

NATIONAL Assessment Centre Services. (wef 1 Jan 05) NA/190920

Date In: 19/1/19-16:34	Job description	Date & Time Completed	Done by
Ref No: NA/191920/1238/24	SAS e-filing		
Veh No: JV8X5U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/1/19-15:30	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: HOE3596	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

NA/1920552	Invoice Preparation Checklist	Amt (\$) Inc 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)		
Pat 1:	6) TR: Re-inspection \$75		
Pat 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	19/01/2019 16:54
Date Of Accident	18/01/2019 15:30
Exact Location Of Accident	2 MANDALAY RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV8255U
Insured/Policyholder	
Name Of Registered Owner	ASIA CARZ AUTO
Co Reg No	53310402E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85712226
Alternative Phone No	OFFICE-85712226
Vehicle Particulars	
Manufacturer	BMW
Model	525I XL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V03714/VPZ/R00
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HATTA BIN SUJAK
NRIC No	S7615473B
Date Of Birth	27/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2006
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94518529
Fax Number	
Contact Number	OFFICE-94518529
Email Address	NOEMAIL

Address	BLK 29 MARSILING DRIVE #05-289
Postcode	730029
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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 Witness 1

Name	MD FARHAN BIN SAIN
Phone Number	91692051
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3159G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE SENG ANN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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:

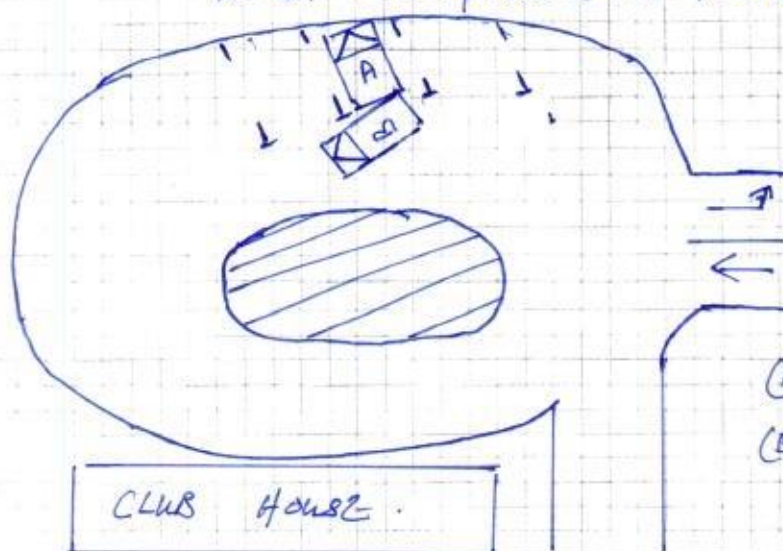
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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


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

No 2, Mandalay Road (NUSS Guardhouse)



(A) SJV & 255 u.

(B) GBC 3159G.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/01/19 at @1345 hrs, I parked my vehicle at the carpark lot of No. 2 Mandalay Road (NASS Guildhouse). At about 1530 hrs, the supervisor at the worksite informed me that a lorry had reversed and collided onto the rear right portion of my vehicle. I then asked the supervisor where is the driver and he direct me to the lorry driver who is doing landscaping job at the site with his contact number. I called the driver and the driver came to meet me at the carpark and we exchange particulars and he wrote a note admitting that he had reversed and collided onto my car. I do a check on my car and found that the impact had pushed my vehicle forward and caused my front bumper to hit onto the kerb in front of my vehicle.

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.:

Vehicle No.	SJV 8255 U. Model / Make BMW 525i		
Date of Accident	18/01/19.		
Time of Accident	1530 HRS		
Location of Accident	No. 2 Mandalay Road (NUSS open carpark re).		
Exact purpose use during accident	Chauffeur		
Name of Owner	Asia Carz Auto.		
Telephone No.	H/P: 8571 2226.	Home:	Office:
NRIC	S3310402E.		
Address	BLK 18, Sin Meng Lane #02-06 Midview City (R) 573960.		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NTUC Life		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5094316878.		
Name of Driver	As Above If No, Muhammad Hatta Bin Suzak.		
NRIC	376154738.	Any Passengers: N/A	
Date of birth	27/06/1976.		
Occupation	<u>Outdoor</u>	/ Indoor	
Driving License Pass Date	23/02/2006.		
Gender	<u>Male</u>	/ Female	
Contact No.	H/P: 9451 8529.	Home:	Office:
Address	BLK 29. Marsden Drive #05-289 (R) 730029.		
Driver have any own vehicle	<u>No,</u>	If yes, Reg No.	
Relationship	Employee,	If no, state <u>Driver</u> .	
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	<u>No,</u>	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No,</u>	If Yes, Where?	
Vehicle B No.	GBE 3159 G.	Any Passengers:	N/A.
Name of Driver	LEE SENG ANN.	Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	Mr Farkan Bin Sam.	Witness Contact:	9169 2051
Accident Portion	Rear Right Portion and front bumper.		
Camera Recorder	Yes <u>X</u> No		
Email Address	muhd-hechter@yahoo.com.		
PARTICULAR WORKSHOP	Twincar.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

I, Lee Seng Ann, NRIC S0173052E,
do hereby admit to have reversed a
lorry bearing plate number GRE 3159G
and knocked the right rear bumper
of a black BMW 525i, bearing
plate number ~~SJV 8255~~⁸²⁵⁵ SJV 8255U
at a carpark of NUSS Guild House
at NO. 2 Mandalay Road.


Name : LEE SENG ANN

Signature 

Date 18/1/19

Time 1530pm

Witness name: Md Fakhri Bin Sain

signature : 

Date : 18/1/19

Time : 1530pm.

REPUBLIC OF SINGAPORE DRIVING LICEN



Licence Number: **S7615473B**
Name:

MUHAMMAD HATTA BIN SUJAK

Birth Date: **27 May 1976**

Issue Date: **07 Jan 2004**



001078082B

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7615473B**



Name

MUHAMMAD HATTA BIN SUJAK

Race

MALAY

Date of birth

27-05-1976

Country of birth

SINGAPORE

Sex

M

S7615473B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles \leq 200 CC
Class 3 Motor cars \leq 3000 kg with \leq 3 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

PASS DATE

27 May 1996

23 Feb 2006

S7615473B

S / No. 9000046470

Licence No: S7615473B



NP 428A

3898893



NRIC No: **S7615473B**



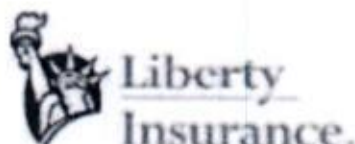
Date of issue

28-06-2006

**APT BLK 29 MARSILING DRIVE #05-289
SINGAPORE 730029**

S7615473B


19/02/2014



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
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	SD18V03714 /VPZ /R00
Form	MZ406C
Date Of Issue	24-SEP-2018
1.Index Mark and Registration No. of Vehicle:	SJV8255U
2.Chassis number of Vehicle:	WBANU52070C228545
3.Name of Policyholder:	ASIA CARZ AUTO
4.Effective date of Commencement of Insurance for the purpose of the Act:	22-SEP-2018 00:00 AM
5.Date of Expiry of Insurance:	17-APR-2019 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.	
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*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business.	
B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.	
C) Use for the carriage of passengers for hire or reward under "Uber/Grabcar" by the person to whom the vehicle is hired.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trial or speed-testing.	
B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*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, Grabcar Extension (Geographical Area: Singapore Only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$2500, Section II S\$2000, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	CH INSURANCE AGENCY PTE LTD

PLAS/PLAS/24-SEP-18

S1_CI_T1_T3_OE_Template2-Ver1.

24-SEP-18