

NATIONAL Assessment Centre Services. (Part 1 J01105) MMA 1200 69452

Date In: 17/1/20 09:20	Job description	Date & Time Completed	Done by
Ref No: NAI LIP 20008507164	SAS e-filing		
Yeh No: SKA 2428 B	E-mail (within 3hrs, AIC 2hrs)		
DEFA: 13/1/20 15:35	1-Motor Claim Form		
UD: <input checked="" type="radio"/> Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Yeh No: SKV 5507 B.	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 repoker.	
() 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: ()	
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Date/Time	Remarks

NA 2004211		Invoice Itemization Check	
Customer's Particulars:		1) AR: Accident Reporting (\$30);	20.00
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:		3) TP: Towing Fee	\$40/\$45
Damaged Portion:		4) PT: Follow-Through Survey	\$120
QC Checked by (Bug-In-Charge):		5) PT: Follow-Through Survey (Resurvey)	\$30
Wardens' Commitment:		Forclaiming against INC Only (wa 10 Jan 2007)	
		6) TR: Re-inspection	\$75
		7) NI: Idao DA + SMRT Survey	\$160
		8) NTUC Additional Services:	
		Q1:	
		*N5: Courtesy Car / Tpt Allowance	\$5
		*N6: Repair Coordination	\$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	17/08/2020 09:20
Date Of Accident	13/08/2020 15:35
Exact Location Of Accident	TURF CLUB RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKA2428B
Insured/Policyholder	
Name Of Registered Owner	118 SUPERSTORE
Co Reg No	5XXXX660A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87151717
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	SI20V00225/VTN/R02
Cover Note Number	
Driver	
Name of Driver	MANFORD NEO SAY KIAT
NRIC No	SXXXX043B
Date Of Birth	17/08/1993
Occupation	INDOOR
Date Of Driving Pass	10/04/2012
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87151717
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 268A PUNGGOL FIELD #10-137
Postcode	821268
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	2
Passenger 1	NAME: : CHARMINE GENDER: : FEMALE

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	SKV5507B
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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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.

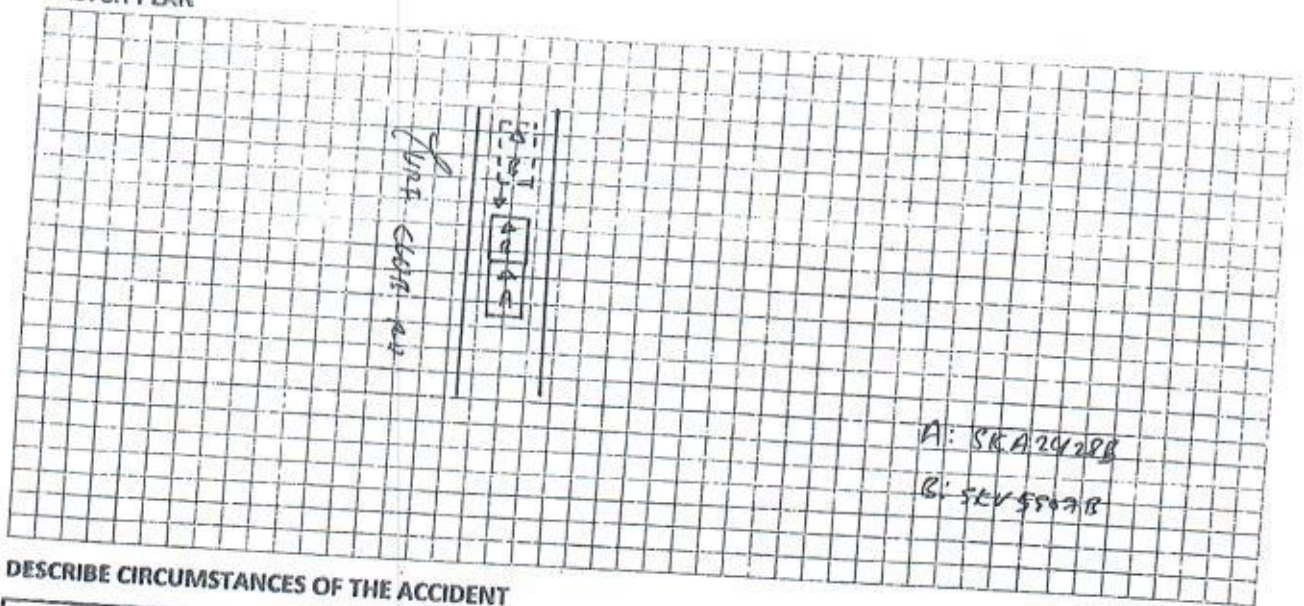


Policyholder's Signature
Date & Time:

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 THE STATED DATE AND TIME, I CAME TO A STOP BECAUSE
 THE TRAFFIC LIGHT WAS RED.
 VEHICLE B, IN FRONT OF ME, STARTED TO REVERSE AND HIT ONTO
 THE FRONT PORTION OF MY CAR.

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 : 13/08/2020 Accident Time: 1535 (24-HR-FORMAT)
 Accident Place : TURF CLUB ROAD
 Vehicle Reg. No (Car plate No.) : SKA2928B Vehicle Make/Model: MGAL C100K
 Insurance Company : LIBERTY Policy No. S/20V00225/VTN/202
 Name of Registered Owner : Company / Individual 118 SUPERSTORE
 ID of Registered Owner : Co Reg No: S3287660A Owner's NRIC No: _____
 : Co Contact No: 8715 1717 Owner's Contact No: _____
 DRIVER'S Name : MANFORD NEO SAY KHA DRIVER'S NRIC No: 89330043B
 DRIVER'S Date of Birth : 12/08/1991 DRIVER'S License Pass Date 10/04/12
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 268A PUNGGOL FIELD #10-137 S(821268)
 DRIVER'S Contact No./ Alt No. : 1) 8715 1717 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 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): 2 (F) CHARMING
 Was the accident reported to the police? YES \ NO
 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

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SKV5507E</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



Liberty
Insurance



Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street

#03-00 Liberty House

Singapore 069428

Tel: (65) 6221 8611 Fax: (65) 6225 6890

Website: <http://www.libertyinsurance.com.sg>

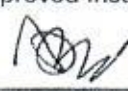
CERTIFICATE OF INSURANCE

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	SI20V00225 /VTN /R02
Form	MZ9
Date Of Issue	19-JUN-2020
1.Index Mark and Registration No. of Vehicle:	
2.Chassis number of Vehicle:	
3.Name of Policyholder:	118 SUPERSTORE
4.Effective date of Commencement of Insurance for the purpose of the Act:	19-JUN-2020 00:00 AM
5.Date of Expiry of Insurance:	15-JAN-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	MANFORD NEO SAY KIAT,NEO GIM HONG,CHARMINE LIM SU HUI,ZOEY NEO ZU YI
MANFORD NEO SAY KIAT,NEO GIM HONG,CHARMINE LIM SU HUI,ZOEY NEO ZU YI	
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 Motor Trade purposes.	
8.Policy does not cover:	
The policy does not cover use for hire or reward, racing, pace-making, reliability trials or speed-testing.	
N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.	
*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  Authorised Signature	
For Information only:	
COVERAGE :	Third Party Only,Demonstration Extension,Geographical Area: Singapore only,Standard Operating Hours : 8 am to 11 pm
SUM INSURED:	
EXCESS:	Section II S\$3000
FINANCE COMPANY:	
PRODUCER NAME:	CH INSURANCE AGENCY PTE LTD

PLCS/PLCS/19-JUN-20

S3_CL_T1_T3_TEMPLATE2-VER1 19-JUN-20