NATIONAL Assessment Centre Services. [ver: Jan'09] : MMA 1200 17926.

Date In: 10/12/20 10:51	Job description	Date & Time Completed	Done by
Ref No: MAI LIP 2000 2237 164	SAS e-filing		
Veh No: SKG 5511S	E-mail (within 8hrs, AIC 2hrs)		
DOA: 8/12/20 13:20.	I-Motor Claim 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: YP 7003 R. 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: ( )

Customer Contact / Update	Date & Time	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	Action

MA 2001263

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments

Cat 1:

Cat 2/3:

Invoice/Fee Action Checklist	Amt ($)	Add'l ($) Indicate
1) AR : Accident Reporting ($30);	30.00	
2) DA : Damage Assessment ($100); INC ($50)		
3) TF : Towing Fee $40/$45		
4) FT : Follow-Through Survey $120		
5) FT : Follow-Through Survey (Resurvey) $30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR : Re-Inspection $75		
7) N1 : Idac DA + SMRT Survey $160		
8) NTUC Additional Services:		
OP:		
*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: Idac Mobile 30		
Invoice dated *Fee Charged*		
Invoice dated *Fee Charged*		

MNA120017926 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 10/02/2020 10:51
SUBMITTED BY: Liew Shan Hui

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 witholding 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	10/02/2020 10:51
Date Of Accident	08/02/2020 13:20
Exact Location Of Accident	PIE-TUAS B4 CTE CITY EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG5511S
Insured/Policyholder	
Name Of Registered Owner	THIAM CHUNG GUAN ALVIN
NRIC No	SXXXX979D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96328592
Alternative Phone No	OFFICE-96328592
Vehicle Particulars	
Manufacturer	BMW
Model	X2
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	SD19V00607/VPC2/R00
Cover Note Number	
Driver	
Name of Driver	THIAM CHUNG GUAN ALVIN
NRIC No	SXXXX979D
Date Of Birth	19/10/1972
Occupation	INDOOR
Date Of Driving Pass	09/07/2003
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96328592
Fax Number	
Contact Number	OFFICE-96328592
EMail Address	NOEMAIL

Address	900 DUNEARN RD #05-02
Postcode	589473
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 - CHANGE/CROSS LANE
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	YP7003R
Vehicle Make/Model/Colour	
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)	

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.

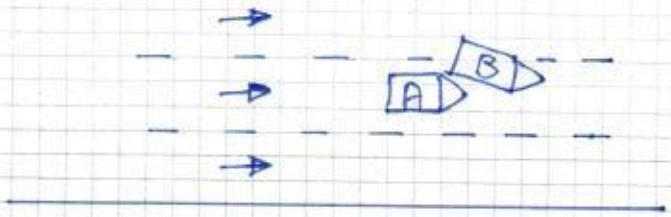
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

PIE - TUAS BEFORE CTE CITY EXIT.

VEH A = SKG 5511S

VEH B = YP 7003 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time. I was driving vehicle A along the stated venue. Suddenly, vehicle B encroach onto my lane, and hit onto the left portion of my vehicle.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Date of Accident : 08/02/2020 Accident Time: 1322 (24-HR-Format)

Accident Place : PIE - TUAS BEFORE CTE CITY EXIT.

Vehicle. No. (Car Plate No.) : SKG 5511 S Make/Model: BMW x2

Insurace Company : LIBERTY Policy No: SD19V00607/VPC2/R00

Owner or Company Name /IC No. : THIAM CHUNG GUAN ALVIN S7238979D

Owner or Company Contact No. : _____ Owner's Hp 96328592 Company Tel

DRIVER'S Name / IC No. : _____

DRIVER'S Date Of Birth : 19-10-1972 DRIVER'S License Pass Date 09/07/2003

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ (Others): OWNER.

DRIVER'S Address : 900 DUNEARN RD #05-02 S589473

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: (B) YP7003R. 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:**

Insurance.

AUTO ASSISTANCE HOTLINE
24 HR ACCIDENT RESPONSE
ROADSIDE ASSISTANCE
FLOOD ASSISTANCE

51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6226 3360

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, 1989 (MALAYSIA)

Certificate No:	SD19V00607 /VPC2 /R00
Form:	MX1
Date of Issue:	07-JAN-2019
1.Index Mark and Registration No. of Vehicle:	SKG5511S
2.Chassis number of Vehicle:	WBAYH12020EM93047
3.Name of Policyholder:	THIAM CHUNG GUAN ALVIN
4.Effective date of Commencement of Insurance for the purposes of the Act:	31-DEC-2018 00:00 AM
5.Date of Expiry of Insurance:	30-DEC-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.

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.

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.

*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

Authorised Signature

For Information only:	
COVERAGE:	Comprehensive,Unlimited Windscreen,NCD Protection
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S$600,Additional Excess For Young & Inexperienced Drivers S$2500,Windscreen Excess S$0
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	SD CONTEGO SERVICES

SCZR 20190125

Ver.1.260705