

# NATIONAL Assessment Centre Services.

(wef 1 Jan'03)

NAB118/44232

Date In: 08/11/2018 10:28	Job description	Date & Time Completed	Done by
Ref No: NAB/LIP/020844	SAS e-filing		
Veh No: FBJ 4973P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/11/2018 21:00	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: -	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 ( ) / Non-INC ( )	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:
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Date/Time	Actions

NAB07242	Invoice Preparation Checklist
Claimant's Particulars:	1) AR: Accident Reporting (\$30);
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: 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 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NIUC Additional Services:-
	ON:
	*NS: Courtesy Car / Tpt Allowance \$5
	*NG: Repair Co-ordination \$10
	*NT: Post Repair Inspection \$25
	*NB: DV / Collect Excess Coordination \$5
	TP (NI1): TP (Non INC) against INC \$20
	9) NI2: Idao 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	07/11/2018 19:28
Date Of Accident	06/11/2018 21:00
Exact Location Of Accident	MEDIA CIRCLE TURNING LEFT TO MEDIA WALK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4973P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THOMAS LEONARD
NRIC No	S7804772J
Email Address	LEONARDTHOM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97672270
Alternative Phone No	OTHERS-97672270

### Vehicle Particulars

Manufacturer	DUCATI
Model	MULTISTRADA 1200S-1.2
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	SD17V12768/VMS/R00
Cover Note Number	

### Driver

Name of Driver	THOMAS LEONARD
NRIC No	S7804772J
Date Of Birth	17/02/1978
Occupation	INDOOR
Date Of Driving Pass	09/06/1998
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97672270
Fax Number	
Contact Number	OTHERS-97672270
EEmail Address	LEONARDTHOM@HOTMAIL.COM

Address	BLK 127C KIM TIAN ROAD #31-543
Postcode	163127
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
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)	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 INJURED PERSON 1

Name	THOMAS LEONARD
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ4973P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

7/11/18  
1740pm

Driver's Signature

(If driver is not the policyholder)

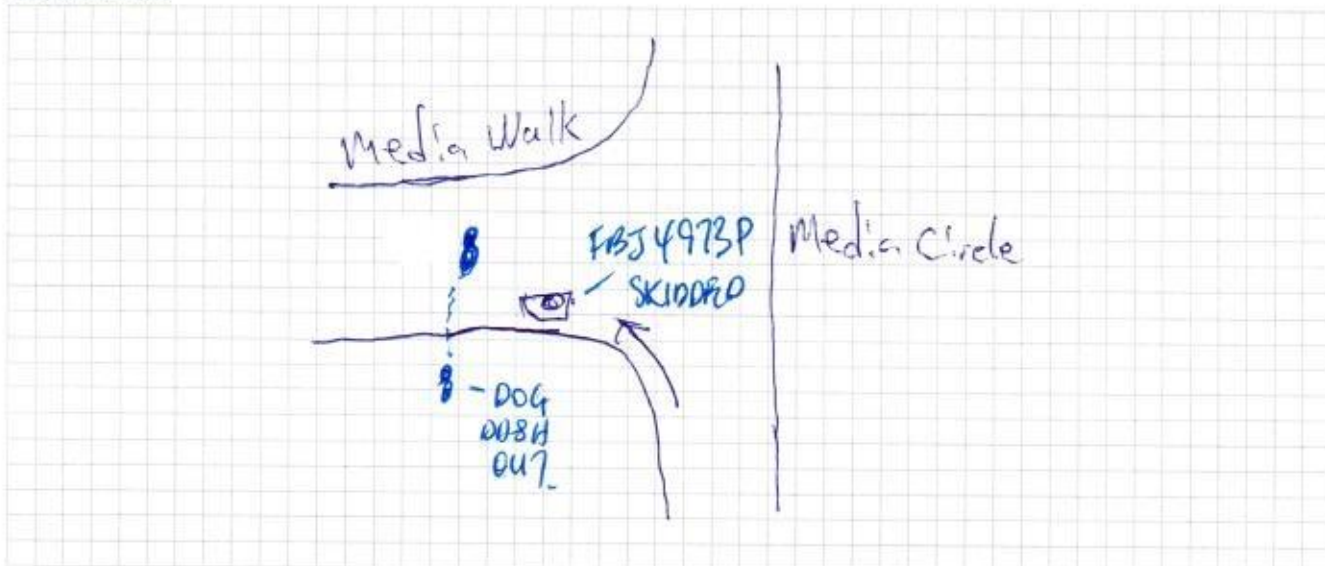
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

6 Nov 18 2100pm I was turning Left from Media circle to Media Walk, suddenly there was a dog dashing out from my left. I then skidded.

## DECLARATION

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

Policyholder's Signature

Date & Time:

GIARMC Sket

7/11/18  
1740pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07/11/2018  
Keshi Hartono



# ACCIDENT STATEMENT

ACCIDENT DATE: 6 / 11 / 2018 (DD/MM/YYYY), TIME: 21 : 00 (HH:MM)

LOCATION: media circle turning left to media walk

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 4973P  
 b) INSURANCE COMPANY: Liberty Insurance  
 c) POLICY NUMBER: SD17V12768/VMS/R00  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: DUCA TI  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) Private  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (YES)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: TITOMAS LEONARD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 97804772J CONTACT: 97672270  
 c) ADDRESS: BK 127C KIM TIAN ROAD #31-543  
S 163127

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

## DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

## 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: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 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 = leonardthom@hotmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7804772J



Name

THOMAS LEONARD

Race

EURASIAN

Date of birth

17-02-1978

Country/Place of birth

SINGAPORE

Sex

M



5843308



NRIC No. S7804772J



Date of issue

07-12-2017

Address

APT BLK 127C KIM TIAN ROAD  
#31-543  
SINGAPORE 163127

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7804772J

NRIC

THOMAS LEONARD

Birth Date: 17 Feb 1978

Issue Date: 30 Nov 2017



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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	10 Jan 1995
Class 2A	Motorcycles between 201 cc and 400 cc	15 Nov 1996
Class 2	Motorcycles > 400 cc	09 Jun 1998
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	24 Feb 1997
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	18 Jul 2001
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	22 Dec 2001
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

NP 428A








Liberty Insurance Pte Ltd  
Registration no. 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6225 6690 Website: <http://www.libertyinsurance.com.sg>

## 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>	SD17V12768 /VMS /R00
<b>Form</b>	MY3
<b>Date of Issue</b>	03-JUL-2018
<b>1.Index Mark and Registration No. of Vehicle:</b>	FBJ4973P
<b>2.Chassis number of Vehicle:</b>	ZDMA300AADB007754
<b>3.Name of Policyholder:</b>	THOMAS LEONARD
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	11-NOV-2017 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	16-JAN-2019 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	THOMAS LEONARD, ONG BAN SU BENJAMIN (WANG WANSHI)
THOMAS LEONARD, ONG BAN SU BENJAMIN (WANG WANSHI) 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>	THOMAS LEONARD, ONG BAN SU BENJAMIN (WANG WANSHI)
<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>	
COVERAGE :	Comprehensive, Flood and Special Perils
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$700, Theft (Outside Singapore) S\$2500
FINANCE COMPANY:	
PRODUCER NAME:	WEARNES AUTOMOTIVE SERVICES PTE LTD

PLKH/PLKH/04-JUL-18

S3\_CI\_T1\_T3\_TEMPLATE4-VER1 04-JUL-18