

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MAN/18/06803

Date In: 12/8/2018 18:40	Job description	Date & Time Completed	Done by
Ref No: NIA/LP180/50914	SAS e-filing		
Veh No: FBL 13267	E-mail (w/tdm 8hrs, AIC 2hrs)		
D.O.A: 15/08/2018 08:25	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: SKE 7914	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

<p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Dat. 1:</p> <p>Dat. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpl Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile 30</p>		<p>Am't (\$)</p> <p>Int. Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p>		<p>Fee Charged</p>	
	<p>Invoice dated</p>		<p>Fee Charged</p>	



## 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	17/08/2018 18:40
Date Of Accident	15/08/2018 08:25
Exact Location Of Accident	ALONG BUKIT BATOK WEST AVENUE 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL4336T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOPES ALEXANDRE VINCENT ALVARD
Passport No/FIN	G3213338Q
Email Address	LOPS_ALEXANDRE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-95324278
Alternative Phone No	OTHERS-95324278

### Vehicle Particulars

Manufacturer	DUCATI
Model	STREETFIGHTER S-1.1
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V05109/VMS/R01
Cover Note Number	

### Driver

Name of Driver	LOPES ALEXANDRE VINCENT ALVARD
Passport No/FIN	G3213338Q
Date Of Birth	11/12/1984
Occupation	INDOOR
Date Of Driving Pass	27/01/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-95324278
Fax Number	
Contact Number	OTHERS-95324278
EEmail Address	LOPS_ALEXANDRE@GMAIL.COM

Address	2 HILLVIEW RISE #13-03
Postcode	667978
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	2
Was any body injured in the Accident?	NO
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

PLEASE REFER TO SKETCH PLAN

#### 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	SKE7791Y
Vehicle Make/Model/Colour	MERCEDES BENZ
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)	



## 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: 17/08/2018.

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A) FBL 4336 T

B) SKETRIV

A) FBL 4336 T

BUKIN BATOK AVK 7

B) SKETRIV

I WAS DRIVING EAST ON BUKIT BATOK WEST AVE 7,  
DRIVING TOWARD BUKIT BATOK WEST AVE 7.  
A BLACK MERCEDES WAS IN FRONT OF ME, BEING SLOW, WITHOUT  
INDICATING.  
AS THE RIGHT SIDE OF THE ROAD WAS BUSY WITH ONCOMING  
TRAFFIC, I PROCEEDED TO OVERTAKE ON THE LEFT  
AS I WAS OVERTAKING ON THE LEFT, THE BLACK CAR SUDDENLY  
TURNED LEFT, TO GET INTO THE RECREATIONAL CENTER.  
AT THAT MOMENT WE COLLIDED.

I WAS DRIVING EAST ON BUKIT BATOK WEST AVE 7,  
DRIVING TOWARD BUKIT BATOK WEST AVE 5

A BLACK PERCEDES WAS IN FRONT OF ME, BEING SLOW, WITHOUT INDICATING.

AS THE RIGHT SIDE OF THE ROAD WAS BUSY WITH ONCOMING TRAFFIC, I PROCEEDED TO OVERTAKE ON THE LEFT

AS I WAS OVERTAKING ON THE LEFT, THE BLACK CAR SUDDENLY TURNED LEFT, TO GET INTO THE RECREATIONAL CENTER. AT THAT MOMENT WE COLLIDED.

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

Policyholder's Signature

Date & Time: 17/08/2018.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 15/08/2018 (DD/MM/YYYY), TIME: 8:25 (HH:MM)

LOCATION: BUKIT BATOK WEST AVE 7

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 436 T  
b) INSURANCE COMPANY: LIBERTY INSURANCE  
c) POLICY NUMBER: SDA7V02017  
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: DUKATI STREET FIGHTER S  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL  
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: ALEXANDRE VINCENT HUAN LOPEZ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 632133380 CONTACT: 6595324278  
c) ADDRESS: 2 HILLVIEW RISE #B-03  
657978 SINGAPORE

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

#### DRIVER

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

\*d) DATE OF BIRTH: 11/11/1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27/01/2012

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)

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKE7791Y MODEL: PERLEDES  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = LOPEZ\_ALEXANDRE@YMAIL.COM

VIDEO =



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

Employer:  
**BNP PARIBAS**



Name:  
**LOPES ALEXANDRE VINCENT ALVARO**  
Occupation:  
**DEPARTMENT HEAD**

FIN:  
**G3213338Q**  
Date of Application:  
**22-06-2017**  
Date of Issue:  
**21-08-2017**  
Date of Expiry:  
**01-10-2020**



L8241482



**DRIVING LICENCE**



1. **LOPES**
2. **ALEXANDRE VINCENT A**
3. **11-12-84 FRANCE**
- 4a. **07-02-12** 4b. **17-11-21** 4c. **DVLA**
5. **LOPES812114AV9NY 13**
- 7.
8. **7 WINCHESTER HOUSE, BEAUFORT STREET, LONDON, SW3 5BJ**
9. **A,B,B1,f,k,p**



**VISIT PASS**

Immigration Regulations

Name:  
**LOPES ALEXANDRE VINCENT ALVARO**



Date of Birth: **11-12-1984** Sex: **M** Nationality: **FRENCH**  
FIN: **G3213338Q** Date of Issue: **21-08-2017** Date of Expiry: **01-10-2020**

**MULTIPLE JOURNEY VISA ISSUED**

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



13.	9.	10.	11.	12.
14.	Cat.	From	To	Codes
A		27-01-12	10-12-54	
B		07-01-03	10-12-54	70F
B1		07-01-03	10-12-54	
f,k,p		07-01-03	10-12-54	




1. Surname
2. Other names
3. Date and place of birth
- 4a. Licence valid from
- 4b. Licence valid to
- 4c. Issuing Authority
5. Licence number
9. Category
12. Information codes

AE58046131



## 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>	SD18V05109 /VMS /R01
<b>Form</b>	MY3
<b>Date of Issue</b>	25-MAY-2018
<b>1.Index Mark and Registration No. of Vehicle:</b>	FBL4336T
<b>2.Chassis number of Vehicle:</b>	ZDMF100AA9B005297
<b>3.Name of Policyholder:</b>	ALEXANDRE VINCENT ALVARO LOPES
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	11-JUN-2018 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	10-JUN-2019 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	ALEXANDRE VINCENT ALVARO LOPES
ALEXANDRE VINCENT ALVARO LOPES 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.	
<b>7.Limitations as to use*:</b>	A) Use only for the Policyholder's business or profession. B) Use only for social, domestic and pleasure purposes by: ALEXANDRE VINCENT ALVARO LOPES
<b>8.The Policy does not cover:</b>	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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b> <b>COVERAGE :</b> Comprehensive <b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS <b>EXCESS:</b> Section I (Singapore) S\$1000, Section I (Outside Singapore) S\$2500 <b>FINANCE COMPANY:</b> <b>PRODUCER NAME:</b> CUSTOMER SERVICES CENTRE	

PLGG/PLGG/25-MAY-18

S1\_Cl\_T1\_T3\_OE\_Template4-Ver1. 25-MAY-18