

NATIONAL Assessment Centre Services.

part 1 220003 MMA 120017 220

Date In	7/12/20 13:59	Job description	Date & Time Completed	Done by
Ref No	MA1 LIP 20002167164	SAS e-filing		
Web No	SKK 2077 C	E-mail (within 3hrs, AIC 2hrs)		
IP No	22/11/20 15:30	1-Motor Claim Form		
Off	IP * Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer		1-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wk31		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
IP Particulars:	Veh No: Unknown.	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 repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()
Remarks: (INC Ref No: 67167164)
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:
Date/Time:
Actions:

Client's Particulars:	MA 2001159
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Bug-In-Charge):	
Auditors' Comments:	
Invoice Preparation Checklist:	
1) AIR: Accident Reporting (\$30);	
2) DA: Damage Assessment (\$100); INC (\$30)	
3) TP: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) PF: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (wof 10 Jan 2003)	
6) TR: Re-inspection \$75	
7) NI: Idea DA + SMRT Survey \$160	
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpt Allowance \$5	
*N6: Repair Coordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$5	
*N9: DV / Collect Excess Coordination \$20	
TP (N11): TP (Non INC) against INC \$0	
9) N12: Idea Mobile	
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	07/02/2020 13:59
Date Of Accident	22/01/2020 15:30
Exact Location Of Accident	KRAMAT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK2077C
Insured/Policyholder	
Name Of Registered Owner	TAN JUN MING
NRIC No	SXXXX413C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91383083
Alternative Phone No	OFFICE-91383083

Vehicle Particulars

Manufacturer	MASERATI
Model	GRANTURISMO 4.2 AUTO
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	SI19V04972/VPS/R01
Cover Note Number	

Driver

Name of Driver	TAN JUN MING
NRIC No	SXXXX413C
Date Of Birth	04/08/1984
Occupation	INDOOR
Date Of Driving Pass	30/04/2010
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91383083
Fax Number	
Contact Number	OFFICE-91383083
Email Address	NOEMAIL

Address	BLK 195 RIVERVALE DR #17-749
Postcode	540195
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	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	UNKNOWN
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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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:

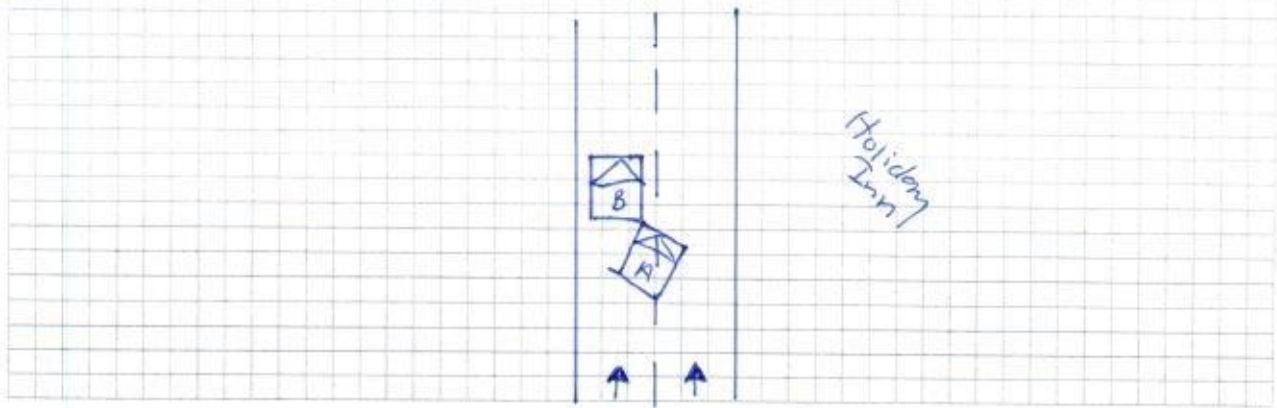
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Vehicle A: SKK2077C
Vehicle B: unknown



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kramat Rd

On the stated date & time, I, vehicle A was parked stationary on the stated venue. When I starting to move off I had a slight collision with the front vehicle rear right portion. We both got down to check but there's no damages or paint drop on both of our car. And we decide to drop this matter.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

Date of Accident : 22/1/2020 Accident Time: 15:30hr (24-HR-Format)
Accident Place : Kramat Rd
Vehicle No. (Car Plate No.) : SKK2077C Make/Model: Maserati Granturismo
Insurance Company : Liberty Policy No.: S129V04972/VPS/K02
Owner or Company Name / IC No. : Tan Jun ming (S8423413C)
Owner or Company Contact No. : 9138 3083 Owner's Hp : - Company Tel : -
DRIVER'S Name / IC No. : - Same as Above ✓
DRIVER'S Date Of Birth : 4 Aug 1984 DRIVER'S License Pass Date: 30 Apr 2010
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : Blk 195 Rivervale Dr #17-749 (S) 540195
DRIVER'S Contact No / Alt No. : 1) - 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : -
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: <u>Unknown Private Car.</u>	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	SI19V04972 /MPS /R01
Form	MX3
Date of Issue:	23-Apr-2019
1.Index Mark and Registration No. of Vehicle:	SKK2077C
2.Chassis number of Vehicle:	ZAMGH45C000035045
3.Name of Policyholder:	TAN JUN MING
4.Effective date of Commencement of Insurance for the purposes of the Act:	01-MAY-2019 00:00
5.Date of Expiry of Insurance:	10-APR-2020 23:59
6.Persons or Classes of Persons entitled to drive*	TAN JUN MING
<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:	<p>A) Use for hire or reward.</p> <p>B) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>C) Use for the carriage of goods (other than samples) in connection with any trade or business.</p> <p>D) Use for any purpose in connection with the Motor Trade.</p>
<p>*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>	
<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> <div style="text-align: center;">  <hr style="width: 200px; margin: 0 auto;"/> Authorised Signature </div>	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, NCD Protection
SUM INSURED (\$\$):	\$149,800.00
EXCESS (\$\$):	Section I (Singapore) \$10,000.00, Section I (Outside Singapore) \$20,000.00, Windscreen Excess \$500.00
FINANCE COMPANY:	KENSO LEASING PTE LTD
PRODUCER NAME:	D&S AUTO AGENCY