date & Time:

Swam

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

19/3/2018

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	18/03/18	(DD/MM/YY)
Time of accident	12:15	(HH:MM)
Exact location of accident	Woodland Drive 50 Blk 892C Multi-stories carpark	

DETAILS OF VEHICLE

Vehicle registration number	SKS6376X		
Vehicle make and model	Nissan Sylphy		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>

INSURANCE INFORMATION

Insurance company	Liberty		
Policy number	SI17V05719 / VPC / R01		
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	A Kannan	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1705521F	
Contact	90622921	
Address	Blk 894C Woodlands Drive 50 #03-17 S(732894)	

DRIVER

SAME AS INSURED ABOVE ☒ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	03/08/1965	
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>
Driving date pass	30/05/1997	

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>owner</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>1</u> (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

3433890



WMIC No. S1705521F



Date of issue
08-11-2003

Address
APT BLK 894C WOODLANDS DRIVE 50
#03-17
SINGAPORE 732894


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

PASS DATE
30 May 1997

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

Licence No: S1705521F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1705521F



Name
A KANNAN

அ கண்ணன்

Race
INDIAN

Date of birth
03-08-1965

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENSE



Licence No.
Name
A KANNAN

Birth Date: 03 Aug 1965
Issue Date: 21 Apr 2003

000429185K



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)

Name of Policyholder:

A KANNAN

Date of Issue:

29 Mar 2017

Registration No.:

SKS6376X

Effective Date of Commencement:

28 Apr 2017 00:00

Chassis No.:

MNTBBAB17Z0023286

Certificate No.:

SI17V05719/ VPC / R01

Date of Expiry:

27 Apr 2018 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 (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

For Information Only:
Coverage(s):

Comprehensive, Unlimited Windscreen, NCD Protection

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:

MAYBANK

Name of Producer:

ASSURE INSURANCE AGENCY PTE LTD (A1501-1)