

NATIONAL Assessment Centre Services. [wef 1 Jan 00] MNA/19024628			
Date In:	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP/19003340/4	SAS e-filing		
Veh No: SKA 2656J	E-mail (w/da 2hrs, AIC 2hrs)		
D.O.A: 1708/2009 20:30	I-Motor Claim Form		
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHD 9746G	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% F: 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: (wef 1 Jan 00) 0788/6616			
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury: ()			
Date/Time: ()			
Action: ()			
MNA/1901394			
Client/TP Particulars:			
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100): INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP:		
	*N5: Courtesy Car / Tpt Allowance \$35		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$35		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idau Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
QC Checked by (Engr-In-Charge):			
Auditors Comments:			
2/3			

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	22/02/2019 10:38
Date Of Accident	17/02/2019 20:30
Exact Location Of Accident	JUNCTION OF KILLINEY ROAD AND DEVONSHIRE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2658J
Insured/Policyholder	
Name Of Registered Owner	CHENG CHIH KWONG @ THIE TJI KOANG
Co Reg No	-
Email Address	CEO@PRIMA.COM.SG
Mobile Phone No	(LOCAL) +65-96330113
Alternative Phone No	OFFICE-96330113

Vehicle Particulars

Manufacturer	ROLLS-ROYCE
Model	BLACK
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V00643/VPS/R01
Cover Note Number	

Driver

Name of Driver	MOHD FAIZAL BIN ABDULLAH
NRIC No	S1837644Z
Date Of Birth	01/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96330113
Fax Number	
Contact Number	OTHERS-96330113
Email Address	CEO@PRIMA.COM.SG

Address	BLK 558 ANG MO KIO AVENUE 10 #07-1792
Postcode	560558
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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)	4
Passenger 1	NAME: : BOSS GENDER: : MALE
Passenger 2	NAME: : BOSS FRIEND GENDER: : MALE
Passenger 3	NAME: : BOSS FRIEND WIFE GENDER: : FEMALE

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	SHD9746G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KUMAR
NRIC/Passport Number	

Contact Number	96182864
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:

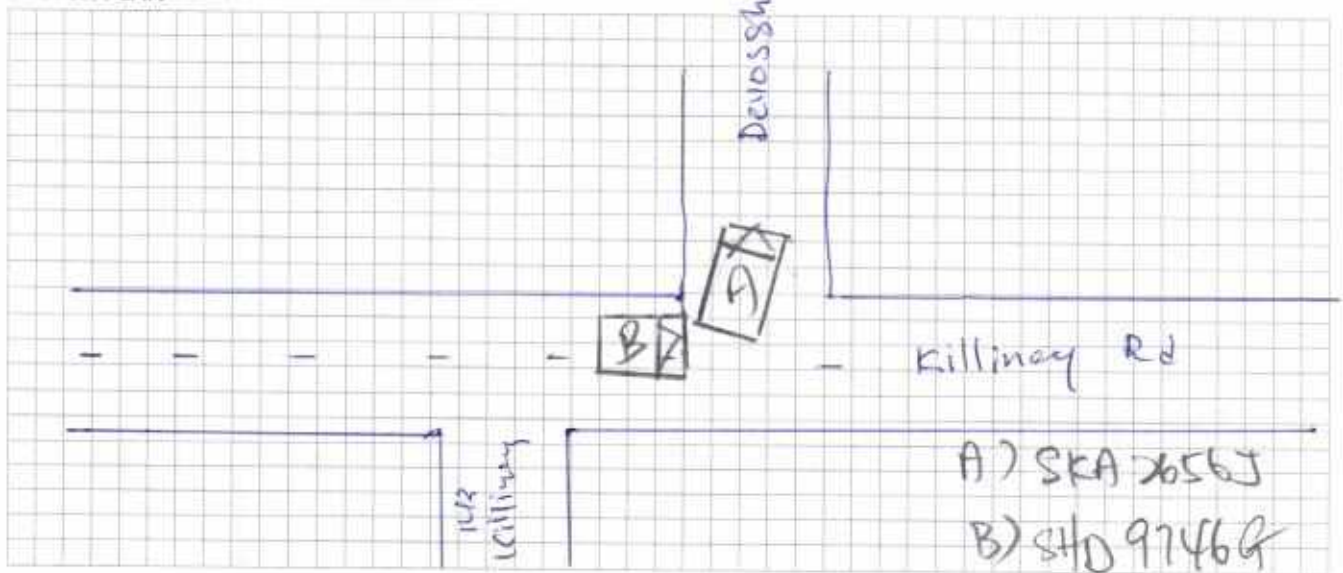
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on Killiney Rd to drop Mr Oeng friends at 14 1/2 Killiney Rd. After dropping them off at the Small lane at 14 1/2 Killiney Rd as I was coming to the junction to merge to the main road of Killiney Road. I ~~the~~ check both my right and left hand side. There was no traffic on my right on my ~~to~~ left hand side there was a motorbike and taxi.

After merging to the main road of Killiney Road. I had to turn left towards Devonshire road. As I was turning left hand side bumper, his right rear bumper had scratched my bumper.

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:
21/02/2019
14.30 pm

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

28/02/2019
Kasli Kothari

PHOTO from owner

ACCIDENT STATEMENT

ACCIDENT DATE: 17/03/2019 (DD/MM/YYYY), TIME: 21:30 PM (HH:MM)

LOCATION: Killiney Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA 2656 J
b) INSURANCE COMPANY: Liberty Insurance
c) POLICY NUMBER: S119V60643 / VPS / R01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Rolls Royce
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: CHENG CHIN KWONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96330113
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Bilal ABDULLAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 183764412 CONTACT: _____
c) ADDRESS: BLK 558 ANG MO KIO AVE W #07-1792

* d) DATE OF BIRTH: 01/08/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11-02-2009

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: SAD 9746 G MODEL: Taxi
b) DRIVER'S NAME: Kumar
c) NRIC/FIN/PASSPORT: _____ CONTACT: 96182864

9. THIRD PARTY VEHICLE

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

Email = CEO@PRIMA.COM.SG
VIDEO

BOSS (M)
FRIEND H/W

* No of passenger
(including driver)
(4)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1837644Z



Name

MOHD FAIZAL BIN ABDULLAH
@LETCHMUNANAN S/O VELOO

Race

INDIAN

Date of birth

01-08-1964

Country/Place of birth
SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1837644Z

Name

MOHD FAIZAL BIN ABDULLAH

Birth Date 01 Aug 1964

Issue Date 11 Feb 2009



001708413J

5169437



NRIC No. S1837644Z



Date of issue

09-05-2013

Address

APT BLK 558 ANG MO KIO AVENUE 10
#07-1792
SINGAPORE 560558

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Issue Date

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 11 Feb 2009



Licence No. S1837644Z

HP 420A

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	SI19V00643 /VPS /R01
Form	MX3
Date of Issue:	09-Jan-2019
1.Index Mark and Registration No. of Vehicle:	SKA2656J
2.Chassis number of Vehicle:	SCA664S03BUH15180
3.Name of Policyholder:	CHENG CHIH KWONG @ THIE TJI KOANG
4.Effective date of Commencement of Insurance for the purposes of the Act:	09-FEB-2019 00:00
5.Date of Expiry of Insurance:	08-FEB-2020 23:59
6.Persons or Classes of Persons entitled to drive*:	CHENG CHIH KWONG @ THIE TJI KOANG, MOHD FAIZAL BIN ABDULLAH @ LETCHMUNANAN S/O VELOO, SELAMAT BIN JASMAWI
<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. 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>	
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.
<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 LIBERTY INSURANCE PTE LTD Approved Insurers</p> <div style="text-align: center;">  _____ Authorised Signature </div>	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, Add, Named Driver Charges, NCD Protection
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I - Singapore S\$20000 / Outside Singapore \$40,000.00, Windscreen Excess \$2,000.00
FINANCE COMPANY:	
PRODUCER NAME:	LCH LOCKTON PTE LTD