

NATIONAL Assessment Centre Services.

Part 1 J31003

SM092719000E

Date In: 9/1/21 15:53	Job description	Date & Time Completed	Done by
Ref No: NA1 LIP 2100.0397144	SAS e-filing		
Veh No: SMR 9332J	E-mail (within 2hrs, AIC 2hrs)		
IPIC: 9/1/21 09115	I-Motor Claim Form		
Off: <input checked="" type="radio"/> 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: SME 85A	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/Non-INC/Other)	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

Date of Survey: ()
Location: ()

NA2100894	
Driver/Owner:	Invoice/Description/Checklist/Amount/Status
Contact No:	1) AR: Accident Reporting (\$30);
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$30)
QC Checked by (Bgr-In-Charge):	3) TP: Towing Fee \$40/\$45
	4) FT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claimant assist INC Only (w/c 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	QD:
	*NS: Courtesy Car / Tpt Allowance \$3
	*NG: Repair Co-ordination \$10
	*NP: Post Repair Inspection \$25
	*NB: DV / Collect Excess Coordination \$3
	TE (N11): TP (Non-INC) against INC \$20
	9) N12: Idao Mobile \$0
	Invoice dated Fee Charged 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 Submission	09/01/2021 15:53 (SGT)
Date of Accident	09/01/2021 09:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	SLIP RD EXIT TO JLN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR9332J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SITI ADAWIYAH BINTE ISMAIL
NRIC No	SXXXX666I
Email Address	MDSYAZWANHUSSAIN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-87177325
Alternative Phone No	+65-87177325

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla200
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V08452/VPE/R00/E00
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SYAZWAN BIN HUSSAIN
NRIC No	SXXXX897J
Date Of Birth	22/02/1988
Occupation	Indoor

Date Of Driving Pass	29/06/2007
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91911523
Alt. Phone Number	-
Email Address	MDSYAZWANHUSSAIN@HOTMAIL.COM
Address	BLK 767 BEDOK RESERVOIR VIEW #05-219
Address complement	-
Postcode	470767
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	CHILD
Gender	Male

PASSENGER 3

Name	CHILD
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME85A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

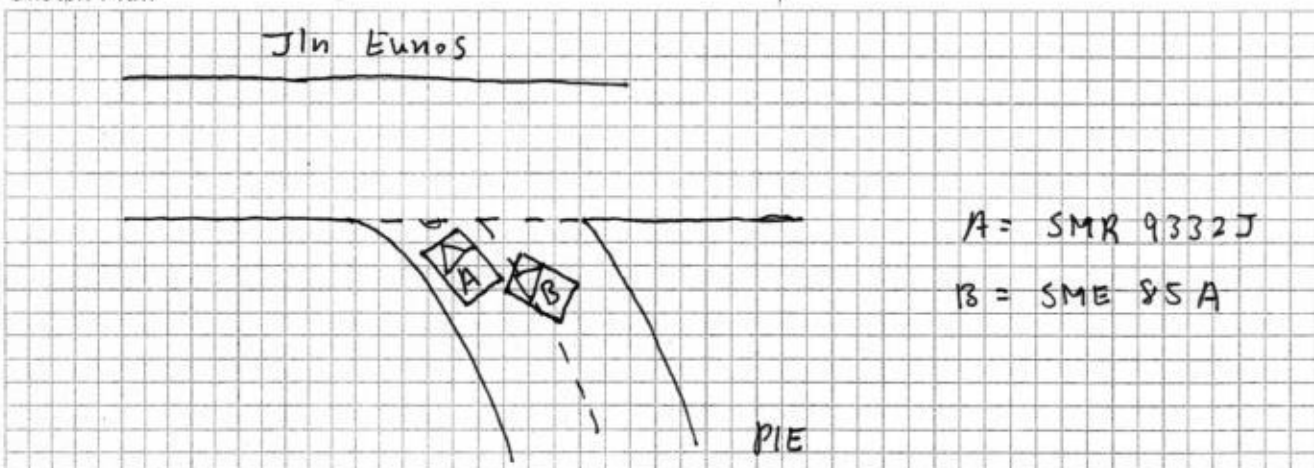
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



I was travelling along PIE Exit to Jln Gurus, I slow down my veh at the Slip Rd to check on the main road traffic, All of a sudden, I felt an impact from behind. After the incident, I realized veh B from the right lane cut into my lane and hit onto my veh right rear portion.

We declare the foregoing particulars are true in every respect.

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Name of Producer: SD CONTEGO SERVICES (A1429-2)	Policy No.: SD20V08452/VPE/R00/E00
Date of Issue: 04 Aug 2020	Previous Policy No.:

Details of Insured

Name of Insured: SITI ADAWIYAH BINTE ISMAIL	NRIC/FIN No.: S8931666I
Mailing Address: BLK 767 BEDOK RESERVOIR VIEW, #05-219, SINGAPORE	Postal Code (470767)
Period of Insurance (both dates inclusive): From: 28 Jul 2020 00:00 To: 27 Jul 2021 23:59	Occupation: Civil Servant

Details of Vehicle

Registration No.: SMR9332J	Make and Model: MERCEDES BENZ GLA200 URBAN (R18 BI)	Type of Body: SUV
Capacity/Tonnage: 1595 C.C	Seating Capacity Including Driver: 5	Year of Manufacture/Registration: 2014 / 2015
Chassis No.: WDC1569432J063216	Engine No.: 27091030517607	Sum Insured: MARKET VALUE AT THE TIME OF LOSS
Hire Purchase Owner/Leasing Company: UNITED OVERSEAS BANK LIMITED		
Operative Endorsements: V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0145, V0152, V0224, V0233, V0237, V0249, V0276, V0281, Z011		

Details of Coverage

Type of Plan:	Pte Car-Preferred Plan (Comprehensive)
Excess:	Section I - Named Drivers S\$ 600.00 Section I - Unnamed Drivers S\$ 1,100.00 Young, Elderly & Inexperienced S\$ 3,000.00 Windscreen Excess S\$ 100.00
Additional Coverage(s):	Unlimited Windscreen
Name of Driver(s):	SITI ADAWIYAH BINTE ISMAIL, MUHAMMAD SYAZWAN BIN HUSSAIN
Basic Premium:	S\$ 2,050.48
Prevailing GST (7%):	S\$ 143.53
Total Premium Payable Inclusive of Prevailing GST (7%):	S\$ 2,194.01

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: 04 Aug 2020 15:25

For and on behalf of
LIBERTY INSURANCE PTE LTD

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 1 / 21) (DD/MM/YYYY), TIME: (09 : 16) (HH:MM)

LOCATION: PIE Exit Jln Eunus

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMR 9332J
b) INSURANCE COMPANY: Liberty
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mer GLA 200 159 5CC
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: Siti Adawiyah Binte Ismail (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 87177325
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad syazwan bin Hussain (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91911523
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: SME 8SA MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

RSPU @ LKK AUTO.COM

Email = mdsyazwanhussain@hotmail.com

fax =

VIDEO = Yes

Sinsenghong spray @
hotmail.com