

# NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MANA9159733

Date In: 03/12/2019 18:43	Job description	Date & Time Completed	Done by
Ref No: NBS/LIP19021365/Y	SAS e-filing		
Veh No: SCC 8959Z	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 02/12/2019 18:00	1-Motor Claim Form		
OD: <input checked="" type="radio"/> TP: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SCC 44715	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 repolar.

( ) 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:	Location:

MANA909089	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee	\$40/145
Damaged Portion:	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NIUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance	\$3
	*NR: Repairs Co-ordination	\$10
	*NT: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$3
	TP (NI): TP (Non INC) against INC	\$20
	9) NI: Idea 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	03/12/2019 18:43
Date Of Accident	02/12/2019 18:00
Exact Location Of Accident	ANG MO KIO AVENUE 5 TOWARDS (CTE CITY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8959Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SCREENIVASAN S/O SABAPATHY
NRIC No	S1804510I
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-97487637
Alternative Phone No	OTHERS-97487637

### Vehicle Particulars

Manufacturer	BMW
Model	116D
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V12557/VPC2/R01
Cover Note Number	

### Driver

Name of Driver	SCREENIVASAN S/O SABAPATHY
NRIC No	S1804510I
Date Of Birth	14/10/1967
Occupation	INDOOR
Date Of Driving Pass	05/04/1988
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97487637
Fax Number	
Contact Number	OTHERS-97487637
Email Address	SALES@MIA.COM.SG

Address	BLK 305B ANCHORVALE LINK #08-47
Postcode	542305
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### 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	SLL4471S
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

### IMPORTANT NOTICE

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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: 2/12/2019 2 19 27h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

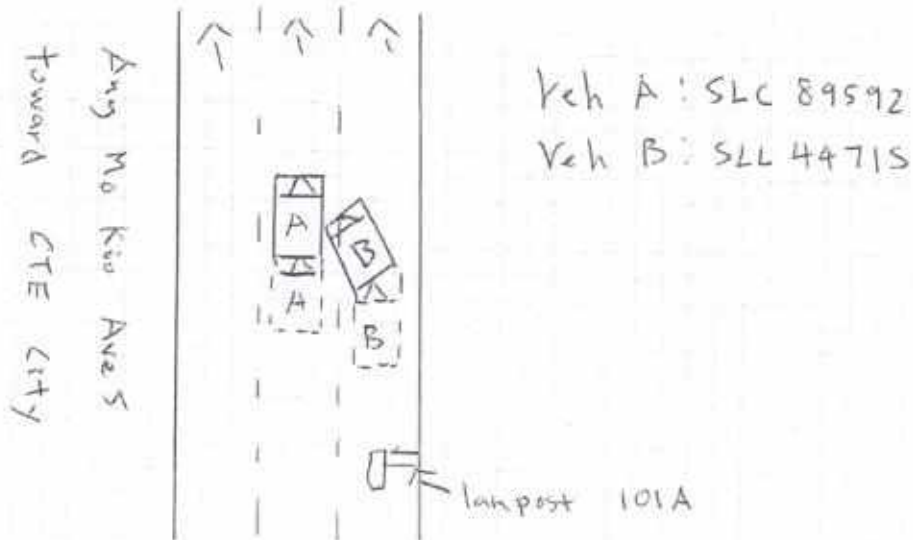
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I was traveling on ang mo kio Ave 5 lane 2 toward (CTE city). The traffic was very heavy so I accelerate slowly, Suddenly I felt an impact on my vehicle right rear. I alighted my vehicle and realise that veh B (SLL44715) have collided onto my vehicle. After which we exchanged particular and we left the scene.

## DECLARATION

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

  
Policyholder's Signature  
Date & Time: 2/12/2019 1927h

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

 03/12/2019  
Reporting Centre Personnel's Signature  
Name: Rash  
NRIC/FIN No.: 

Date of Accident : 2/12/2019 Accident Time: 1800 (24-HR-Format)  
Accident Place : Ang mo Kio Ave 5 toward (Cte city)  
Vehicle No. (Car Plate No.) : SLC 8959Z Make/Model: BMW 116D  
Insurance Company : Liberty Insurance Policy No: SD18V1255/VPC1/RO1  
Owner or Company Name/IC No. : Sreenivasan S/o Sabapathy  
Owner or Company Contact No. : 97487637 Owner's Hp - Company Tel  
DRIVER'S Name / IC No. : " Sreenivasan S/o Sabapathy S18045101  
DRIVER'S Date Of Birth : 14/10/1967 DRIVER'S License Pass Date 5/4/1988  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -  
DRIVER'S Address : BLK 305B Anchorvale link H08-41 (S542305)  
DRIVER'S Contact No./ Alt No. : 1) " 2) "  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : sales@mia.com.sg  
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET  
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera: YES NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state):

Other Party Driver's Particular (if any)

Vehicle No: SLL 4471S

Vehicle No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_


\* NEW - Passenger's name & gender:



## 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	SD18V12557 /VPC2 /R01
Form	MX1
Date of Issue	02-NOV-2018
1 Index Mark and Registration No. of Vehicle	SLC8959Z
2 Chassis number of Vehicle	WBA1V72030V724681
3 Name of Policyholder	REENIVASAN S/O SABAPATHY
4 Effective date of Commencement of Insurance for the purposes of the Act	12-DEC-2018 00:00 AM
5 Date of Expiry of Insurance	26-NOV-2020 23:59 PM
6 Persons or Classes of Persons entitled to drive*	
A) The Policyholder.	
B) Any other person who is driving on the Policyholder's order or with his permission.	
<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*	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
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.	
<p>*Limitations rendered inoperative by Section 5 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>	
<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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p> <p> Authorised Signature</p>	
For information only	Comprehensive, Unlimited Windscreen
COVERAGE	MARKET VALUE AT THE TIME OF LOSS
SUM INSURED	Section 1: \$5700, Young & Inexperienced Drivers: \$12500, Windscreen Excess: \$50
EXCESS	MAYBANK
FINANCE COMPANY	SD CONTEGO SERVICES
PRODUCER NAME	

PLRM 20181102

Ver 1.260705