

NATIONAL Assessment Centre Services (wef 1 Jan 05) **MA118039617**

Date In: 23 13/18 15:19	Job description	Date & Time Completed	Done by
Ref No: MA118039617	SAS e-filing		
Veh No: SBQ 1111T	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 22 13/18 23:30	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: SLK 1963 P.	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 :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Dat. 1: Dat. 2 / 3:	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
	1) AR: Accident Reporting (\$30);		30.00	
	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: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services -			
Q1: *N5: Courtesy Car / Tpl Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11): TP (N'n INC) against INC \$20 9) N12: Idac Mobile \$0				
Invoice dated Invoice dated		Fee Charged 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	23/03/2018 15:19
Date Of Accident	22/03/2018 23:30
Exact Location Of Accident	19 JALAN TELITI (S)537313
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBQ1111T
Insured/Policyholder	
Name Of Registered Owner	CHAN HONG ENG
NRIC No	S0805012J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85183002
Alternative Phone No	OFFICE-85183002

Vehicle Particulars

Manufacturer	MASERATI
Model	GRANTURISMO CAMBIOCORSIA
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	SI17V02269/VPS/R03
Cover Note Number	-

Driver

Name of Driver	GOH MENG WEI STEVEN (WU MINWEI)
NRIC No	S7301437I
Date Of Birth	04/01/1973
Occupation	INDOOR
Date Of Driving Pass	19/01/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88221111
Fax Number	
Contact Number	
Email Address	NOEMAIL

SKETCH PLAN

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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:

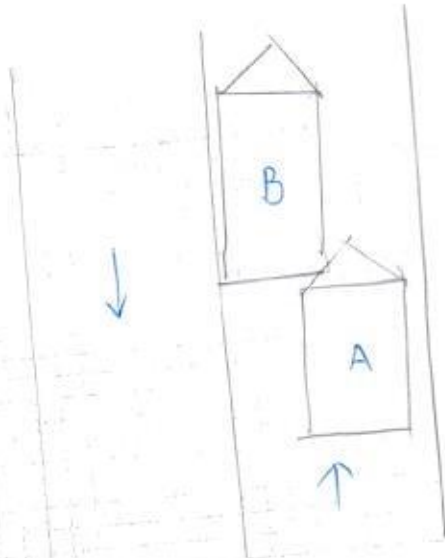
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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



A: SBQ1111T

B: SLK1963P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/03/2018, I parked my vehicle
SBQ1111T at 19 Jalan Teliti 5537313.

About 11.30PM, vehicle SLK1963P reverse
and bang into my vehicle.

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.

Vehicle No.

SGG 11117

Make / Model : Maserati

Date of Accident

22-3-18

Time of Accident

11.30PM

Location of Accident

19 JALAN TELITI 5537313

Purpose of Use

Name of Owner

Chan Hong Eng

NRIC / Business UEN :

Contact No :

HP : 8518 3002 Home : _____

Claim Type :

Own Damage ☒ Third Party ☐ Reporting Only

Private Hire :

Uber / Grab Liberty Insurance

Insurance Company :

☒ Comprehensive ☐ Third Party ☐ TPFT

Type Of Coverage :

Policy No :

Name Of Driver : (as above)

GOH MENG WEI No. Of Passenger : _____

NRIC :

533 014371 Male : _____ Female : _____

Date Of Birth :

04-01-1973

License Pass Date :

19-01-2018

Gender :

☒ Male ☐ Female

Occupation :

Contact No. :

HP : 8822 1111 Home : _____

Address :

725 GEYLANG ROAD 5389636

Driver Own Vehicle :

Relationship :

Employee / Relative / Friend ☒ Raining

Weather Condition :

Day ☒ Night ☐ Wet

Road Surface :

☒ Dry ☐ Wet

Any Injuries :

Contact No. :

Police Report :

Vehicle B No. :

SLK1963P No. Of Passenger : _____

Driver / NRIC

Male : _____ Female : _____

Driver Contact :

Vehicle C :

No. Of Passenger : _____

Driver / NRIC

Male : _____ Female : _____

Driver Contact :

Vehicle D :

No. Of Passenger : _____

Driver / NRIC

Male : _____ Female : _____

Driver Contact :

Vehicle E :

No. Of Passenger : _____

Driver / NRIC

Male : _____ Female : _____

Driver Contact :

Particulars of Workshop :

Tel no :

Fax No:

Person In Charge :

Address :

Email :

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S73014371**
Name



GOH MENG WEI, STEVEN
(WU MINWEI)

Birth Date: 04 Jan 1973
Issue Date: 19 Jan 2018



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S73014371



Name

GOH MENG WEI, STEVEN
(WU MINWEI)

吴民伟

Race
CHINESE

Date of birth
04-01-1973

Sex
M

Country of birth
SINGAPORE



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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

19 Jan 2018



Licence No: S7301437I

NP 428A

4069958



NRIC No. S7301437I



Date of issue

10-07-2007

Address

725 GEYLANG ROAD
SINGAPORE 389638

S7301437I

26/03/2014

Certificate No S117V02269 /VPS /R03
Form MX3
Date of Issue: 06-Feb-2017
1. Index Mark and Registration No. of Vehicle SBQ1111T
2. Chassis number of Vehicle ZAMHH45C000046765
3. Name of Policyholder CHAN HONG ENG
4. Effective date of Commencement of Insurance 24-MAR-2017 00:00
for the purposes of the Act
5. Date of Expiry of Insurance: 23-MAR-2018 23:59
6. Persons or Classes of Persons CHAN HONG ENG, GOH MENG WEI, SOON AI LING
entitled to drive*

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.

[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

SUM INSURED (\$)

EXCESS (\$)

FINANCE COMPANY

PRODUCER NAME

Comprehensive, Unlimited Windscreen, Add. Named Driver Charges

MARKET VALUE AT THE TIME OF LOSS

Section 1 - Singapore S\$20000 / Outside Singapore \$40,000.00, Windscreen Excess \$1,000.00

EUROFINANCE

CHEW JING EN JACOB

Address	725 GEYLANG RD
Postcode	389636
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

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 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	SLK1963P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	