NATIONAL Assessi	nent Centi	e Services	Jarvoej		+	#		
Date In: 04/04/19		Job description		Date &Time Completed		Done	by:	
REINO NA/LIP 1900 6	011/13	SAS e-filing				Para strain		
Veh No 51176284		E-mail (within Shrs, )	VIC 2hrs)					
DOA 03/04/19	1800	i-Motor Claim Fo						
		i-Motor W/O (Wit	hin: OD 2hrs	TP 4hrs)	-			
OD (TP)' Reporting Only		i-Photo Uploaded		!				
TP Insurer:	- Anniba	Assessment/Survey	Report	1				
11 Histrei		Ass't Report by Fas	x / Hand to	Owner/Wksp				
Preferred Wksp / INC Assign V	Vksp / QW: (	TWINCAR		Tel:	Fax:			
TP Particulars:	Veh No:	SKW8271E	INC (	)/Non-INC( )				
Owner / Driver: (		and the second second		Tel:		)		
Policy No: (	) Pe	riod: (	)	Cover Type: (	T	)		
Confirmed by : (	Bull III	Da	ite:	Times		)		
Insured/Driver Liability: (	%) [	Note-Est. Status (WO):	N: 0-20	%; P: 21-79%. F: 80-	100%	6]		
Year of Registration: (			NO (	)				
	Loading: \$1,0	00 ( ) / \$2,000 (	)					
General Remarks:-					1.00			
1) Apply for Transport Allow 2) QC Check / Post Repair In: 3) Upload Resurvey Photo [R	ance ( )/C	Courtesy Car ( ) ( )		Date&Time Completed		Done	. Uy	
Injury :		e reconstruction	Telephone A		1000		50.89 V T	
Date/Time Actions					5.124			
	902590			aration Checklist		Ant (S)	Amt (\$) Add Bill	
laimant's Particulars :-		2011 5 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	R : Accident F A : Damage A	Reporting (\$30); ssessment (\$100); INC (\$	80)			
river/Owner:		3) TF	: Towing Fe	The second secon	0/\$45 \$120		1 Table 1	
ontact No:		5) i*T	: Follow-Th	rough Survey (Resurvey)	\$30			
amaged Portion:		6) TF	: Re-inspect	Andrews and the second	\$75			
			: Idac DA + TUC Addition	SMRT Survey al Services:-	\$160			
C Checked by (Engr-In-Ch	arge):	OI	<u>)</u> *	Car / Tpt Allowance	\$5			
W. C. College and P. C. Colleg		•N	6: Repair Co-	ordination	\$10			
uditors' Comments :-			7: Post Repai 8: DV / Colle	r Inspection et Excess Coordination	\$25			
ıt. 1:		TP	(N11): TP(	Non INC) against INC	\$20			
t. 2 / 3:	in-		2: Idae Mobi ce dated	le Fee Charged	30		STATE OF THE PARTY	
8			ce dated	Fee Charges		<b>原产作</b> 图		

### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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.
- 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.

Marie Committee of the	ACCIDENT STATEMENT
Date Of Report	04/04/2019 15:43
Date Of Accident	03/04/2019 18:00
Exact Location Of Accident	CLEMENTI AVE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ7628Y
Insured/Policyholder	
Name Of Registered Owner	SITI ROHANI BTE ALI
NRIC No	S7019485F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81639421
Alternative Phone No	OTHERS-81639421
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used a 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	SI18V12740/VPE/R00
Cover Note Number	
Driver	
Name of Driver	SITI ROHANI BTE ALI
NRIC No	S7019485F
Date Of Birth	20/06/1970
Occupation	INDOOR
Date Of Driving Pass	06/03/2002
Driving Experience	17 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81639421
Fax Number	
Contact Number	OTHERS-81639421
EMail Address	NOEMAIL

Address BLK 416 WOODLANDS STREET 41

#04-153

Postcode 730416

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

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver) 1

imber of Passengers (including Driver)

**Details of Police Action** 

Was the accident reported to the police?

NO

NO.

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS STATIONARY WAITING FOR THE TRAFFIC, SUDDENLY I FELT A HUGE IMPACT FROM THE REAR. I GOT DOWN AND REALIZE VEH(B)BEARING REG NO SKW8271E HIT ONTO THE REAR PORTION OF MY VEH.

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

SKW8271E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Page 2 of 13

Name

SITI ROHANI BTE ALI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

SJJ7628Y

YES

NO

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 :
  - 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:
  - 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:

r's Signature Driver's Signature
e: (If driver is not the policyholder)

Date & Time:

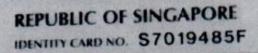
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		CLEME	NTI AUE 2
		ΙΔ1	n: 3557628
		A	
		B	13: Sku 8 271
		1-1	
ESCRIBE CIRCUMSTANC			
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my vehicle			
LEMICUR A -	55 5 76 289		
venicue 3 -	SKW \$271 @		
	200		
		/	
CLARATION Ve declare the foregoing par	ticulars are true in every respect.	1.7	
Jeciale die loregollig par	respect.		2
Angel	(wet		Sym 04/04/19 Reporting Centre Personnel's Signature
licyholder's Signature	Driver's Signature		Reporting Centre Personnel's Signature
te & Time:	(If driver is not the policyh		

/ehicle No.	STI 76284 Model/Make Hoda Fred					
Date of Accident	3 4 1 9					
ime of Accident	HRS 1800					
ocation of Accident	clementi Auc 2					
exact purpose use during accid						
Name of Owner	Siti Rohani Btc Ali					
Telephone No.	H/P:8163942   Home: Office:					
VRIC	8701948516					
Address	416 WOODLOWS ST 41 HU4-155 S(7304/6)					
Claim type	OD THIRD PARTY REPORTING ONLY					
Insurance Company	Library					
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft					
	SI 14 VIZ740 / UPE / ROO					
Policy No.	21.101-1.1002					
Name of Driver	As Above If No,					
NRIC	Any Passengers: NIL					
Date of birth	20/06/1970					
Occupation	Outdoor / Indoor					
Driving License Pass Date	06 mar 2002					
Gender	Male / Female					
Contact No.	H/P: Home: Office:					
Address						
Driver have any own vehicle	No. If yes, Reg No.					
Relationship	Employee, If no, state					
Weather condition	Clear Raining Other					
Road Surface	Dry Wet Other					
Any Injuries	No, If Yes Who? SHI Rohani Bte Ali 81637421					
Name And Contact No.	110, 11 (5) 1110.					
Name And Contact No.						
	No. If Yes, Where?					
Police Report  Vehicle B No.	SKW 8271 E Any Passengers:					
Name of Driver	Contact No.:					
Vehicle C No.	Any Passengers :					
Vehicle D No.	Any Passengers :					
Vehicle E no.	Any Passengers :					
	Any Passengers :					
Vehicle F No.	Any Passengers :					
Vehicle G No.	Witness Contact :					
Witness Name						
Accident Portion	Ricar Van 185					
Camera Recorder	Yes / No					
Email Address						
PARTICIUAR WORKSHOP						
PARTICULAR WORKSHOP	TUNNER AUTOMOTIVE PT.3 LTD					
CONTACT NO.	6842 0051 / 6744 0510					
FAX NO	IAN CTALOFIC					
	6741 0510 Sales @ n51. com. sg					







SITI ROHANI BTE ALI

سيتي روحاني بنت علي

MALAY

20-06-1970 F Country of Berts.

SINGAPORE

# REPUBLIC OF SINGAPORE DRIVING LICENCE

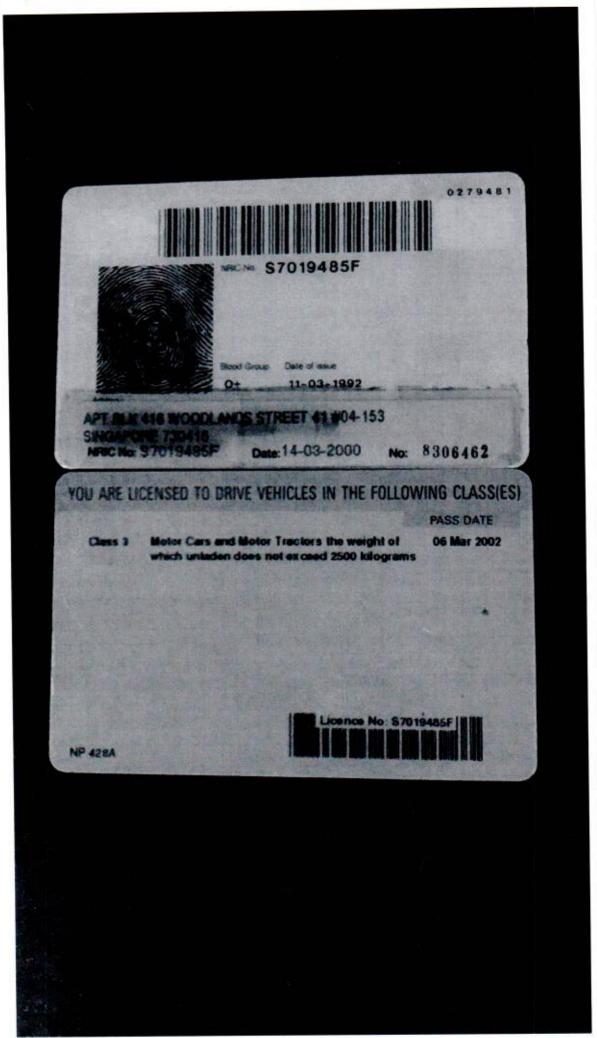
S7019485F



SITI ROHANI BTE ALL

20 Jun 1970 05 Mar 2003











Certificate No.:

Date of Expiry: 08 Oct 2019 23:59

MX1

Type of Certificate:

SM8V12740/ VPE / RCO

www.liberty.nsurance.com.sg

Molar Vehicles (Third Party Risks And Compensation) Act (Chapter 199), Molar Vehicles (Third Party Risks And Compansation) Fights, 1960; Road Transport Act, 1987 (Marayssa), Molar Vehicles (Third Party Phrest Fights, 1959 (Malays at

Effective Date of Commencement

09 Oct 2018 17:16

Chassis No.:

GB31013309

SITI ROHAM BTE ALL

09 Oct 2018

Registration No.1

SJJ7020Y

Persons or Classes of Persons entitled to drive's

A) The Policyholder.

(i) Any other person who is driving on the Poscyholder'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 disqualited by order of a Count of Law or by reason of any enactmens 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 less or damage.

Use only for social, domestic and pleasure purposes and for the Policyholdor's business.

The Policy does not cover:

A) Use for hire or reward.
 B) Use for racing, pace-making, reliability frials or speed-lesting.
 C) Use for any carrage 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 Meter Venicles (Third Party Ricks and Compensation) Act (Chaster 189) and Section 25 of the Read Transport Act, 1997 (Malaysia) are not to be included under those hendings.

We necesy certify that the Policy to which this Certificate relates to issued in accordance with the provisions of the Motor Vehicles (Third Party Richs and Compensation) Act (Chapter 199) and Part IV of the Road Transport Act, 1997 (Malaysia).

For and on behalf of LIBERTY INSURANCE PTE LTD

For Information Only:

Name of Finance Company

Communist.

Sum incurred

Comprehensive Untertied Westschein

MARKET VALUE AT THE TIVE OF LOSS

Escone

Section I - Named Orivon - Spido, Section I - University Downs - S\$1101 Applicant Excess for Young, Elderly & Prespondenced Orivon - S\$1000, Windowsen Europe - S\$100

ENZOG CHEDIT PTE LTD

Name of Producer.

LO SERVICES PTE LTD (A1177-2)

Diserty Insurance Pie Ltd GFryskinskin No. 19969 2450 FGGT Fingurianin No. 92 059:541-7 61 Club Sheat #03 00 Eberty House Singapore 069428 Fac 1800 EIDERTY (542 3789): Fac (160) 6220 6434

SI1842740/VPE/ROD











Certificate No.

08 DR1701 # 231.54

Type of Certificate:

SITBV12745 VPE. FICO

www.oeityrsusance.com.ug

Name of Policyholder: SITI ROHANI BTÉ ALI

e105-rs0190

Registration No.

SJJ17428Y

Effective Date of Commencement: 34.0xt.2018.17.18

Chassis No.: GB31013399

Persons or Classes of Persons entitled to drive":

A) The Poscyholder

B) Any other section who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in adordance with the idensing or other laws or requisitors to drive the Motor Veticle in his been so permitted and is not disqualified by index of a Court of Law of by reason of any exactness or regulation in that behalf from griving 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 and its registration under the Road Traffic Act has not been carcelled at the time at the accident loss of damage.

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The Policy does not cover:

A: Use for hire or neward.

Bitise for racing, pace-making, recapilly that or speed testing. Citible for the carriage of goods (other than samples) in connection with any trace of but nots.

Di Use for any purpose in connection with the Motor Trace.

"Limitations rendered resperative by Section 8 of the Motor Venicles (Third Party Ricks and Companyation) Act (Chapter 192) and Section 35 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

We have by certify that the Percy to which this Certificate leases is issued in accordance with the provisions of the Motor Vanides. Third Pany Flinks, and Compensations Act (Chapter 189) and Part IV of the Road Transport Act, \$367, Maraystan.

LIBERTY INSURANCE PTE LTD

For Information Only:

Name of Finance Company.

the country

Comprehensive Enfectives Winter them

MARKET VALUE AT THE TOP OF USES

secret, barried there should be not survival insect of (1.0 Antitions + plans ) in roung sidery & respectiveed theory 55,44.0 Were investigation 54,100.

EFIZZIG CREDIT PTE LTG

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IS SERVICES PTELTS ATTICK

Subarty visualizes Pte Ltd. (Fig. 1 or only 10 kills of a region or or or of the state of the st

