

NATIONAL Assessment Centre Services			
Date In: 15/01/2019 19:35	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: X18A/KIP901289514	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SKG 215E	i-Motor Claim Form		
D.O.A: 130/2009 17:15	i-Motor W/O (Within: OD 2hrs TP 4hrs)		
OD: TP / Reporting Only	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: SKD 6280S	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: (\$	Landing: \$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: (INC no/line: 6788 6616)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()	
Date/Time	Actions

NAI905255		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		Inc Bill	Adj. Bill
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
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			
Auditors' Comments:		6) TR: Re-inspection \$75			
Cat. 1:		7) N1: Idm DA + SMRT Survey \$160			
Cat. 2/3:		8) NTUC Additional Services:			
1/1/1		9) N3: Courtesy Car / Tpl Allowance \$5			
		10) N6: Repair Co-ordination \$10			
		11) N7: Post Repair Inspection \$25			
		12) N8: DV / Collect Excess Coordination \$5			
		13) TP (N11): TP (N-in INC) against INC \$20			
		14) N12: Idm Mobile \$30			
		Invoice dated:		Fee Charged	
		Assessor 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	15/07/2019 19:35
Date Of Accident	13/07/2019 17:15
Exact Location Of Accident	EU TONG SEN ST (OUTSIDE THE CENTRAL DROPOFF)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG215E
Insured/Policyholder	
Name Of Registered Owner	MAKARAKSHA SAHA
NRIC No	S2629644G
Email Address	JYOTIRAKSHA.SAHA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86618905
Alternative Phone No	OTHERS-97655905

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	THIRD PARTY
Fleet Policy	NO
Policy Number	SD19V07952/VPL/R00
Cover Note Number	

Driver

Name of Driver	JYOTIRAKSHA SAHA
NRIC No	S9170604J
Date Of Birth	06/11/1991
Occupation	INDOOR
Date Of Driving Pass	04/07/2011
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86618905
Fax Number	
Contact Number	OTHERS-97655905
E-Mail Address	JYOTIRAKSHA.SAHA@GMAIL.COM

Address	BLK 339 JURONG EAST AVENUE 1 #06-1520
Postcode	600339
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 AND POLICE REPORT A/20190715/7015

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD6280S
Vehicle Make/Model/Colour	VOLVO S60
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW SECK FYE
NRIC/Passport Number	S1524084I
Contact Number	98188912
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

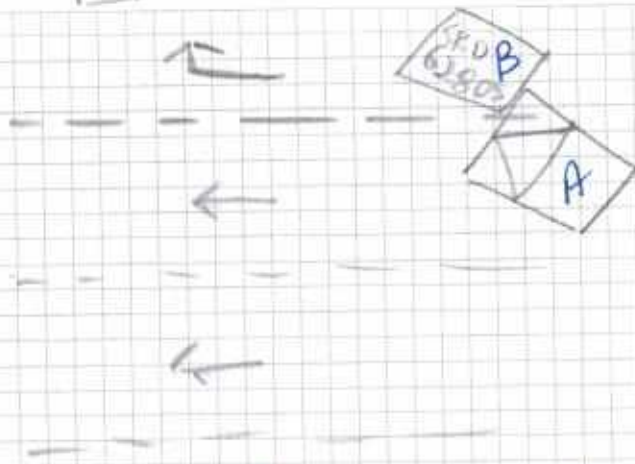
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/7/19 1700


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

SKETCH PLAN

2



A) SKG 215E

B) SKD 6280E

En Tan Sen St (outside the Central Drop Off)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 13th of July at 5:10pm, I was turning out from the drop off point from The Central mall to make a u-turn along En Tan Sen Street. The vehicle to my right, a Volvo, registration SKD 6280S was also turning out beside me to head into the u-turn lane. There was a Toyota Wish in front of me who had cut into the path of the Volvo, however there was plenty of room for the Volvo to continue moving forward. SKD 6280S suddenly jam braked ~~into~~ instead and I had no time to react i ended up colliding to his left rear.

Police Report A/20190715/7015

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



A/20190715/7015

1 of 2

POLICE REPORT (NP299)

Report No. A/20190715/7015

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 15/07/2019 14:09	Vide Report No.	Station Diary No.		
Name Of Informant JYOTIRAKSHA SAHA	Address APT BLK 339 JURONG EAST AVENUE 1 #06-1520 SINGAPORE 600339			
ID Type / ID No. NRIC NO / S9170604J	Contact No. Home/Office:	Mobile: 97655905		
Nationality SINGAPORE CITIZEN	Email Address jyotiraksha.saha@gmail.com			
Occupation PERSONAL TRAINER	Sex Male	Age 27	Date of Birth 06/11/1991	Race Bangladeshi
Institution/School Name	Language English			
Date/Time Of Incident 13/07/2019 17:10 - 13/07/2019 17:15	Location Of Incident 6 EU TONG SEN STREET THE CENTRAL SINGAPORE 059817			

Brief details.

On the 13th of July at 510pm, i was turning out from the drop off point from The Central mall to make a u-turn along Eu Tong Sen Street. The vehicle to my right, a Volvo, licence number SKD6280S was also turning out beside me to head into the u-turn lane. There was a Toyota Wish in front of me who had cut into the path of the Volvo, however there was plenty of room for the Volvo to continue moving forward. SKD6280S suddenly jam braked instead and i had no time to react i ended u colliding to his left rear.

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: 15/07/2019 14:09
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20190715/7015

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190715/7015

Subjects Involved			
Suspect			
Person Name	Low Seck Fye		
ID Type	NRIC NO	ID No	S1524084I
Gender	Male	Age	57-57
Race	Chinese	Language	English
Mobile No	98188912		
Victim			
Person Name	JYOTIRAKSHA SAHA		
ID Type	NRIC NO	ID No	S9170604J
Gender	Male	Age	27
Race	Bangladeshi	Language	English
Occupation	PERSONAL TRAINER	Address Type	
Address	APT BLK 339 JURONG EAST AVENUE 1 #06-1520 SINGAPORE 600339	Mobile No	97655905
Is Informant A Victim?	Yes		
Person Name	JYOTIRAKSHA SAHA (Informant)		

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: 15/07/2019 14:09
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

ACCIDENT STATEMENT

ACCIDENT DATE: (13/07/2019) (DD/MM/YYYY), TIME: (17:15) (HH:MM)

LOCATION: Eu Tong Sen Street (outside The Central dropoff)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG215E
b) INSURANCE COMPANY: Liberty Insurance
c) POLICY NUMBER: SD19V07952/VPL/200
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Altis
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: Makarakshta Saha (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S26296446 CONTACT: 86618905
c) ADDRESS: 339 Jurong East Ave 1 #06-1520 S(600339)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Jyotirakshta Saha (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S91706043 CONTACT: 97655905
c) ADDRESS: 339 Jurong East Ave 1 #06-1520 S(600339)

* d) DATE OF BIRTH: (06/11/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 4/11/2011

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

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: Online

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKD62805 MODEL: Volvo S60
b) DRIVER'S NAME: Low Seck Fye
c) NRIC/FIN/PASSPORT: S15240841 CONTACT: 98188912

9. THIRD PARTY VEHICLE

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

No of passenger
(including driver)
(1)

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

email = jyotirakshta.saha@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9170604J



Name

JYOTIRAKSHA SAHA

For LKK/NAC Use Only

Race

BANGLADESHI

Date of birth

06-11-1991

Country/Place of birth

BANGLADESH

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9170604J

Name JYOTIRAKSHA SAHA

For LKK/NAC Use Only

Birth Date: 06 Nov 1991

Issue Date: 11 Aug 2010

001882741E

6183588

NRIC No. S9170604J

For LKK/NAC Use Only

Date of issue: 12-04-2019

Address: APT BLK 339 JURONG EAST AVENUE 1 #06-1520 SINGAPORE 600339

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	11 Aug 2010
Class 2A	Motorcycles between 201 CC and 400 CC	19 Oct 2011
Class 2	Motorcycles > 400 CC	14 Mar 2013
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver and motor tractors/vehicles <= 2500 kg	04 Jul 2011

For LKK/NAC Use Only

S9170604J

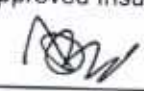
S / No. 9000170923

NP 428A

License No: S9170604J

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	SD19V07952 /VPL /R00
From	MZ400B
Date Of Issue	24-JUN-2019
1.Index Mark and Registration No. of Vehicle:	SKG215E
2.Chassis number of Vehicle:	MR053REE104136450
3.Name of Policyholder:	MAKARAKSHA SAHA (NOT DRIVING)
4.Effective date of Commencement of Insurance for the purpose of the Act:	25-JUN-2019 00:00 AM
5.Date of Expiry of Insurance:	24-JUN-2020 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
For Private Hire Vehicle (PHV) Usage :	JYOTIRAKSHA SAHA
For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.	
<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.</p> <p>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*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business.	
B) Use for social, domestic and pleasure purposes.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trials or speed-testing.	
B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*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>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> 	
<p>_____ Authorised Signature</p>	
For Information only:	
COVERAGE :	Third Party Only, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	
EXCESS:	Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000
FINANCE COMPANY:	
PRODUCER NAME:	INSURANCE MARKET PTE LTD

PLSL/-24-JUN-19

S1_CI_T1_T3_OE_Template6-Ver1. 24-JUN-19