

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MANA11818620

Date In: 08/11/2008 14:50	Job description	Date & Time Completed	Done by
Ref No: N8A118186202404	SAS e-filing		
Veh No: FB35473J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/10/2008 20:20	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: SK 9334C	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	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

Claimant's Particulars:	Invoice/Preparation Charge List
Driver/Owner:	1) AR: Accident Reporting (\$30);
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30
Ref 1:	For claiming against INC Only (ver 10 Jan 2005)
Ref 2:	6) TR: Re-inspection \$75
Ref 3:	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	OR:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (N11): TP (N-on INC) against INC \$20
	9) N12: 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 willful 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	08/11/2018 14:50
Date Of Accident	15/10/2018 20:20
Exact Location Of Accident	FILTERING FROM WHITLEY ROAD INTO THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5473J
Insured/Policyholder	
Name Of Registered Owner	JAMES EDWARD REDMOND
Passport No/FIN	545985494
Email Address	RMSUBS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91607975
Alternative Phone No	OTHERS-91607975

Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	FLHTR
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	SI18V07919/VMS/R01
Cover Note Number	

Driver

Name of Driver	JAMES EDWARD REDMOND
Passport No/FIN	545985494
Date Of Birth	27/10/1956
Occupation	INDOOR
Date Of Driving Pass	02/11/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91607975
Fax Number	
Contact Number	OTHERS-91607975
Email Address	RMSUBS@HOTMAIL.COM

Address	515 YIO CHU KANG ROAD #02-45
Postcode	787083
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 - HEAD TO REAR
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	SLK9334C
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG YIP SENG
NRIC/Passport Number	S7419989E
Contact Number	97242868
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

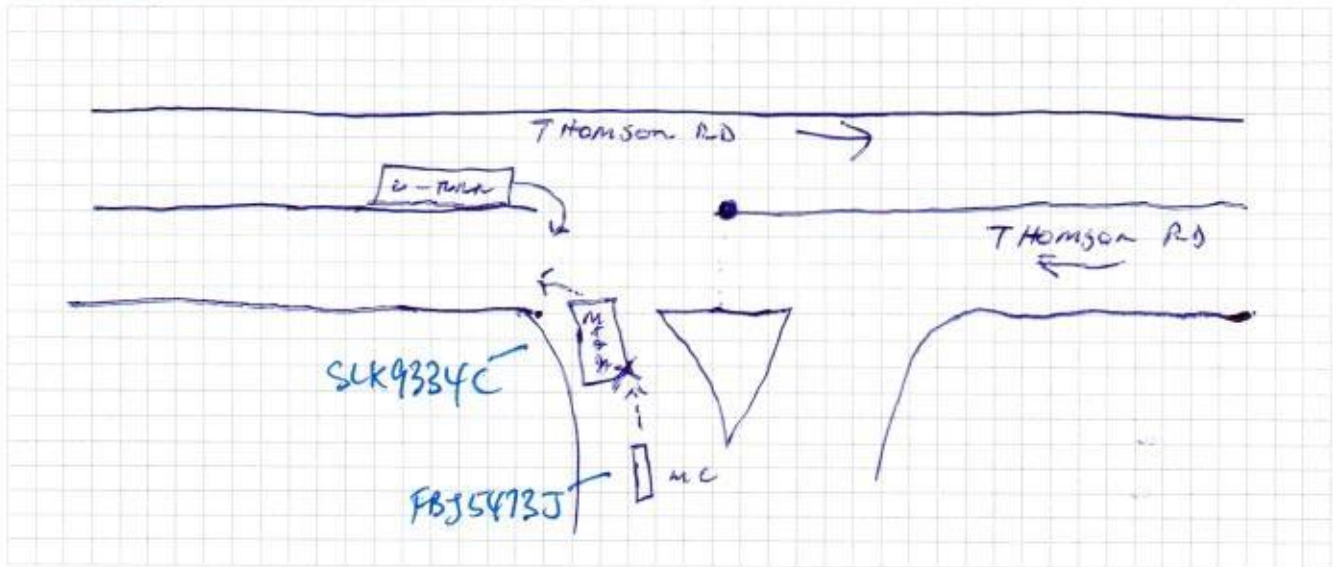
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 08/11/18
Policyholder's Signature
Date & Time: 1444

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

I WAS COMING TO WHITTON / THOMSON RD INTERSECTION TO TURN LEFT BEHIND MAZDA. MAZDA SLOWED TO MERGE INTO THOMSON ROAD, I THEN ACCELERATED TO ENTER THOMSON ROAD. I TURNED TO CHECK TRAFFIC AND NOTICED A VEHICLE PERFORMING A U-TURN FROM OPPOSITE SIDE OF THOMSON ROAD, MOST LIKELY AT SAME TIME OR JUST AFTER THE DRIVER OF MAZDA, WHO HAD STOPPED SUDDENLY RATHER THAN PROCEEDING TO MERGE. I IMMEDIATELY BRAKED BUT HIT HIS RIGHT REAR BUMPER, CAUSING A DENT AND REAR LIGHT TO BREAK, NO DAMAGE OCCURRED TO MY MOTORCYCLE.

DECLARATION

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

Policyholder's Signature *[Signature]* 08/11/18
Date & Time: 1444

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

Reporting Centre Personnel's Signature *[Signature]* 08/11/2018
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*

ACCIDENT STATEMENT

ACCIDENT DATE: 15/10/2018 (DD/MM/YYYY), TIME: 20:20 (HH:MM)

LOCATION: FILTRUNG FROM WHITLEY RD ONTO THOMSON RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBT 5473J
 b) INSURANCE COMPANY: LIBERTY
 c) POLICY NUMBER: SI 18V67919
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HARLEY DAVIDSON FLHTK
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: JAMES REEDMAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 545985494 CONTACT: 91607925
 c) ADDRESS: 515 XIO CHU KANG RD #02-45
SINGAPORE 787083

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS OF ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 27/10/1956 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SLK 9334C MODEL: Mercedes 3
 b) DRIVER'S NAME: NG HIP SENG
 c) NRIC/FIN/PASSPORT: DD 57419989E CONTACT: 9724 2868

9. THIRD PARTY VEHICLE

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

Email = rmsubs@hotmail.com

Fax =

✓ 1 DEO

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do hereby constitute this
Constitution for the United States of America.*



Type / Type / Tipo	Code / Code / Código	Passport No. / No. du Passeport / No. de Pasaporto
P	USA	545985494

Surname / Nom / Apellido

REDMOND

Given Names / Prénoms / Nombres

JAMES EDWARD

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento

27 Oct 1956

Place of birth / Lieu de naissance / Lugar de nacimiento

CALIFORNIA, U.S.A.

CALIFORNIA, U.S.A.
 Date of issue / Date de délivrance / Fecha de expedición

27 Jun 2016

Date of expiration / Date d'expiration / Fecha de caducidad

26 Jun 2026

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 51

Sex / Sexe / Sexo

M

Authority / Autorité / Autoridad

United States

Department of State

USA

P<USAREDMOND<<JAMES<EDWARD<<<<<<<<<<<<<<<<
5459854943USA5610277M2606266275602074<881952

**DRIVERS CARD****2016264**Issued To **JAMES E. REDMOND**Rank/Rate **CIV**Completion Date **9/19/2018**Expiration Date **10/27/2019**

I certify that the above-named person has satisfactorily completed an approved course in driver orientation, as prescribed by the U. S. Singapore Memorandum of Understanding. The holder of this card is hereby permitted to drive on Singapore roads with a valid U. S. drivers license. U. S. Forces personnel, dependants, and civilians are authorized to utilize this card for driving in Singapore.

Page

MAI PAUL CLIMMINGS (Singapore Region Public Safety Office)

Virginia DRIVER'S LICENSE*James E. Redmond*Organ Donor
DAD 088357501Customer Identifier
A62118186Name
**REDMOND
JAMES, EDWARD**Address
**194 DRIFTWOOD DR
CHESAPEAKE, VA 23320-6953**

Sex

M

Eyes

BLU

Height

5 FT 8 IN

Class

M

Endorsements

NONE

Restrictions

NONE

Date of Birth

10/27/1956

Iss. REN

11/02/2011

Exp

10/27/2019

IF INVOLVED IN A GOVERNMENT VEHICLE
ACCIDENT CALL CDO 9736-3691
AND NAVFAC 6750-2626.

IF INVOLVED IN A PERSONAL VEHICLE
ACCIDENT WITH NO INJURIES
REPORT TO INSURANCE.

IF INJURIES ARE INVOLVED
CALL 999 AND 995


Class:
M Motorcycle*James E. Redmond*

00601 003828128 37

DRIVER'S LICENSE NUMBER

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	SI18V07919 /VMS /R01										
Form	MY1										
Date of Issue:	14-Jun-2018										
1.Index Mark and Registration No. of Vehicle:	FBJ5473J										
2.Chassis number of Vehicle:	5HD1KELC9EB689136										
3.Name of Policyholder:	JAMES EDWARD REDMOND										
4.Effective date of Commencement of Insurance for the purposes of the Act:	10-JUL-2018 00:00										
5.Date of Expiry of Insurance:	09-JUL-2019 23:59										
6.Persons or Classes of Persons entitled to drive*:	JAMES E. REDMOND										
<p>The Policyholder only.</p> <p>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.</p> <p>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.</p>											
<p>7.Limitations as to use*:</p> <p>Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession.</p>											
<p>8.The Policy does not cover:</p> <p>A) Use for hire or reward.</p> <p>B) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>C) Use for the carriage of goods (other than samples) in connection with any trade or business.</p> <p>D) Use for any purpose in connection with the Motor Trade.</p>											
<p>*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.</p>											
<p>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).</p>											
<p>For and on behalf of</p> <p>LIBERTY INSURANCE PTE LTD</p> <p>Approved Insurers</p>  <p>Authorised Signature</p>											
<p>For Information only:</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE:</td> <td>Comprehensive, Flood and Special Perils</td> </tr> <tr> <td>SUM INSURED (\$\$):</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS (\$\$):</td> <td>Section I \$1,050.00, Theft (Outside Singapore) \$3,750.00</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td></td> </tr> <tr> <td>PRODUCER NAME:</td> <td>E TAY TRADING COMPANY</td> </tr> </table>		COVERAGE:	Comprehensive, Flood and Special Perils	SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS	EXCESS (\$\$):	Section I \$1,050.00, Theft (Outside Singapore) \$3,750.00	FINANCE COMPANY:		PRODUCER NAME:	E TAY TRADING COMPANY
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