

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] **MWA 118149456.**

Date In: 19/11/18 14:05	Job description	Date & Time Completed	Done by
Ref No: NA/ LIP 18020866/164	SAS e-filing		
Veh No: SKR 8040 G.	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 19/11/18 09:30.	I-Motor Claim Form		
OD: 17 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: GU 1653A.	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: 0788 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

NA 1807602	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) IT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For obtaining against INC Only (ver 10 Jan 2003)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non 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 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	19/11/2018 14:05
Date Of Accident	19/11/2018 09:30
Exact Location Of Accident	PIE TWDS CHANGI B4 LORNIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR8040G
Insured/Policyholder	
Name Of Registered Owner	LEK FABIAN
NRIC No	S0200924B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96260690
Alternative Phone No	OFFICE-96260690

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 SEDAN (R17)
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	SD17V12560/VPC/R00
Cover Note Number	-

Driver

Name of Driver	LEK FABIAN
NRIC No	S0200924B
Date Of Birth	21/01/1952
Occupation	INDOOR
Date Of Driving Pass	18/06/1975
Driving Experience	43 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96260690
Fax Number	
Contact Number	OFFICE-96260690
Email Address	NOEMAIL

Address	67 BURGUNDY CRESCENT
Postcode	658780
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	
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: : ALOYSIU
	GENDER: : MALE

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 ATTACHED 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	GU1653R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DOMINIC
NRIC/Passport Number	
Contact Number	90026886
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

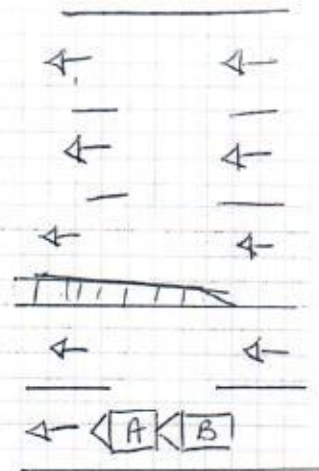


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SKR 8040G

Vehicle B: GU1653R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was driving.

On the stated venue. The front vehicle stopped, I stopped

Suddenly after a few seconds, Vehicle B GU1653R

hit onto the rear portion of my vehicle. I alighted

from my vehicle & realized vehicle B GU1653R couldn't

stopped in time & hit onto my car.

DECLARATION

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



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.:

Date of Accident : 19 Nov 2018 Accident Time: 9:30am (24-HR-Format)
Accident Place : PIE Towards Changi before Lornie Exit
Vehicle No. (Car Plate No.) : SKR 8040 G. Make/Model: Mercedes E200
Insurance Company : Liberty Policy No: SD17V12560
Owner or Company Name /IC No. : Lek Fabian SO200924B
Owner or Company Contact No. : 96260690 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 21 Jan 1954 DRIVER'S License Pass Date 18 Jun 1975
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : 67 Burgurdy Crescent. CSJ658780
DRIVER'S Contact No./ Alt No. : 1) 96260690 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
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): 2
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
Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle No: GU1653R (AKA)	Vehicle No: _____
Vehicle Make/Model: Nissan	Vehicle Make/Model: _____
Name Driver: Neolexis Trading & Services Pte Ltd	Name Driver: _____
IC No. Driver/Contact: Dominic 90026886	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Male : Aloysiu .

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0200924B



Name



LEK FABIAN

Race

CHINESE

Date of Birth

21-01-1952

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE

DRIVING LICENCE

Identity Card No. S0200924B



LEK FABIAN

Birth Date: 21 Jan 1952

Issue Date: 23 Jul 2009



000688767D



1254007



NRIC No. S0200924B

Blood Group Date of issue
A+ 06-09-1993

67 BURGUNDY CRESCENT
SINGAPORE 658780

NRIC No: S0200924B

Date: 30-12-2006 No: 5639785

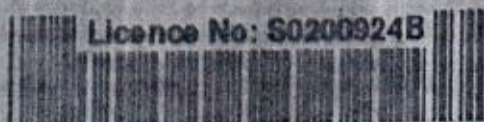
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

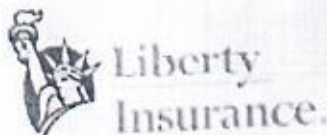
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

18 Jun 1975

NP 428A



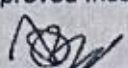
Licence No: S0200924B



Liberty Insurance Pte Ltd
Registration no 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6800
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)

Certificate No	SD17V12560 /NPC /R00
Form	MX1
Date of Issue	28-AUG-2018
1.Index Mark and Registration No. of Vehicle:	SKR8040G
2.Chassis number of Vehicle:	WDD2120342B107234
3.Name of Policyholder:	LEK FABIAN
4.Effective date of Commencement of Insurance for the purposes of the Act:	07-NOV-2017 00:00 AM
5.Date of Expiry of Insurance:	10-MAR-2019 00:00 AM
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	
 _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, NCD Protection
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Windscreen Excess S\$100, Additional Excess For Young, Elderly & Inexperienced S\$3000, Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200
FINANCE COMPANY:	TOKYO CENTURY LEASING (S) PTE LTD
PRODUCER NAME:	HAMILTON AUTOHUB PTE LTD

SCKH/SCKH/28-AUG-18

S3_CL_T1_T3_TEMPLATE2-VER1 28-AUG-18

Aug 28, 2018, 9:42 AM

Aug 28, 2018, 9:42 AM