

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MMA 120007072.

Date In: 16/1/20 09:02	Job description	Date & Time Completed	Done by
Ref No: MA/LIP20000983/64.	SAS e-filing		
Veh No: SKN 317H	E-mail (within 3hrs, AIC 2hrs)		
H.O.A: 15/1/20 14:15.	I-Motor Claim Form		
(ID) <input checked="" type="radio"/> 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/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (	Tel: (	Fax: (
TP Particulars:	Veh No: XE2914P.	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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Rentals: (INC Ref: 6738 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

MA 200068	Invoice Preparation Checklist	Amr (\$)	Amr (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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:	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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 willful 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	16/01/2020 09:02
Date Of Accident	15/01/2020 14:15
Exact Location Of Accident	UPP SERANGOON RD SLIP RD TWDS BARTLEY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN317H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIMON SOH CHIN KUAN
NRIC No	SXXXX837H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97533976
Alternative Phone No	OFFICE-97533976

### Vehicle Particulars

Manufacturer	LOTUS
Model	EXIGE S 111CA 3.5 MANUAL
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	SI19V02626/VPS/R02
Cover Note Number	

### Driver

Name of Driver	SIMON SOH CHIN KUAN
NRIC No	SXXXX837H
Date Of Birth	09/11/1965
Occupation	INDOOR
Date Of Driving Pass	16/09/1983
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97533976
Fax Number	
Contact Number	OFFICE-97533976
Email Address	NOEMAIL

Address	1 YOUNGBERG TERRACE #12-15
Postcode	357741
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?	
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.

#### 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	XE2914P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG YONG JUN
NRIC/Passport Number	
Contact Number	98551865
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: 15 Jan 2020  
5.37 pm.

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

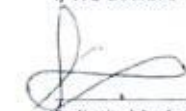
I was driving along the slip road towards Bartley Road in slow traffic queuing to enter Bartley Road.

Suddenly I felt and heard a bang at the back of my car and then a second bang again at the back of my car. I immediately signalled the trailer driver behind by putting my hand out of the window and signalled to him to stop at the bus stop a few meters in front. I stopped my car at the bus stop and the trailer driver also stopped behind my car.

We came out and looked at the damage and exchanged particulars. He apologised to me a few times for banging into my car.

## DECLARATION

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

  
Policyholder's Signature

Date & Time: 15 Jan 2020  
5:37 pm

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

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



AK working photo.

### Accident Report Information

Accident Date	15 January 2020	Accident Time	14.15
Location Of Accident	Slip Road towards Bartley Road coming from up Serangoon Rd.		
Vehicle Registration No	SKN 317H		

### INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name	Simon Soh Chin Kuan		
NRIC No/ ROC No	S1708837H		
Mobile Phone No	97533976	Email Address	sc.ksimon@singnet.com.sg

### VEHICLE INFORMATION

Manufacturer/ Model			
Exact Purpose for which vehicle was being used at time of accident	<input checked="" type="radio"/> PRIVATE USE <input type="radio"/> COMMERCIAL USE <input type="radio"/> HIRER USE	Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Own Damage <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting Only
Vehicle Category	<input checked="" type="radio"/> PRIVATE VEHICLE <input type="radio"/> COMMERCIAL VEHICLE <input type="radio"/> MOTORCYCLE	<input type="radio"/> TAXI <input type="radio"/> BUS <input type="radio"/> MOTOR TRADE	<input type="radio"/> TANKER <input type="radio"/> PRIVATE HIRER <input type="radio"/> GOVERNMENT

### INSURANCE COMPANY (OWN VEHICLE)

Insurance Company	Liberty Insurance Pte Ltd	Fleet Policy	Yes / <input checked="" type="radio"/> No
Policy Number	S119V02626/VPS/RO2	Type Of Coverage	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Only <input type="radio"/> Third Party Fire or Theft
Cover Note Number			

### DRIVER IDENTIFICATION

Driver Name	Simon Soh Chin Kuan		Driver NRIC	S1708837H
Date Of Birth	09.11.1965		Occupation	Indoor / Outdoor unemployed
Driving Date Pass	16.09.1983		Gender	<input checked="" type="radio"/> Male / <input type="radio"/> Female
Mobile Phone No			Email Address	
Address	1 Youngberg Terrace #12-15		Postcode	357741
Relationship	<input type="radio"/> Employee <input checked="" type="radio"/> Owner	<input type="radio"/> Relative <input type="radio"/> Friend	<input type="radio"/> Children <input type="radio"/> Sibling	<input type="radio"/> Hirer <input type="radio"/> Parent

### GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident	Collision - Heat of fear		
Weather Condition	<input checked="" type="radio"/> Clear / <input type="radio"/> Raining / <input type="radio"/> Others:	Road Surface	<input checked="" type="radio"/> Dry / <input type="radio"/> Wet / <input type="radio"/> Others:

**OTHER INFORMATION**

Injured	<input checked="" type="radio"/> No / Yes	Was there any other vehicle or property damaged?	<input checked="" type="radio"/> No / Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="radio"/> No / Yes	Was any foreign vehicle involved in this accident?	<input checked="" type="radio"/> No / Yes
Foreign Vehicle Registration Number		Foreign Vehicle Category	
Police Report	<input checked="" type="radio"/> No / Yes		
Number of Passengers (Including Driver)	1		
Passenger Details	Male / Female - 1.		
	Male / Female - 2.		
	Male / Female - 3.		
	Male / Female - 4.		
	Male / Female - 5.		
Car Camera ?	<input checked="" type="radio"/> No / Yes		

**DETAILS OF OTHER VEHICLE 1**

Vehicle Registration No	XE2914P		
Name of Driver	Wang Yong Jun		
Driver's NRIC	077202935	Contact Number	98551865

**DETAILS OF OTHER VEHICLE 2**

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

**DETAILS OF OTHER VEHICLE 3**

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	


**DETAILS OF WITNESS**

Name of Witness			
Witness 's NRIC		Contact Number	
Address Line			
Email			



### 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>	<b>SI19V02626 /VPS /R02</b>
<b>Form</b>	<b>MX3</b>
<b>Date of Issue:</b>	<b>04-Mar-2019</b>
<b>1. Index Mark and Registration No. of Vehicle:</b>	<b>SKN317H</b>
<b>2. Chassis number of Vehicle:</b>	<b>SCCLHHSC7EHC10259</b>
<b>3. Name of Policyholder:</b>	<b>SIMON SOH CHIN KUAN</b>
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	<b>18-MAR-2019 00:00</b>
<b>5. Date of Expiry of Insurance:</b>	<b>17-MAR-2020 23:59</b>
<b>6. Persons or Classes of Persons entitled to drive*:</b>	<b>SIMON SOH CHIN KUAN</b>
<p><small>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 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</small></p>	
<b>7. Limitations as to use*:</b>	<b>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</b>
<b>8. The Policy does not cover:</b>	<p>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>
<p><small>*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 are not to be included under these headings</small></p>	
<p><small>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</small></p>	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p>  <hr style="width: 100px; margin-left: auto;"/> <p>Authorised Signatory</p>	
<b>For Information only:</b>	
<b>COVERAGE:</b>	Comprehensive, Unlimited Windscreen, Package Cover, NCD Protection
<b>SUM INSURED (\$\$):</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS (\$\$):</b>	Section I -Singapore: S\$5000 / Outside Singapore: \$10,000.00; Windscreen Excess: \$500.00
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD