

# NATIONAL Assessment Centre Services.

(not a JandCO)

NA120012543

Date In: 28/01/2020 20:28	Job description	Date & Time Completed	Done by
Ref No: NGA/UP 20001515/4	SAS e-filing		
Veh No: SKV 7296X	E-mail (Vehicle 3hrs, A/C 2hrs)		
D.O.A: 27/01/2020 11:00	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Wither OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: GBH 7947G

INC ( ) / Non-INC ( )

Owner / Drivers: (

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 (

( ) 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: (

NA2001055

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref: 10

2/2

Item	Description	Amount	Remarks
1) ART: Accident Reporting	(\$30)		
2) DA: Damage Assessment	(\$100)	INC (\$10)	
3) TP: Towing Fee		\$40/\$45	
4) PT: Follow-Through Survey		\$120	
5) PT: Follow-Through Survey (Resurvey)		\$30	
6) TR: Re-inspection		\$75	For 1st inspection only INC Only (over 10 in 200)
7) NI: IDA + SMRT Survey		\$160	
8) NTUC Additional Services:			
ON:			
• N5: Courtesy Car / Tpl Allowance		\$3	
• N6: Repair Co-ordination		\$10	
• N7: Post Repair Inspection		\$25	
• N8: DV / Collect Excess Coordination		\$3	
• N9: TP (N1) / TP (N1) INC against INC		\$30	
2) N12: Idx Mobile			
Invoice dated			
Invoice dated			

Fee Charged  
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	28/01/2020 20:28
Date Of Accident	27/01/2020 11:00
Exact Location Of Accident	BLK 98A WHAMPOA DRIVE MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV7296X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JASMAN BIN ASHAR
NRIC No	SXXXX446I
Email Address	JASMAN@ESS.COM.SG
Mobile Phone No	(LOCAL) +65-98442181
Alternative Phone No	OTHERS-98442181
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V03735/VPC/R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	JASMAN BIN ASHAR
NRIC No	SXXXX446I
Date Of Birth	21/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	02/08/1997
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98442181
Fax Number	
Contact Number	OTHERS-98442181
EMail Address	JASMAN@ESS.COM.SG

Address	BLK 96 WHAMPOA DRIVE #12-238
Postcode	320096
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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	GBH7947G
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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:

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

28/01/2020

Red. 11/1/2020

BIK 98A multi story carpark withampor drunk




A SKV 7296X  
B GBH 7947G


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car at my house Multi story carpark suddenly I was informed by vehicle B who have collided onto my car and cause my front part damage.

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:

 28/01/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Date of Accident : 27/01/2020 Accident Time: 1100 (24-HR-Format)  
 Accident Place : BLK 98A MUTIL STORY CARPARK whampoa Drive (320098)  
 Vehicle No. (Car Plate No.) : SKV 7296X Make/Model: BMW 318i  
 Insurance Company : Liberty Policy No: SD19V03735/VPL/ROO  
 Owner or Company Name / IC No. : Jasman Bin Ashar (572334461)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 98442181 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Jasman Bin Ashar (572334461)  
 DRIVER'S Date Of Birth : 21-09-1972 DRIVER'S License Pass Date 02 Aug 1997  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 96 whampoa Drive #12-238 S (320096)  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) 98442181  
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
 Email Address : jasman@ess.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): NIL  
 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): NIL

Other Party Driver's Particular (if any)

Vehicle No: <u>GBH 7947G</u>	Vehicle No: _____
Vehicle Make/Model: <u>TOYOTA HIACE</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

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)

**Name of Policyholder:**

JASMAN BIN ASHAR

**Certificate No.:**

SD19V03735/ VPC / R00

**Date of Issue:**

22 Mar 2019

**Effective Date of Commencement:**

30 Mar 2019 00:00

**Date of Expiry:**

29 Mar 2020 23:59

**Registration No.:**

SKV7296X

**Chassis No.:**

WBA8E320X0K497644

**Type of Certificate:**

MX1

**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.

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.

**Limitations as to use:**

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

**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, 1987 (Malaysia) are not to be included under these headings.

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).



For and on behalf of  
**LIBERTY INSURANCE PTE LTD**  
Approved Insurers

**For Information Only:**
**Coverage(s):**

Comprehensive, Unlimited Windscreen, NCD Protection

**Sum Insured:**

MARKET VALUE AT THE TIME OF LOSS

**Excess:**

Section I S\$500, Additional Excess for Young &amp; Inexperienced Drivers S\$2500, Windscreen Excess S\$0

**Name of Finance Company:**

UNITED OVERSEAS BANK LIMITED

**Name of Producer:**

SD CONTEGO SERVICES (A1429-2)