

NATIONAL Assessment Centre Services (Unit 1 2000)

MAIAN8045647

Date In: 05/09/2018 17:28	Job description	Date & Time Completed	Done by
Ref No: M8A21P(80063171)	SAS e-illing		
Veh No: FBK 859X	E-mail (with photo, AIC sheet)		
D.O.A: 06/03/2018 15:00	E-Motor Claim Form		
TP / Reporting Only	E-Motor W/O (with photo sheet, TP sheet)		
	E-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / OW: ( )

TP Particulars: Yell No: ( ) INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: BSL Status (WO): NI: 0-20%; PI: 21-79%; P: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Rem: ( )

( ) 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: ( )

Removals: ( )	INC ( )	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	Action

MA802181	INVOICE PREPARATION CHARGES		
Driver/Owner:	1) AR: Accident Reporting (300)		
Contact No:	2) DA: Damage Assessment (3100)	INC (350)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$40	
C. Checked by (Sign-In-Charge):	4) FT: Follow Through Survey	110	
	5) RT: Follow Through Survey (Resurvey)	20	
	6) TR: Re-inspection	30	
	7) NI: (incl DA + SMRT Survey)	510	
	8) NTUC Additional Services		
	9) NI: (incl DA + SMRT Survey)	510	
	10) NI: (incl DA + SMRT Survey)	510	
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## 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	05/04/2018 17:08
Date Of Accident	06/03/2018 15:00
Exact Location Of Accident	BLK 52 LENGKOK BAHRU OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8559X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NOFTALL ROBIN WARD BARTON @ NOFTALL ROBIN WARD
NRIC No	S2764857F
Email Address	ROBINNOFTALL@MATDAN.COM.SG
Mobile Phone No	(LOCAL) +65-97224120
Alternative Phone No	OTHERS-97224120
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	FJR1300ABS-1,3 (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V01770/VMS/RO2
Cover Note Number	
<b>Driver</b>	
Name of Driver	NOFTALL ROBIN WARD BARTON @ NOFTALL ROBIN WARD
NRIC No	S2764857F
Date Of Birth	11/08/1967
Occupation	INDOOR
Date Of Driving Pass	01/07/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97224120
Fax Number	
Contact Number	OTHERS-97224120
EMail Address	ROBINNOFTALL@MATDAN.COM.SG

Address	BLK 52 LENGKOK BAHRU #02-303
Postcode	150052
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	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?	NO
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINA BAY NPC
Police Station Address	ROAD: 70 MARINA VIEW , POSTCODE: 018962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20180405/2054

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	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:  
5/4/18

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

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

SKETCH PLAN

Bikes

CARS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text on the lined area:

PLS REFER TO POLICE REPORT  
 18/20180405/2054

DECLARATION

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



Policyholder's Signature

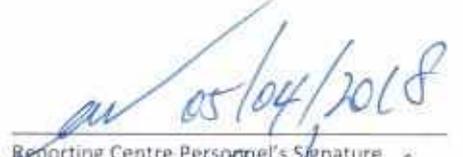
Date & Time:

5/4/18

Driver's Signature

(If driver is not the policyholder)

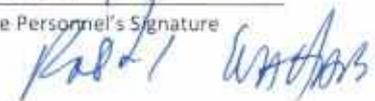
Date & Time:

 05/04/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**POLICE REPORT (NP299)**

Report No. A/20180405/2054

Police Station Of Origin  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

Date/Time Report Made 05/04/2018 12:30		Vide Report No.		Station Diary No. 11	
Name Of Informant NOFTALL ROBIN WARD BARTON		Address APT BLK 52 LENGKOK BAHRU #02-303 SINGAPORE 150052			
ID Type / ID No. NRIC NO / S2764857F		Contact No. Home/Office		Mobile 97224120	
Nationality CANADIAN		Email Address			
Occupation Marine engineer officer		Sex Male	Age 50	Date of Birth 11/08/1967	Race Caucasian
Institution/School Name		Language			
Date/Time Of Incident 06/03/2018 15:00		Location Of Incident Carpark			

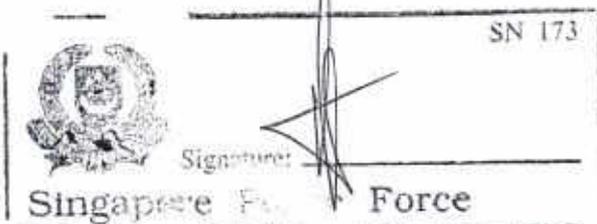
**Brief details.**

On 06/03/2018 at about 1500hrs, my wife informed me that my motorcycle bearing plate number FBK8559X Yamaha FJR1300 Metallic Brown was being topple off and knock onto the next motorcycle. The driver of the motorcycle picked up my motorcycle and informed my wife. On 01/03/2018, I had parked my motorcycle at the lot and did not touched it at all. I do not have evidence on how could my motorcycle fallen and hit onto another motorcycle. There was no CCTV or any witness at the scene. I am lodging this report to claim insurance. That is all.

Signature Of Officer Recording The Report: A / Staff Sgt NGO FENG WEI	
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp TAN QI FANG Contact No.: 62229999	

Signature Of Informant: 
Date/Time: 05/04/2018 12:30
Classification Of Case:

**Authentication Stamp**



# ACCIDENT STATEMENT

ACCIDENT DATE: 6/3/10 (DD/MM/YYYY), TIME: 3 PM (HH:MM)

LOCATION: S2 LENGKOK BAHRU

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 8559 X  
b) INSURANCE COMPANY: LIBERTY INSURANCE  
c) POLICY NUMBER: SI 18V01X70/VMS/RO2  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: FJR 1300 YAMAHA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: BIKE WAS PARKED  
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: ROBIN WAARD BARTON NOFTALL (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S2714857F CONTACT: 97224120  
c) ADDRESS: S2 LENGKOK BAHRU. 02-303

\* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

# No of passenger  
(including driver)  
(0)

- DRIVER:  
a) NAME: AS ASOJIE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

d) DATE OF BIRTH: 05/11/67 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: July 2009

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) CLEAR

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: MARINA BAY NPC

## 8. THIRD PARTY VEHICLE

# No of passenger  
(including driver)  
( )

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

# No of passenger  
(including driver)  
( )

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

Email: ROBINNOFTALL@MAYDAN.COM.SG

Fax: \_\_\_\_\_

Video \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2764857F



Name  
**NOFTALL ROBIN WARD BARTON  
@NOFTALL ROBIN WARD**

Race  
**CAUCASIAN**

Date of birth  
**11-08-1967**

Sex  
**M**

Country/Place of birth  
**CANADA**



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number  
Name  
**S2764857F**  
**NOFTALL ROBIN WARD**

Birth Date: 11 Aug 1967  
Issue Date: 21 May 2014



9362733



NRIC No. S2764857F



Nationality  
**CANADIAN**  
Date of issue  
**12-03-2015**

Address  
**APT BLK 52 LENGKOK BAHRU  
#02-303  
SINGAPORE 150052**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	01 Jul 2009
Class 2A Motorcycles between 201 cc and 400 cc	01 Jul 2009
Class 2 Motorcycles > 400 cc	01 Jul 2009
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	01 Jul 2009



NP 429A

## 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)

<b>Certificate No</b>	SI18V01770 /VMS /R02
<b>Form</b>	MY3
<b>Date of Issue:</b>	07-Feb-2018
<b>1. Index Mark and Registration No. of Vehicle</b>	FBK8659X
<b>2. Chassis number of Vehicle:</b>	JYARP231000003192
<b>3. Name of Policyholder:</b>	NOFTALL ROBIN WARD BARTON @ NOFTALL ROBIN WARD
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	24-FEB-2018 00:00
<b>5. Date of Expiry of Insurance:</b>	23-FEB-2019 23:59
<b>6. Persons or Classes of Persons entitled to drive*:</b>	NOFTALL ROBIN WARD BARTON @ NOFTALL ROBIN WARD

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\*:

- A) Use only for the Policyholder's business or profession.
- B) Use only for social, domestic and pleasure purposes by:

NOFTALL ROBIN WARD BARTON @ NOFTALL ROBIN WARD

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 35 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



Authorized Signature

**For Information only:**

<b>COVERAGE:</b>	Comprehensive
<b>SUM INSURED (S\$):</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS (S\$):</b>	Section I - Singapore S\$1000 / Outside Singapore: \$2,500.00
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	INFINITE CONSULTANCY PTE. LTD.