

NATIONAL Assessment Centre Services. [part 1 Jan 09] MMA 120055266

Date In: 29/6/20 14:08	Job description	Date & Time Completed	Done by
Ref No: MA12IP 2000 6365164	SAS e-filing		
Veh No: SMM 9840K	E-mail (within 3hrs, AIC 2hrs)		
DETA: 29/6/20 08:50	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: GX 6450X, 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 repater.

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

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

Remarks: (INC hotline: 0798 6616)

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 2003436		Invoice Preparation Checklist		Am (\$)	Am (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			30.00	
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 (wef 10 Jan 2009)				
	6) TR: Re-Inspection \$75				
	7) NI: Idao DA + EMRT Survey \$160				
	8) NTUC Additional Services:-				
	Q1:				
	*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 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	29/06/2020 14:08
Date Of Accident	29/06/2020 08:50
Exact Location Of Accident	JURONG TOWN HALL TWDS BUKIT BATOK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM9840K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIU YONGJUN
NRIC No	SXXXX870I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92331569
Alternative Phone No	OFFICE-92331569

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	SD19V09619/VPC/R00
Cover Note Number	

### Driver

Name of Driver	LIU YONGJUN
NRIC No	SXXXX870I
Date Of Birth	08/01/1987
Occupation	INDOOR
Date Of Driving Pass	28/11/2018
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92331569
Fax Number	
Contact Number	OFFICE-92331569
EMail Address	NOEMAIL

Address	151 JLN TECK WHYE #10-25
Postcode	680151
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	RAINING
Road Surface	WET

#### 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)	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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX6450X
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)	

#### DETAILS OF INJURED PERSON 1

Name	LIU YONGJUN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMM9840K
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.
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:

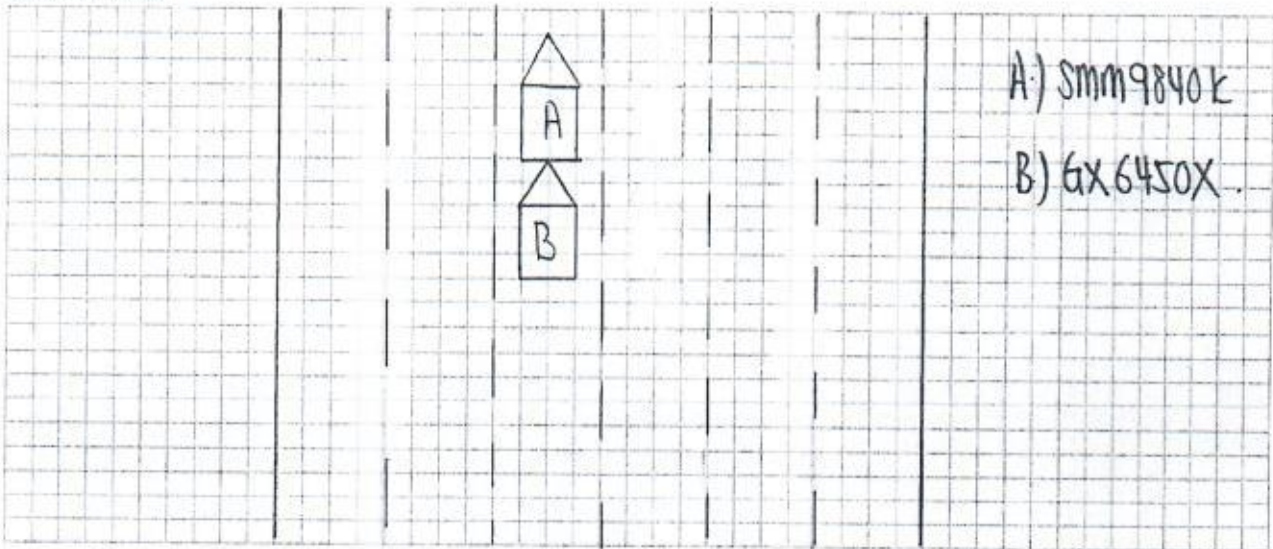
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29.06.2020 at about 8.47am, I was travelling along Jurong Town Hall Towards Bukit Batok Road. I was slow down and stopped due to front traffic, suddenly vehicle B hit on my Vehicle A.

## 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.:



Date of Accident : 29.06.2020 Accident Time: 8.47am (24-HR-Format)  
Accident Place : Jurong Town Hall Towards Bukit Batok Road.  
Vehicle, No. (Car Plate No.) : SMM 9840K Make/Model: Honda Fit 1.3  
Insurance Company : Liberty Policy No: SD19V09619/VPC/R00  
Owner or Company Name /IC No. : Liu Yong Jun (S8778870I).  
Owner or Company Contact No. : — Owner's Hp 9233 1569 Company Tel  
DRIVER'S Name / IC No. : as above  
DRIVER'S Date Of Birth : 08.01.1987 DRIVER'S License Pass Date 28.11.2018.  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner.  
DRIVER'S Address : 151 Jalan Tekong Whye #10-25 Singapore 680151.  
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): 1 Driver  
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): Yes.

Other Party Driver's Particular (if any)

Vehicle, No:	<u>GX 6450X</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:

*ESB*

# 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; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

<b>Name of Policyholder:</b> LIU YONGJUN		<b>Certificate No.:</b> SD19V09619/ VPC / R00
<b>Date of Issue:</b> 30 Jul 2019	<b>Effective Date of Commencement:</b> 22 Jul 2019 15:20	<b>Date of Expiry:</b> 21 Jul 2020 23:59
<b>Registration No.:</b> SMM9840K	<b>Chassis No.:</b> GK33413603	<b>Type of Certificate:</b> 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:**

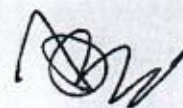
Use only for social, domestic and pleasure purposes and for the Policyholder's business.

**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 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.



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

**For Information Only:**

Coverage(s):	Comprehensive, Unlimited Windscreen
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I -Named Drivers S\$2500, Section I -Unnamed Drivers S\$3000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	OVERSEA-CHINESE BANKING CORPORATION LTD
Name of Producer:	SMARTCARS BOUTIQUE PTE LTD (A1722)

PLTF/PLTF/SD19V09619/29-Jun-2020/MotorCI/v1.0