

NATIONAL Assessment Centre Services.

(part 1 Jan 2003)

MAN19047145

Date In: 11/04/2019 10:55	Job description	Date & Time Completed	Done by
Ref No: NBA/LP19006626/Y	SAS e-filing		
Veh No: SJU 90K	E-mail (Wjuda 3hrs, AIC 2hrs)		
D.O.A: 10/04/2019 08:50	I-Motor Claim Form		
OD TP: Reporting Only	I-Motor W/O (Withins: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Ref/country:

Veh No: PC3636R

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 repair.

() 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: ()

NA1902673

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engi-In-Charge):

ACAD 0

1) AR: Accident Reporting (330)	
2) DA: Damage Assessment (5100)	INC (510)
3) TP: Towing Fee	\$10/245
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (wef 10 Jun 2003)	
6) TR: Re-inspection	\$75
7) NI: Idau DA + SMRT Survey	\$160
8) NTUC Additional Service/fee	
9) NI: Idau Mobile	\$11

• NI: Courtesy Car / TP Allowance	\$15
• NI: Repairs Co-ordination	\$25
• NI: Post-Bank Inspection	\$5
• NI: DV / Collect License Co-ordination	\$20
• TP (NI) / TP (Non INC) • e-filing	\$30

Invoice dated: Fee Charged: Fee Charged:

FOR:

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	11/04/2019 10:55
Date Of Accident	10/04/2019 08:50
Exact Location Of Accident	JUNCTION OF THOMSON ROAD AND JALAN NOVENA BARAT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU90K
Insured/Policyholder	
Name Of Registered Owner	CHIA PEE TAT RONNIE
NRIC No	S1743278H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97999593
Alternative Phone No	OTHERS-97999593

Vehicle Particulars

Manufacturer	LAMBORGHINI
Model	HURACAN-5.2 LP610-4 (M)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	C0093415

Driver

Name of Driver	CHIA PEE TAT RONNIE
NRIC No	S1743278H
Date Of Birth	10/01/1966
Occupation	INDOOR
Date Of Driving Pass	26/03/1999
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97999593
Fax Number	
Contact Number	OTHERS-97999593
Email Address	NOEMAIL

Address	115A WHITLEY ROAD
Postcode	297841
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 - U-TURN
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?	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC3636R
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

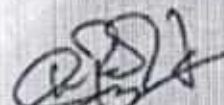
SKETCH PLAN

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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: 12:47pm

10.04.19.



Driver's Signature

(If driver is not the policyholder)

Date & Time: 12:47pm

10.04.19.

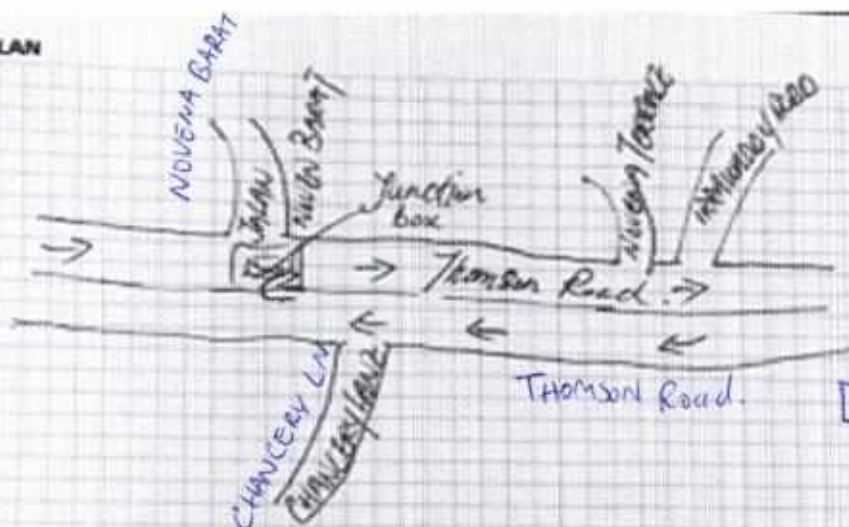


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A.) STU90K
B.) PC 3636R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out from Chancery Lane, turning left towards Thomson Road to make a U turn at Jalan Novena Barat at 8:50pm.
It was heavy traffic at Thomson Road going to Novena Circle.
My car was ~~turning~~ doing a U turn and was stationary in the yellow junction box when mini bus PC 3636R speed thru the bus lane and hit my front of the car STU90K.
Please refer to the car camera & video for evidence.

[Signature] 1247pm
10.04.19.

DECLARATION

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

[Signature]
Policyholder's Signature

Date & Time: 12:47pm.

10.04.19.

[Signature]
Driver's Signature

(If driver is not the policyholder)

Date & Time: 12:47pm.

10.04.19.

[Signature] 11/04/2019
Reporting Centre Personnel's Signature

Name:

SUBC/ST/No.:

[Signature]

Accident Report Form:

Date of Report: 11/04/19 Date & Time of Accident: 10/4/19 08:50
Exact Location of Accident: Thomson Road and JLN NOVENA BARAT JUNCTION
Vehicle Reg. No. SJU 90K
Name of Reg. Owner: CHIA PEE TAT RONNIE NRIC No. S1743278H
Mobile No. 9799 9593 Email Addr. _____
Vehicle Make and Model LAMBORGHINI HURACAN PERFORMANTE Private Use or ~~Commercial~~ PRIVATE
Choose one: Reporting Only / Own Damage Claim / ~~Third Party Claim~~
Insurance Company LIBERTY Comprehensive / Third Party / Fire & Theft
Policy / Cover Note No. C0093415
Name Of DRIVER SAME NRIC No. / Male / Female _____
Date Of Birth. 10/01/1966 Date of Driving Pass 25/03/1999
Mobile No. 9799 9593 Address. 115A WHITLEY ROAD S (297841)
Employee of Insured ? / Relationship with veh. Owner _____

Type of Accident. Front to Side Weather / Road Condition DRY
Any Foreign Veh.? _____ Any Body Injured? Where. NO
Number of Passenger + Drv 1 Any photo or video? YES
Name of 3rd Party Driver _____
Other Party Veh. Reg No. PC 3636 R NRIC / Phone No. _____

Need:

Driver NRIC / Passport and Driving License (Copy front and back)
Copy of Insurance Certificate
Take photo of Vehicle Damages, Mileage, Chassis number
Fill out the accident statement and draw sketch or diagram
Sign all forms



Motor Cover Note

Name of Producer:

ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD (B9008)

Date of Issue:

25 Mar 2019

Cover Note No.:

C0093415

Quotation/ Proposal/ Policy No.:

NEW

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule**Name of Insured:**

CHIA PEE TAT RONNIE

Period of Insurance:

From: 27 Mar 2019 00:00

To: 26 Mar 2020 23:59

Registration No.:

SJU90K

Make and Model:

LAMBORGHINI HURACAN PERFORMANTE

Type of Body:

COUPE

Capacity/Tonnage:

5204

Year of Manufacture/Registration:

2018/2019

Chassis No.:

ZHWED4ZF1JLA11124

Engine No.:

DGF002990

Sum Insured:

S\$1,080,000.00

Name of Finance Company:

NA

Type of Plan:

Comprehensive

Excess:

AS AGREED



The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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).

Not valid unless counter-signed by authorized person.

Date: 25 Mar 2019 15:09

For and on behalf of
LIBERTY INSURANCE PTE LTD**IMPORTANT NOTICE**

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.