

NATIONAL Assessment Centre Services.

1st 1 Jan 2001. **MMA20090174**

Date In: 15/10/2020 11:20	Job description	Date & Time Completed	Done by
Ref No: NBA/21P200117474	SAS e-illing		
Veh No: SKP 8658Z	E-mail (date due, A/C due)		
O.O.A: 14/10/2020 14:00	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (With: OD due, TP due)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars:	Veh No: SGG 2645G	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 ()	

() 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 > \$9000] ()		

Injury: _____

1/A20054A2	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TY: Towing Fee	\$120
Damage Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (first 10 Jan 2001)	\$75
	6) TR: Re-inspection	\$160
	7) NI: (Inc DA + EMRT Survey	
	8) NIUC Additional Services	
	9) NI: NIUC Additional Services	
	• NI: Courtesy Car / Tpl Allowance	\$3
	• NI: Repairs Coordination	\$20
	• NI: Post Repair Inspection	\$3
	• NI: DV / Collect excess Coordination	\$20
	• NI: (NIUC) (INC) (INC) (INC) (INC)	\$0
	• NI: NIUC Mobile	
	Invoice dated	
	Invoice dated	

2/20

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	15/10/2020 11:20
Date Of Accident	14/10/2020 14:40
Exact Location Of Accident	GEYLANG ROAD TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD8658Z
Insured/Policyholder	
Name Of Registered Owner	LOW LE MING
NRIC No	SXXXX185G
Email Address	WINSON_TINGWEI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97211842
Alternative Phone No	OTHERS-97211842

Vehicle Particulars

Manufacturer	HONDA
Model	CROSSROAD-1.8 (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	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	SI19V09494/VPE/R00
Cover Note Number	

Driver

Name of Driver	LOW LE MING
NRIC No	SXXXX185G
Date Of Birth	28/02/1985
Occupation	INDOOR
Date Of Driving Pass	11/03/2015
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97211842
Fax Number	
Contact Number	OTHERS-97211842

Address	BLK 485 CHOA CHU KANG AVENUE 5 #03-88
Postcode	680485
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	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)	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG2645G
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD SYAFIQ BIN MOHD
NRIC/Passport Number	SXXXX657Z
Contact Number	
Address	BLK 115 EDGEFIELD PLAINS #05-350
Postcode	820115
Insurance Company Name	
Nature Of Damage	

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:

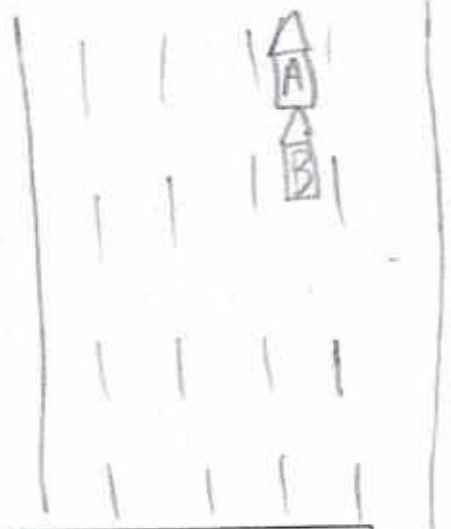
Reporting Centre Personnel's Signature
Name:
URIC/FIN No.:

Geylang Road Traffic Junction

SKETCH PLAN

Vehicle A SKD 8658Z

Vehicle B SGG 2645G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the mention date & time of accident 14/10/2020 about 14.46pm

My car was stationary stopped at Geylang Road traffic Junction

There are total 5 lanes and I am on the right side 2nd lane.

The traffic light turn green and I start to move abit and instant

vehicle stopped and I slow down and stopped too, suddenly vehicle

B - SGG 2645G" collided onto my rear car portion

with impact quite heavy. I have video footage recorded the

accident.

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.:

15/10/2020
Resd [Signature]

ACCIDENT DATE & LOCATION

Date & Time of Accident * Date: 14/10/2020 Time: 14:40pm (24 hr format)
 Exact Location of Accident * GEYlang Rd traffic Junction

INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number * SKD 8658Z Make & Type *: Honda G Crossroad 1-8A
 Name of Registered Owner * Low Le ming
 NRIC / FIN / Passport / Co Regn No. * S8560185G
 Contact Number * 9721 1842 Email/Fax No: Winsan_tingwei@hotmail.com
 Exact Purpose for which vehicle was being used at Time of Accident ☒ Private Usage / ☐ Commercial or Company's Usage
 Are you claiming under your own ☐ Yes / ☒ No If No, Please state action to be taken
 Insurance policy for repair to your vehicle? * ☒ Third Party Claim (SYH / Other workshop?) / ☐ Reporting Only

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * China / EQ / Etiqa / MSIG / Tokio Marine / Great American / Liberty
 Type of Policy * Comprehensive / Third Party / Third Party Fire & Theft
 Policy No. (Certificate No.) / Cover Note No. S119V09494 / VPE / Roo

DRIVER

Name of Driver * Low Le ming Gender: Male / Female
 NRIC / FIN / Passport Number * S8560185G
 Date of Birth * 28/02/1985 (dd/mm/yyyy)
 Occupation * ☒ Indoor / ☐ Outdoor
 Date of Driving Pass (Pass Date) * 11/03/2015
 Contact Number * 9721 1842
 Address B1K 485 (HWA CHU KANG AVE 5 #03-88 S1680 485)
 Email Address / Fax Number * Email: Winsan_tingwei@hotmail.com Fax: —
 Relationship of the Driver with the Insured * Owned / Employee / Spouse / Friend / Others:
 Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company * Veh No: 1) _____ 2) _____ 3) _____
 Ins Co: 1) _____ 2) _____ 3) _____

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision Chain Collision / Side-Swipe / Front to Rear / Others:
 Weather Conditions * Clear / Raining / Others:
 Road Surface * Wet / Dry / Others:

OTHER INFORMATION

Was anybody injured in the accident? * ☒ No / ☐ Yes (Police Report required)
 Was any injured conveyed to hospital by ambulance? ☒ No / ☐ Yes
 Was any foreign vehicle involved in this accident? * ☒ No / ☐ Yes Veh No: _____ Veh Category: _____
 Number of vehicles involved in the accident (02)
 Was there any witness? ☒ No / ☐ Yes
 Was any other VEHICLE / Property involve / damage? * ☐ No / ☒ Yes
 Was there any video captured by Car Camera? ☐ No / ☒ Yes

DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? * ☒ No / ☐ Yes If Yes, Please state which Police Station
 Was Notice of Intended Prosecution given? * ☒ No / ☐ Yes If Yes, against whom?
 Number of Passengers (Including DRIVER)? * (01)
 Passengers Name: _____ Gender: Male / Female Name: _____ Gender: Male / Female
 Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SGG 2645 G	2)
Vehicle Make / Model / Colour	MAZDA 3 / Grey	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	Asma Muhammad SYAFIQ	BIN MUHAMMAD
NRIC/Passport Number	584056572	
Contact Number		
Address	B1K 115 EDGEFIELD PLANS #05-350 S (820115)	
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

Certificate of Insurance

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No: SI19V09494 /VPE /R00
Form: MX1
Date of Issue: 05-MAY-2020
1. Index Mark and Registration No. of Vehicle: SKD8658Z
2. Chassis number of Vehicle: RT11007494
3. Name of Policyholder: LOW LE MING
4. Effective date of Commencement of Insurance for the purposes of the Act: 30-JUL-2019 00:00 AM
5. Date of Expiry of Insurance: 19-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 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:

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen

MARKET VALUE AT THE TIME OF LOSS

Section I - Named Drivers \$5700, Section I - Unnamed Drivers \$51200, Additional Excess For Young, Elderly & Inexperienced Drivers \$53000, Windscreen Excess \$5100

MAYBANK SINGAPORE LTD

D&S AUTO AGENCY

CSMT 20200505

Ver.1.260705