

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

MAH19042283

Date In: 01/04/2019 16:54	Job description	Date & Time Completed	Done by
Ref No: NBA/LPI900575/Y	SAS e-filing		
Veh No: SCE 1 K	E-mail (w/old 3hrs, AIG 3hrs)		
D.O.A: 29/03/2019 18:30	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (With/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: FBT 5350 R	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 ()	

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

1) AR: Accident Reporting (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	INC (\$100)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NIUC Additional Services:	

Driver/Owner:	1) NI: Courtesy Car / Tpr Allowance	\$5
Contact No:	2) NI: Repair Coordination	\$10
Damaged Portion:	3) NI: Post Repair Inspection	\$25
	4) NI: DV / Collect Excess Coordination	\$5
	5) NI: TP (N-n INC) e-filing	\$25
	6) NI: Idao Mobile	\$30

QC Checked by (Engi-In-Charge):	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	01/04/2019 16:54
Date Of Accident	29/03/2019 18:30
Exact Location Of Accident	SCOTTS ROAD TOWARDS NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE1K
Insured/Policyholder	
Name Of Registered Owner	LIM LI PING
NRIC No	S7024305I
Email Address	RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-97999593
Alternative Phone No	OTHERS-97999593

Vehicle Particulars

Manufacturer	LAMBORGHINI
Model	URUS
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	SD18V13614/VPS/R00
Cover Note Number	

Driver

Name of Driver	LIM LI PING
NRIC No	S7024305I
Date Of Birth	30/07/1970
Occupation	INDOOR
Date Of Driving Pass	30/06/1989
Driving Experience	29 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97999593
Fax Number	
Contact Number	OTHERS-97999593
Email Address	RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG

Address	2A ARDMORE PARK #04-00
Postcode	259948
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 (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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT E/20190330/7018

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH5353R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD NURAIZAT BIN MOHAMMAD
NRIC/Passport Number	S8901023C
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

SKETCH PLAN

IMPORTANT NOTICE

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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.

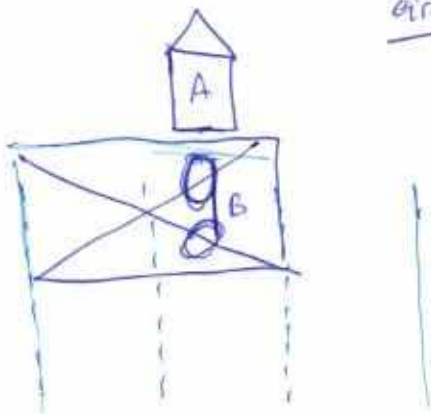
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Keshu Ho*
NRIC/FIN No: *1003*

SKETCH PLAN

Scott's Road
Toward Newton
circus



A) SCE 1K

B) FBH 5350 R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See Police Report: E/20190330/7048

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:



**SINGAPORE
POLICE FORCE**



E/20190330/7018

1 of 3

POLICE REPORT (NP299)

Report No. E/20190330/7018

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 30/03/2019 17:37		Vide Report No.		Station Diary No.	
Name Of Informant LIM LI PING		Address 2A ARDMORE PARK #04-00 SINGAPORE 259948			
ID Type / ID No. NRIC NO / S7024305I		Contact No. Home/Office:		Mobile 96363635	
Nationality SINGAPORE CITIZEN		Email Address cherie_lim@hotmail.com			
Occupation Homemaker		Sex Female	Age 48	Date of Birth 30/07/1970	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 29/03/2019 18:30 - 29/03/2019 18:35		Location Of Incident 2A ARDMORE PARK #04-00 SINGAPORE 259948			

Brief details.

I was driving along Scott's road around 1830hrs, traffic was slow. As I slowly brought my vehicle to a stop, a motorbike carrying a pillion suddenly crashed into the rear of my vehicle. The impact caused the motorbike to fall to the right. The pillion was pinned under the weight of the bike. I got out of my vehicle to help the rider to pull the motorbike away from the pillion, who later told me her leg is in pain. No blood was visible from the injuries. The pillion was later helped to the side of the curb by the rider. The crash caused damage to a few spots of my vehicle's rear bumper. I have videos from my in car camera to support my report.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2019 17:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190330/7018

Motorbike rider's details as below:

Name: Muhammad Nuraizat bin Mohammad

Driver license number: S8901023C

Contact: 9451 4318

Subjects Involved			
Suspect			
Person Name	Muhammad Nuraizat Mohammad		
ID Type	OTHERS / Drivers license	ID No	S8901023C
Gender	Male	Age	29-30
Race	Malay	Language	English
Occupation	Don't know	Relation To Informant	Stranger
Victim			
Person Name	LIM LI PING		
ID Type	NRIC NO	ID No	S7024305I
Gender	Female	Age	48
Race	Chinese	Language	English
Occupation	Homemaker	Address Type	
Address	2A ARDMORE PARK #04-00		Mobile No
	SINGAPORE 259948		96363636
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time

30/03/2019 17:37

Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20190330/7018

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190330/7018

Person Name	LIM LI PING (Informant)
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Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

30/03/2019 17:37

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 29/3/19 (DD/MM/YYYY), TIME: 18:30 (HH:MM)

LOCATION: SCOTT'S Rd towards Newton Circus

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCE 1K
b) INSURANCE COMPANY: LIBERTY
c) POLICY NUMBER: SD18V13614/VPS/R00
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: LAMBORGHINI URUS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LIM LIPING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S70243051 CONTACT: 9799 9593
c) ADDRESS: 2A ARDMORE PARK # 04-00
SC 259948

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 30/07/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30/06/1989

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

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TANGLIN H2

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FBH 5350R MODEL: MOTORCYCLE

b) DRIVER'S NAME: MUHAMMAD NURAIZAT BIN MOHAMMAD

c) NRIC/FIN/PASSPORT: S8901023C CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

VIDEO owner keeps

Email = RICHARDHARGANTO@EUROSPORTSAUTO.COM.SG

VIDEO

9799 9593

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S70243051



Name



LIM LI PING

林 里 靖

Race

CHINESE

Date of Birth

30-07-1970

Sex

F

Country of Birth

SINGAPORE



3249000



NRIC No. S70243051



Blood Group

B+

Date of Issue

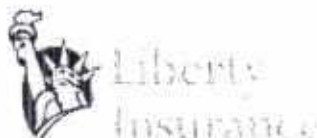
05-02-2001

2A ARDMORE PARK #04-00
SINGAPORE 259948

NRIC No. S70243051

Date: 25-10-2003

No: 4701984



Liberty Insurance Pte Ltd
Registration no 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069438
Tel: (65) 6221 8511 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	SD18V13614 /VPS /R00
Form	MX1
Date of Issue	25-NOV-2018
1. Index Mark and Registration No. of Vehicle:	SCE1K
2. Chassis number of Vehicle:	ZPBEA1ZL5KLA00665
3. Name of Policyholder:	LIM LI PING
4. Effective date of Commencement of Insurance for the purposes of the Act:	18-SEP-2018 00:00 AM
5. Date of Expiry of Insurance:	17-SEP-2019 23:59 PM
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 59 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
(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 Signatory	
For information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, NCD Protection, Valet Extension (Geographical Area: Singapore Only)
SUM INSURED:	S\$928000
EXCESS:	Section I - Named Drivers - Singapore: S\$15000 / Outside Singapore: S\$30000. Section I - Unnamed Drivers (Between 25 To 59 Years Old With At Least 36 Months Driving Experience & No Claims In The Past 3 Years.) - Singapore: S\$20000 / Outside Singapore: S\$40000. Windscreen Excess: S\$1000
FINANCE COMPANY:	
PRODUCER NAME:	ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD

PLAS/CCAA/27-NOV-18

S1_C1_T1_T3_OE_Template2-Ver1

27-NOV-18