

NATIONAL Assessment Centre Services (wef 1 Jan 2005) **MA 20045824**

Date In: 12/5/20 12:02	Job description	Date & Time Completed	Done by
Ref No. MAL LIP 20025690164	SAS e-filing		
Veh No: SMR 2079L	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 9/5/20 21:15	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: FBK 8619G	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%; F: 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 hotline: 6788 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 2002986

Claimant's Particulars	Invoice Preparation Checklist	Amnt (\$) In Bill	Amnt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	on:		
	*N5: Courtesy Car / Tp 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	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	12/05/2020 12:02
Date Of Accident	09/05/2020 21:15
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR2079L
Insured/Policyholder	
Name Of Registered Owner	SOFIAN BIN AMIN
NRIC No	SXXXX202D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82231059
Alternative Phone No	OFFICE-82231059

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 AMG LINE 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	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	SD20V00743/VPC/R00/E00
Cover Note Number	

Driver

Name of Driver	SOFIAN BIN AMIN
NRIC No	SXXXX202D
Date Of Birth	07/10/1978
Occupation	INDOOR
Date Of Driving Pass	05/09/2001
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82231059
Fax Number	
Contact Number	OFFICE-82231059
Email Address	NOEMAIL

Address	BLK 288C BUKIT BATOK ST 25 #09-32
Postcode	652288
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 - CROSS JUNCTION
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?	YES
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)	2
Passenger 1	NAME: : AHMAD FAKHRUDDIN BIN AZMAN GENDER: : MALE

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	FBK8619G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SOFIAN BIN AMIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMR2079L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	AHMAD FAKHRUDDIN BIN AZMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMR2079L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

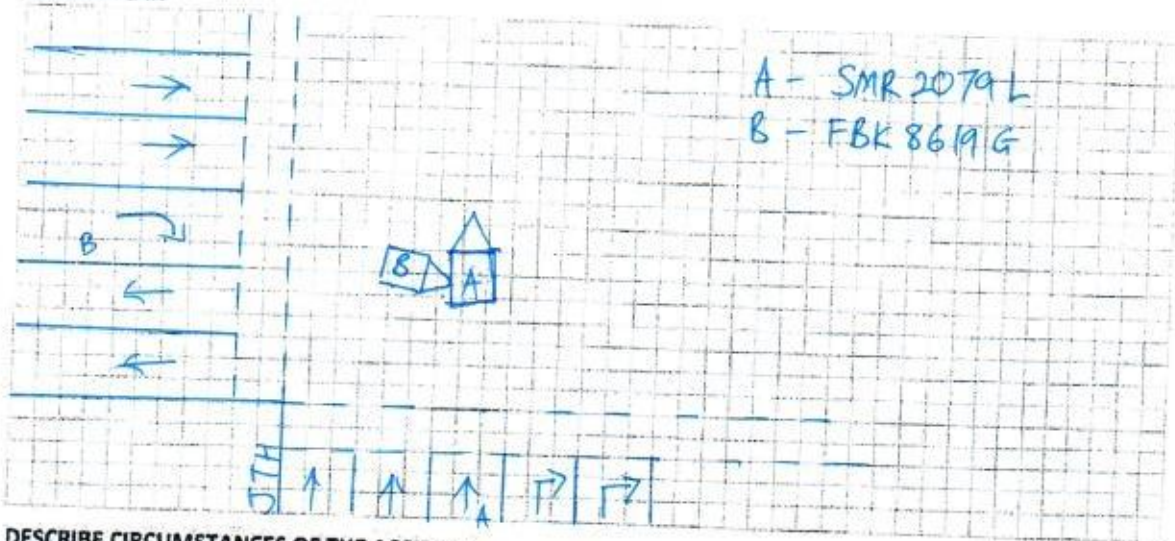
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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 09/05/2020 at around 2115 hrs, I was going straight along Jurong Town hall road, upon going straight on green light. Suddenly a motorcycle hit the left side of my vehicle. The motorcycle was turning right from Jurong East Ave. 1 to Jurong Town hall road.

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:

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

Policy Schedule

Private Car

Name of Producer: ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD (B9008)	Policy No.: SD20V00743/VPC/R00/E00
Date of Issue: 13 Jan 2020	Previous Policy No.:

Details of Insured

Name of Insured: SOFIAN BIN AMIN	NRIC/FIN No.: S7829202D
Mailing Address: 288C BUKIT BATOK STREET 25 #09-32, NATURE VIEW, SINGAPORE	Postal Code (652288)
Period of Insurance (both dates inclusive): From: 24 Dec 2019 00:00 To: 23 Dec 2020 23:59	Occupation: Sales

Details of Vehicle

Registration No.: SMR2079L	Make and Model: MERCEDES BENZ CLA180 AMG LINE AUTO	Type of Body: SALOON
Capacity/Tonnage: 1332 C.C	Seating Capacity Including Driver: 5	Year of Manufacture/Registration: 2019 / 2019
Chassis No.: WDD1183842N009832	Engine No.: 28291480170812	Sum Insured: MARKET VALUE AT THE TIME OF LOSS
Hire Purchase Owner/Leasing Company: OVERSEA-CHINESE BANKING CORPORATION LTD		
Operative Endorsements: V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0145, V0152, V0225, V0233, V0237, V0249, V0276, V0281, Z011		

Details of Coverage

Type of Plan:	Pte Car - Standard Plan (Comprehensive)
Excess:	Section I - Named Drivers S\$ 700.00 Section I - Unnamed Drivers S\$ 1,200.00 Additional Excess for Young, Elderly & Inexperienced Drivers S\$ 3,000.00 Windscreen Excess S\$ 100.00
Additional Coverage(s):	Unlimited Windscreen
Name of Driver(s):	SOFIAN BIN AMIN
Basic Premium:	S\$ 2,962.32
Discounts:	No Claim Discount (10%)
Prevailing GST (7%):	S\$ 186.63
Total Premium Payable Inclusive of Prevailing GST (7%):	S\$ 2,852.72

This Schedule replaces any other Schedule. This Schedule and Policy are to be read together as one contract. Persons or classes of persons entitled to drive and limitations are to use, are as specified in the Certificate of Insurance issued in relation to this policy.

Date: 11 May 2020 11:16

For and on behalf of
LIBERTY INSURANCE PTE LTD

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: (DD/MM/YY) Time: (HH:MM)
Exact location of accident	09/05/2020 2115 hrs

Details of vehicle

Vehicle registration number	SMR 2079L		
Vehicle make and model	MERC CLA180		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	Liberty Insurance		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

Insured / Policy holder

Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	
Contact	
Address	

DriverSame as insured above ☐ (skip to D.O.B)

Name	SOFIAN BIN AMIN / Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7829202D
Contact	8223 1059
Address	288C Bukit Batok st 25 #09-82 (S) 652288
Email address	
Date of birth	07/10/78
Occupation	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>
Driving date pass	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, relationship of the driver and insured: _____	
Accident captured by camera?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	02 (Inclusive of driver)

Passenger 1

Name	AHMAD FAKHRUDDIN BIN AZMAN
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	FBK 8619 G
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>