

NATIONAL Assessment Centre Services. [ver 1 Jan 05]

NA1906574

Date In: 2/05/2019 16:15	Job description	Date & Time Completed	Done by
Ref No: NBS/LIP 19008901/Y	SAS e-filing		
Veh No: F3M 64410	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/05/2019 16:15	I-Motor Claim Form		
OID: 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/Witness		

Preferred Wksp / INC Assign Wksp / QW: ( ) Toll ( ) Fax: ( )

TP Particulars: Veh No: SMC 6910P 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: ( )

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

Injury: \_\_\_\_\_

Date/Time	Action

NA1903723

Claimant Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)	
Contact No:	3) TP: 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	
Auditor Comments:	6) TR: Re-inspection \$75	
Ref 1:	7) NI: Idao DA + SMRT Survey \$160	
Ref 2:	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$5	
	TE (N11): TP (N1n INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	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	21/05/2019 16:25
Date Of Accident	20/05/2019 16:15
Exact Location Of Accident	SLIP FROM TPE TOWARDS LOYANG AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6441D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PIERRON CHARLES MAURICE
NRIC No	S2679627Z
Email Address	CHARLESPIERRON@ME.COM
Mobile Phone No	(LOCAL) +65-83329919
Alternative Phone No	OTHERS-83329919

### Vehicle Particulars

Manufacturer	TRIUMPH
Model	BONNEVILLE-865CC
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V03771/VMS/R01
Cover Note Number	

### Driver

Name of Driver	PIERRON CHARLES MAURICE
NRIC No	S2679627Z
Date Of Birth	12/07/1952
Occupation	INDOOR
Date Of Driving Pass	22/10/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83329919
Fax Number	
Contact Number	OTHERS-83329919
EMail Address	CHARLESPIERRON@ME.COM

Address	66 FLORA ROAD #04-11
Postcode	506912
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?	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	SMC6910P
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MICHAEL GERARD CHAN WENG YUE
NRIC/Passport Number	S9320254F
Contact Number	96709590
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### 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. 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:

21/05/2019 3:41 pm

Driver's Signature

(If driver is not the policyholder)

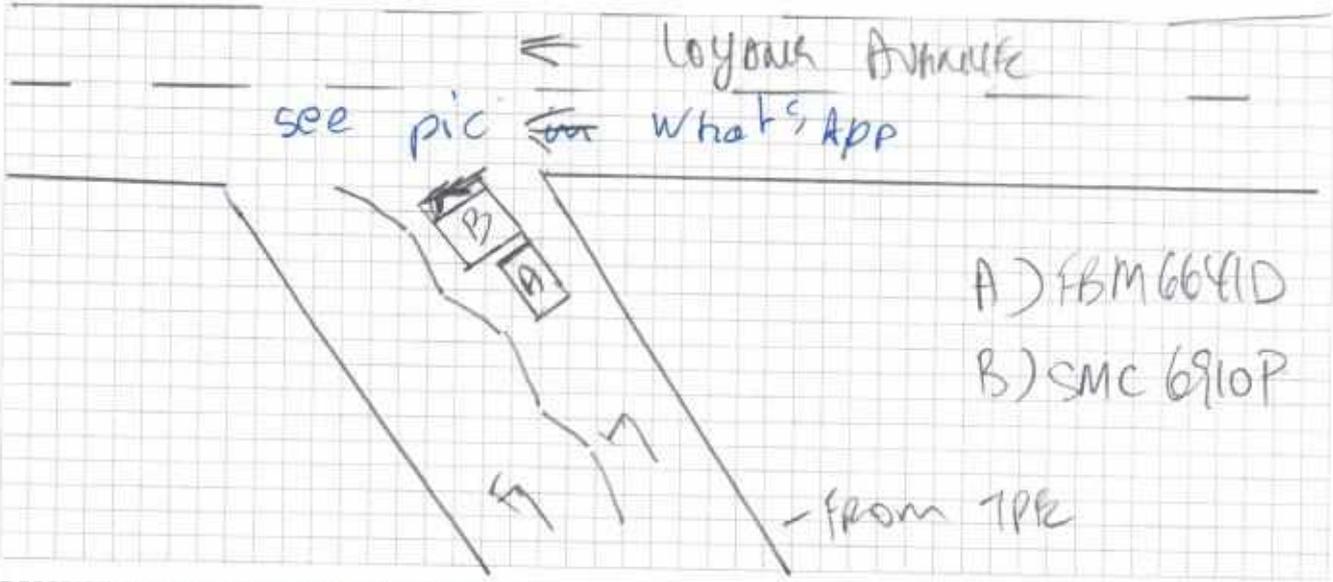
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**SKETCH PLAN**



- A) FBM 6641D
- B) SMC 6910P

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

AT the junction of TPE exit into LOYANG Avenue, turning left, I was stopped behind Mr CHAN's car, waiting for traffic to clear. When traffic was clear on Loyang Avenue, Mr CHAN started to engage into the junction but suddenly braked thinking a car was coming - As there was no car, I was surprised by his unexpected sudden stop and bumped into the rear of his car. The speed was very low (below 10km/h) - My motorcycle had no damage but there was a dent at the back of his car.

**DECLARATION**

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

Policyholder's Signature  
 Date & Time: 21/05/2019 3:55pm

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 20/05/2019 (DD/MM/YYYY), TIME: 4:15 pm (HH:MM)

LOCATION: Corner of VPE and LOYANG AVENUE  
(turning left)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBI 6441 D  
b) INSURANCE COMPANY: LIBERTY INSURANCE  
c) POLICY NUMBER: SI 19 V03771 / VTS / RO1  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TRIUMPH BONNEVILLE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE  
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: PIERON CHARLES (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S26796272 CONTACT: 83329919  
c) ADDRESS: 66 FLORA ROAD #04-11  
(S) 506912

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: as above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 14/03/1952 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/10/2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SWIMMER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) dry  
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: SMC 6910 P MODEL: HONDA 1-VTEC  
b) DRIVER'S NAME: MICHAEL GERARD CHAN WENG YUE  
c) NRIC/FIN/PASSPORT: S 9320254F CONTACT: 96709590

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = charlespierron@me.com  
VIDEO

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S2679627Z



Name  
**PIERRON CHARLES MAURICE  
 OCTAVE**



Race  
**FRENCH**

Date of Birth  
**12-07-1952**

Country of Birth  
**FRANCE**

Sex  
**M**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2679627Z**

Name  
**PIERRON CHARLES MAURICE  
 OCTAVE**



Birth Date **12 Jul 1952**

Issue Date **22 Oct 2012**



8274348




NRIC No. **S2679627Z**

Nationality  
**FRENCH**

Blood Group: **A+**      Date of issue  
**20-02-1998**

88 FLORA ROAD #04-11  
 SINGAPORE 506912

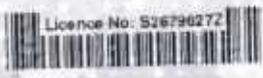
NRIC No. S2679627Z      Date: 20/10/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	22 Oct 2012
Class 2A Motorcycles between 201 cc and 400 cc	22 Oct 2012
Class 2 Motorcycles > 400 cc	22 Oct 2012
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	04 Nov 1998

NP 429A

Licence No: S2679627Z



## 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)

<b>Certificate No</b>	SI19V03771 /VMS /R01
<b>Form</b>	MY1

Date of Issue: 27-Mar-2019

1. Index Mark and Registration No. of Vehicle: FBM6441D

2. Chassis number of Vehicle: SMTDAD75HWG757127

3. Name of Policyholder: PIERRON CHARLES MAURICE OCTAVE

4. Effective date of Commencement of Insurance for the purposes of the Act: 01-JUN-2019 00:00

5. Date of Expiry of Insurance: 31-MAY-2020 23:59

6. Persons or Classes of Persons entitled to drive\*: PIERRON CHARLES MAURICE OCTAVE

The Policyholder only.

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 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 1 accident loss or damage.

7. Limitations as to use\*:

Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession.

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 95 of the Road Transport Act (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 PTI**  
Approved Insurers



\_\_\_\_\_  
Authorised Signature

**For Information only:**

COVERAGE:	Comprehensive, Flood and Special Perils
SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$):	Section 1 \$700.00, Theft (Outside Singapore) \$2,500.00
FINANCE COMPANY:	
PRODUCER NAME:	E TAY TRADING COMPANY