

NATIONAL Assessment Centre Services. (last 1 Jan 2005)

NA2004870

Date In:	Job description	Date & Time Completed	Done by
11/09/2000 15:52	SAS e-illing		
Ref No: N/A/LIP2000978174	E-mail (by date start, AIG 2 hrs)		
Veh No: SIF 2054 B	I-Motor Claims Form		
O.O.A. 29/07/2000 17:40	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
OID: TP / Repairing Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkep / INC Assgn Wkep / OW: ( )  
 Yrs: ( ) Fax: ( )  
 TP Particulars: Vch No: SL9132M INC ( ) / Non-INC ( )  
 Owner / Driver: ( ) Tel: ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( )  
 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 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.  
 ( ) 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Item	Amount
1) All Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) TP: Follow-Through Survey	\$120
5) TP: Follow-Through Survey (Resurvey)	\$30
6) TP: Follow-Through Survey (Resurvey) For claim against INC Only (over 10 Jan 2005)	\$75
7) TP: Re-inspection	\$160
8) NI: IDAO DA + SMRT Survey	
9) NIUC Additional Services	
OR:	
• NI: Courtesy Car / Tpl Allowance	\$35
• NI: Repair Coordination	\$10
• NI: Post Repair Inspection	\$25
• NI: DV / Collect Reports Coordination	\$35
• TP (NIUC) TP (Non INC) against DNG	\$25
• NI: Mobile	\$0
Invoice dated	
Invoice dated	

Driver/Owner: \_\_\_\_\_  
 Contact No: \_\_\_\_\_  
 Damaged Portion: \_\_\_\_\_  
 QC Checked by (Engr-In-Charge): \_\_\_\_\_  
 Val. 1: \_\_\_\_\_  
 2/2

## 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	11/09/2020 15:52
Date Of Accident	29/07/2020 17:40
Exact Location Of Accident	TEKKA MARKET CARPARK BASEMENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF3054B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL MANAF BIN ABDUL KADER
NRIC No	SXXXX319G
Email Address	MAHMUDABEEVI@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93859407
Alternative Phone No	OTHERS-93859407

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 CVT (A)
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	SI20V08493/VPC/R01/E00
Cover Note Number	

### Driver

Name of Driver	MAHMUDA BEEVI BINTE SAID MASOOHOOTH
NRIC No	SXXXX264H
Date Of Birth	05/12/1967
Occupation	INDOOR
Date Of Driving Pass	24/05/2004
Driving Experience	16 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93859407
Fax Number	
Contact Number	OTHERS-93859407
EMail Address	MAHMUDABEEVI@YAHOO.COM

Address	BLK 103 BUKIT PURMEI ROAD #03-52
Postcode	090103
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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: : SISTER 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

PLEASE REFER TO SKETCH PLAN

#### 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	SLL9132M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FIAZ
NRIC/Passport Number	
Contact Number	90032751
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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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**.
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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)**

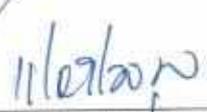
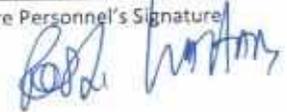
I understand, acknowledge, agree and consent that:

- (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:

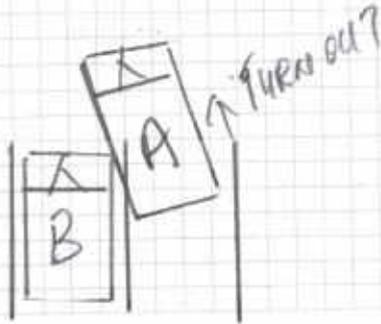
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/09/2020

1.30 p.m

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

SKETCH PLAN

TĒKKA MARKET BASHMARA CARPARK



A) SLF 3054B

B) SLL 9132M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting from the carpark lot, My car brush  
 age - against the car on my left. His car number  
 SLL 9132M. There were little scratches on my  
 car body (left side). There were some scratches on  
 his car.

DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 11-09-2020  
 1.30 p.m

*[Signature]* 11/09/2020  
 Reporting Centre Personnel's Signature  
 Name: *[Signature]*  
 NRIC/FIN No.: *[Signature]*

Insurancetech (Pvt) Ltd.

ACCIDENT STATEMENT

ACCIDENT DATE: (29/07/2020) (DD/MM/YYYY), TIME: (17:40) (HH:MM)

LOCATION: Tekka Market ~~at~~ ~~BISHAN~~ CAR PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 3054B
- b) INSURANCE COMPANY: LIBERTY
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: \_\_\_\_\_
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ABDUL MANAF BIN ABDUL (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: S1614319G CONTACT: 93859407
- C) ADDRESS: BIK 103, #03-52, Bukit Purmei Road SINGAPORE 090103

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (05/12/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 24-05-2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLL9132M MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: Fiaz
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9003275

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
- e) DRIVER'S NAME: \_\_\_\_\_
- f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

SSTAR

# No of passenger (including driver) (2)

# No of passenger (including driver) ( )

# No of passenger (including driver) ( )

email = mahmudabeevi@yahoo.com

VIDEO

<b>Name of Producer:</b> INCHCAPE AUTOMOTIVE SERVICES PTE LTD (A1855-9 TOYOTA)		<b>Policy No.:</b> SI20V08493/VPC/R01/E00
<b>Date of Issue:</b> 01 Jul 2020	<b>Previous Policy No.:</b> SD19V09941	

#### Details of Insured

<b>Name of Insured:</b> ABDUL MANAF BIN ABDUL KADER (NOT DRIVING)		<b>NRIC/FIN No.:</b> S1614319G
<b>Mailing Address:</b> 103 BUKIT PURMEI ROAD, #03-52, SINGAPORE		<b>Postal Code (090103)</b>
<b>Period of Insurance (both dates inclusive):</b> From: 22 Aug 2020 00:00 To: 21 Aug 2021 23:59		<b>Occupation:</b>

#### Details of Vehicle

<b>Registration No.:</b> SLF3054B	<b>Make and Model:</b> TOYOTA WISH 1.8 CVT	<b>Type of Body:</b> MPV
<b>Capacity/Tonnage:</b> 1798 C.C	<b>Seating Capacity Including Driver:</b> 7	<b>Year of Manufacture/Registration:</b> 2016 / 2016
<b>Chassis No.:</b> JTDGG20VX0J004710	<b>Engine No.:</b> 2ZR1807291	<b>Sum Insured:</b> MARKET VALUE AT THE TIME OF LOSS
<b>Hire Purchase Owner/Leasing Company:</b>		
<b>Operative Endorsements:</b> V0001, V0002, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0152, V0225, V0233, V0236, V0242, V0249, V0276, V0281, V0308A, V0314, Z011		

#### Details of Coverage

<b>Type of Plan:</b>	Pte Car - Standard Plan (Comprehensive)
<b>Excess:</b>	Section I S\$ 700.00 Additional Excess for Young & Inexperienced Drivers S\$ 3,000.00 Windscreen Excess S\$ 100.00
<b>Additional Coverage(s):</b>	Unlimited Windscreen, NCD Protection
<b>Name of Driver(s):</b>	MALMUDA BEEVI BINTE SAID
<b>Basic Premium:</b>	S\$ 2,416.82
<b>Discounts:</b>	No Claim Discount (50%)
<b>Prevailing GST (7%):</b>	S\$ 84.59
<b>Total Premium Payable Inclusive of Prevailing GST (7%):</b>	S\$ 1,293.00

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: 01 Jul 2020 13:45

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