

NATIONAL Assessment Centre Services [wef 1 Jan 05] MN A118 073153

Date In: 5/6/18-18:52	Job description	Date & Time Completed	Done by
Ref No: NA / 4P18010238/24	SAS e-filing		
Veh No: SLE6874L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 4/6/18-09:30	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: SKP3332H 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

NA1803532	Invoice Preparation Checklist	Amt (\$) Est. Bill	Amt (\$) Add. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
Auditors' Comments:-	8) NTUC Additional Services:-		
	QD*:		
Cat. 1:	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat. 2 / 3:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	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	05/06/2018 18:52
Date Of Accident	04/06/2018 09:30
Exact Location Of Accident	JUNC SHEARES AVE & CENTRAL BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE6874L
Insured/Policyholder	
Name Of Registered Owner	FARIDAH BINTI SIDIK
NRIC No	S1542671C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98193635
Alternative Phone No	OFFICE-98193635

Vehicle Particulars

Manufacturer	BMW
Model	116D 5DR HATCHBACK DSC LED
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	SD16V10187/VPC2/R00
Cover Note Number	

Driver

Name of Driver	SUHAIMI BIN LAZIM
NRIC No	S1637559D
Date Of Birth	07/06/1964
Occupation	INDOOR
Date Of Driving Pass	01/01/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96751694
Fax Number	
Contact Number	OFFICE-96751694
E Mail Address	NOEMAIL

Address	2 EASTWOOD GREEN
Postcode	486514
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

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?	
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)	2
Passenger 1	NAME: : FARIDAH BINTI SIDIK GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP3332H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANUAR
NRIC/Passport Number	
Contact Number	93523633
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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)**

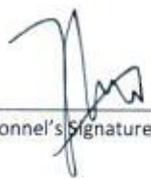
I understand, acknowledge, agree and consent that:

- (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.:

ON STATED DATE AND TIME, MY VEHICLE WAS TURNING FROM LANE 3 JUNC
SHEARES AVE TWDS CENTRAL BLVD AS IT WAS GREEN LIGHT AND IT WAS
SLOW MOVING TRAFFIC ALONG THE WAY. WHEN MY VEHICLE WAS STUCK AT
THE YELOW BOX AT THE JUNCTION, THE TRAFFIC LIGHT REMAINS GREEN AS IT
WAS CONGESTED ALONG CENTRAL BLVD. AS I WAS MOVING FORWARD,
VEHICLE B SWERVED ONTO MY LANE SUDDENLY WHICH RESULTING MY FRONT
LEFT POTION OF MY VEHICLE WAS DAMAGED.

ACCIDENT STATEMENT

ACCIDENT DATE: (4/6/18) (DD/MM/YYYY), TIME: (09:30) (HH:MM)

LOCATION: Junc Shearers Ave & Central Blvd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE6874L MPV
b) INSURANCE COMPANY: Liberty
c) POLICY NUMBER: _____
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) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Faridah Binti Sidik (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1542671C CONTACT: 98193635
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Sahimi Bin Lazim (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1637559D CONTACT: 96751694
c) ADDRESS: 2 Eastwood Green (486514)

*d) DATE OF BIRTH: (7/6/1964) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 11/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

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

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKP 3332H MODEL: _____
b) DRIVER'S NAME: Anuar
c) NRIC/FIN/PASSPORT: _____ CONTACT: 93523633

9. THIRD PARTY VEHICLE

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

* No of passenger (including d) (2)
* Female

* No of passenger (including d) (2)

* No of passenger (including d) ()

email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1637559D



Name

SUHAIMI BIN LAZIM

سوحيمي بن لاذيم

Race

MALAY

Date of birth

Sex

07-06-1964 M

Country of birth

SINGAPORE

S1637559D

4450897



NRIC No. S1637559D



Date of issue

31-07-2009

Address
2 EASTWOOD GREEN
SINGAPORE 486514
NRIC No: S1637559D

Date: 28/11/2017



**SINGAPORE
POLICE FORCE**

**TRAFFIC
SINGAPORE
10, UBI
SINGAPORE 400003
Tel : 65470000
www.police.gov.sg**

Private & Confidential

SUHAIMI BIN LAZIM

2 EASTWOOD GREEN
SINGAPORE 486514

You will receive your photocard driving licence by registered post within 10 to 15 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

S1637559D
(3)

C001378362
05/06/2018

\$25/-

(Please do not detach)

**YOU CAN DRIVE WHILE AWAITING THE
DELIVERY OF YOUR PHOTOCARD
DRIVING LICENCE**

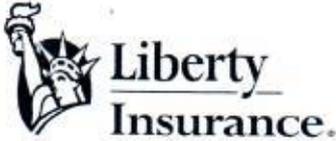
IMPORTANT NOTES

1. To check the delivery status of your photocard driving licence, you may visit the following webpage
<http://www.police.gov.sg/e-services>

FOR NEW DRIVING LICENCE HOLDER

2. Your driving licence is now placed on one-year probation.
3. Please be reminded that your driving licence will be revoked for a period of one-year if you fail to display the P-plate sign twice or accumulated 13 or more demerit points within the first 12 months from the date your driving licence was issued.
4. If your driving licence is revoked, you are required to pass the prescribed tests of competency (theory and practical) before you can be issued with a new driving licence.

(Please do not detach)



1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE

24 HR ACCIDENT RESPONSE
ROADSIDE ASSISTANCE
FLOOD ASSISTANCE

Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6226 3360

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)

Certificate No SD16V10187 /NPC2 /R00
Form MX1
Date of Issue 16-AUG-2016
1. Index Mark and Registration No. of Vehicle: SLE6874L
2. Chassis number of Vehicle: WBA1V720805C07203
3. Name of Policyholder: FARIDAH BINTI SIDIK
4. Effective date of Commencement of Insurance for the purposes of the Act: 29-JUL-2016 00:00 AM
5. Date of Expiry of Insurance: 28-JUL-2018 23:59 PM

6. 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.

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.

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:

COVERAGE :

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen, NCD Protection

MARKET VALUE AT THE TIME OF LOSS

Section I S\$300, Additional Excess For Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0

SD CONTEGO SERVICES

SCCA 20180605

Ver.1.260705