

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MMA 119144874

Date In: 11/11/19 16:45	Job description	Date & Time Completed	Done by
Ref No: NA1 LIP19019353164	SAS e-filing		
Veh No: SLT 896FH	E-mail (to John 2hrs, AIC 2hrs)		
D.O.A: 30/17/19 17:00	I-Motor Claims Form		
OD: 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/VK32		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: SKM 1356T	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 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: _____

Date/Time	Actions

NA1908247	1) AR: Accident Reporting (\$30)	20.00
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (Non INC) against INC	\$20
	9) N12: Idas 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	01/11/2019 16:45
Date Of Accident	30/07/2019 17:00
Exact Location Of Accident	ALONG AYE NEAR LP 480
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8968H
Insured/Policyholder	
Name Of Registered Owner	OC CARS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92364860

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V14798/VTN/R00
Cover Note Number	

Driver

Name of Driver	JI XIAOHONG
Passport No/FIN	G0631613T
Date Of Birth	03/07/1978
Occupation	INDOOR
Date Of Driving Pass	05/05/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98251889
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NO 1 SOONLEE ST #06-17/18/22/23 PIONEER CENTRE
Postcode	627605
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - VENDOR
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?	
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

REFER TO STATEMENT. VEH HAD BEEN SOLD.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM1356T
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)	

SKETCH PLAN

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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:
NRIC/FIN No.:

SKETCH PLAN

A = SLT 8968H
B = SKM 1356T.
AYE near LIP480.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I REPRESENT OC CARS PTE LTD TO REPORT THAT WE ARE NOT INVOLVED IN THE ACCIDENT BETWEEN SKM 1356T AND SLT 8968H. SLT 8968H WAS TAKEN BY OUR WORKSHOP VENDOR, SOON XING ENGINEERING / SOON LEE ST #06-17/18/22/23 PIONEER CENTRE S(627605) FOR SPRAY PAINT, ON 30/07/2019. WHILE THEY SEND BACK THE VEHICLE TO US, THE ACCIDENT HAPPENED ALONG AYE.

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.:



**Liberty
Insurance.**

Liberty Insurance Pte Ltd

Registration no: 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

THE SCHEDULE

MOTOR TRADE-NAMED DRIVER (Comprehensive) Policy Number SD18V14798 / VTN / R00

Name and Address of Insured OC CARS PTE LTD 1 CHANG CHARN ROAD #04-04/03, OC BUILDING SINGAPORE 159630		Replacing No. Account No. B9008 Registration No. Type of Body MOTOR TRADE Capacity/Tonnage Engine No. Chassis No. Seating Capacity including driver Year of Mfg/Reg Make / Model MOTOR TRADE	
Profession or Business RETAIL TRADE		Hire Purchase Owner/Leasing Company	
Period of Insurance (Both Dates Inclusive) From 21-DEC-18 To 20-DEC-19		Sum Insured SGD 200,000.00	
Named Drivers: CALEB YANG CHIN LECK, DAVID MICHAEL JOHN MEDINA, GOH KIM GUAN, HENG CHEN HEE RENNY, KOH BOON SONG, PYAE PHYU AUNG, ROSLI BIN ABU BAKAR, TAN WEE KIAT GERALD			
Excess Section I - SGD 3000, Section II - SGD 3000, Windscreen Excess - SGD 300		Extra Coverage Standard Operating Hours 8 am to 11 pm, Geographical Area: Singapore only, Unlimited Windscreen, Demonstration Extension	
Subject to the following Operative Endorsement attached: V0001, V0013, V0061, V0065, V0085, V0095, V0097, V0108, V0113, V0153, V0224, V0233, V0244, V0281, Z011			
THE POLICY'S PREMIUM (IN SINGAPORE DOLLAR)			
Basic Premium 9,900.00	NCD 0.00 (%)	Fleet / Other Discounts 0.00	Good Driver Discount 0.00 (0%)
Extra Premium 0.00	Sub Total 9,900.00	GST 693.00 (7.00%)	Total Premium Payable 10,593.00
This Schedule replaces any previous Schedule. This Schedule and Policy are to be read together as one contract. Person or classes of persons entitled to drive and limitation as to use, are as specified in the Certificate of Insurance issued in relation to this policy.		SINGAPORE For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers Authorised Signature	

PLYW/PLYW/21-DEC-18

S1_TEMPLATE 21-DEC-18

