

NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA118141060

Date In: 20/10/18-18:21	Job description	Date & Time Completed	Done by
Ref No: NA1801977424	SAS e-filing		
Veh No: FBM8879L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/10/18-18:50	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: RUD770P	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% P: 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

NA1807048	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 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. 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	30/10/2018 18:21
Date Of Accident	22/10/2018 18:50
Exact Location Of Accident	JUNC CECIL ST & COLLYER QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8879L
Insured/Policyholder	
Name Of Registered Owner	CHANG CHI-YU JEREMY
NRIC No	S8486855H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94885545
Alternative Phone No	OFFICE-94885545

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	C0082506

Driver

Name of Driver	CHANG CHI-YU JEREMY
NRIC No	S8486855H
Date Of Birth	10/02/1984
Occupation	INDOOR
Date Of Driving Pass	18/04/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94885545
Fax Number	
Contact Number	OFFICE-94885545
EMail Address	NOEMAIL

Address	91 MARSHALL ROAD #05-05
Postcode	424887
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	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)	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

REFER TO 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	SLD5770P
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM KWANG MENG, KENNY
NRIC/Passport Number	S8041186C
Contact Number	91991981
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

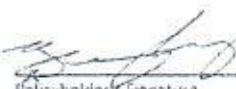
SKETCH PLAN


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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:
30/12/18
16:45


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


Reporting Centre Personnel's Signature
Name
NRIC/FIN No

SKETCH PLAN



①FBM8779L
②SLD5770P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the traffic light on Cecil Street (A1) turning to Finlayson Green other party (Kenny) was at the junction of Robinson Road and Finlayson Green (B1). The traffic light turned green for me and I moved forward to position A2. The traffic moved forward on Finlayson Green, allowing Kenny to edge forward. However, he did not see my bike and his left front clipped my rear wheel, resulting in the accident.

Initially, Kenny stated he did not want to claim insurance and wanted to settle privately. So I took the bike to the repair shop first thing in the morning of Tuesday 23 October 2015. Subsequently, as repairs are ongoing, Kenny informed me his damages were too costly and wanted to claim insurance. This was the reason for not contacting insurance companies immediately at the scene.

DECLARATION

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

Policyholder's Signature
Date & Time:
30/10/18

2
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Date of Accident : 27/10/2018 Accident Time: 18:50 (24-HR-Format)
 Accident Place : Turning From Cecil Street to Finlayson Green, towards Marina
 Vehicle Reg. No. (Car Plate No.) : FBIM 8879L Boule Vard.
 Vehicle Make/Model : CB190R
 Insurance Company : Liberty Policy No. C0082506
 Owner or Company Name / IC No. : CHANG CHI-YU JEREMY / S8486555H
 Owner or Company Contact No. : 94875545 Owner's Hp : - Company Tel :
 DRIVER'S Name / IC No. : AS Owner
 DRIVER'S Date Of Birth : 10/2/1984 DRIVER'S License Pass Date : 18/11/2018
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other : Owner
 DRIVER'S Address : 91 MARSHALL RD #05-05 C57 424887
 DRIVER'S Contact No. / Alt No. : 1) 94875545 2)
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Jeremy.chang100@yahoo.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1 rider only
 Was there any video Captured by car camera: YES (NO)
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: (B) SLD 5770P	Vehicle Reg. No: _____
Vehicle Make/Model: Mazda 3	Vehicle Make/Model: _____
Name Driver: Sim Kwang Meng, Kehng	Name Driver: _____
IC No. Driver: S8041186C	IC No. Driver: _____
Driver's Contact & Add: 91991981	Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8486855H**



Name

CHANG CHI-YU JEREMY

Race

CHINESE

Date of birth

10-02-1984

Sex

M

S8486855H

Country/Place of birth

TAIWAN



NRIC No. **S8486855H**Date of issue
06-11-2017

Address

**91 MARSHALL ROAD
#05-05
SINGAPORE 424887**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S 8 4 8 6 8 5 5 H

Name:

CHANG CHI-YU JEREMY



Birth Date: 10 Feb 1984

Issue Date: 03 Dec 2016



002635049E

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

EFFECTIVE DATE

Class 2B

Motorcycles \leq 200 CC

Class 3

Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

18 Apr 2018

28 Nov 2011

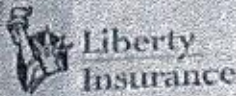
S8486855H

S / No. 9000306440

Licence No: S8486855H



JP 428A



www.libertyinsurance.com.sg

Motor Cover Note

Name of Producer:
BOON SIEW SINGAPORE PTE LTD (A1770)
Date of Issue:
02 May 2018

Cover Note No.:
C0082506
Quotation/ Proposal/ Policy No.:

The insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

Name of Insured:	CHANG CHI-YU JEREMY	To: 01 May 2019 23:59
Period of Insurance:	From: 02 May 2018 15:35	
Registration No.:	FBM8879L	
Make and Model:	CB190R (CBF190WHG)	
Type of Body:	MOTORCYCLE	
Capacity/Tonnage:	164	
Year of Manufacture/Registration:	2017/2018	
Chassis No.:	LWBMC4691J1307829	
Engine No.:	MC46E5064073	
Sum Insured:	MARKET VALUE AT TIME OF LOSS	
Name of Finance Company:	-	
Type of Plan:	Comprehensive	
Excess:	AS AGREED	

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

We hereby certify that this Cover Note 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).

Not valid unless counter-signed by authorized person.

Date: 02 May 2018 15:35
Bryant Gan

For and on behalf of
LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.