

Date In: 11/21/21 16:17	Job description	Date & Time Completed	Done by
Ref No: NA1 LIP 2100.1526/44	SAS e-filing		
Yrli No: SKU 7144 G	E-mail (within 3hrs, AIC 2hrs)		
IP A: 29/11/21 14:40	I-Motor Claims Form		
UD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksn		

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

TP Particulars: Vch No: XB 7270X 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 reporer.

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: \_\_\_\_\_


MA210 1272	Invoice #	
Driver/Owner:	1) AR: Accident Reporting (\$30)	30
Contact No:	2) DA: Damage Assessment (\$100): INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	QD:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	*TP (N11): TP (W/n INC) against INC \$20	
	*9) N12: Idas 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 Submission	01/02/2021 16:17 (SGT)
Date of Accident	29/01/2021 14:40 (SGT)
Exact Location of Accident	Jln Buloh Perindu, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU7144G
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KENDALL MARK DAVID
NRIC No	SXXXX735H
Email Address	PEARLYNNLOY@GMAIL.COM
Mobile Phone No	(Phone) +65-93671888
Alternative Phone No	+65-93671888

### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	SI20V01877/VPE/R00
Cover Note Number	-

### DRIVER

Name of Driver	LOY YING PEARLYNN (LI YING PEARLYNN) MRS PEARLYNN LOY KENDALL
NRIC No	SXXXX178E
Date Of Birth	22/05/1984

Occupation	Indoor
Date Of Driving Pass	30/08/2003
Driving experience	17 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97111532
Alt. Phone Number	-
Email Address	PEARLYNNLOY@GMAIL.COM
Address	40 KERIS DRIVE
Address complement	-
Postcode	457001
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB7270X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LI LIANG
Work Permit No	GXXXX623K
Contact Number	-
Address	-
Address complement	-

Postcode ..... 02  
Insurance Company Name ..... 02  
Nature Of Damage ..... 02  
Details of property damaged in accident ..... 02  
No. Of Passenger (Including Driver) ..... 02

**SKETCH PLAN**

**IMPORTANT NOTICE**

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- 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.

**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

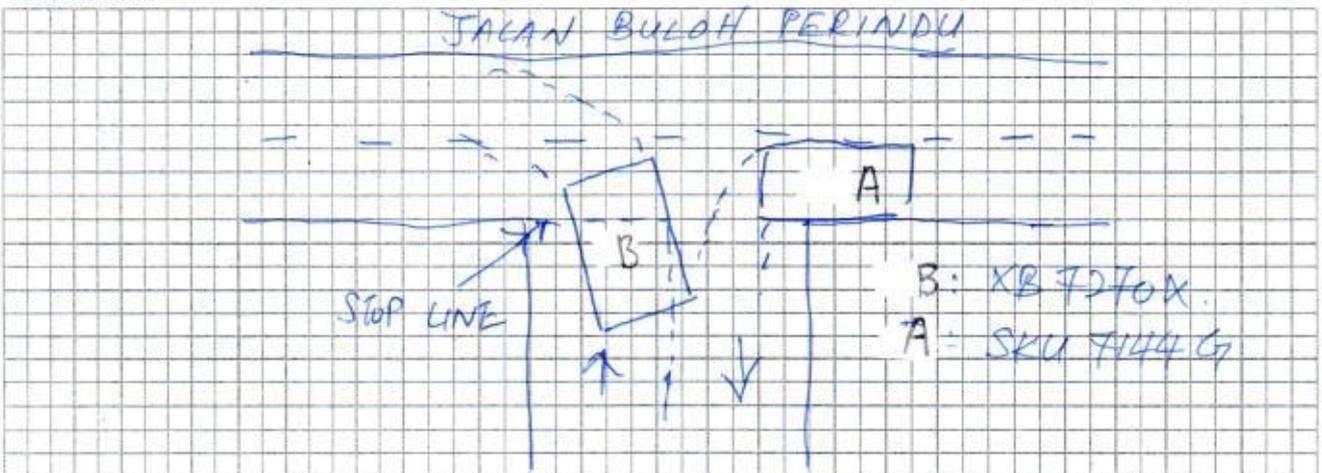
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time  
01/02/21 1:30pm

Driver's Signature (if driver is not the policyholder) / Date & Time  
01/02/21 1:30pm

Witnessed by Reporting Centre Personnel

**Sketch Plan**

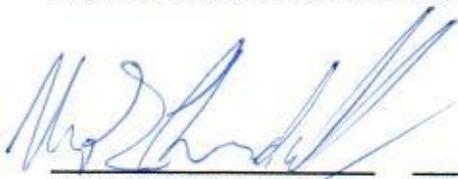


**Describe Circumstances of the Accident**

On 29 January 2021 at 2:40pm I was driving along Jalan Bukit Perindu when I came across a T-junction and was ~~preparing~~ <sup>turning</sup> to make a left turn. One XB7270 ~~at~~ a construction lorry(A) did not stop at the stop line of the two way lane and made a left turn. Suddenly, I felt an impact from the front of my car(I stopped and alighted. The lorry driver and I exchanged particulars. I have been feeling uncomfortable for the past two days. Will be seeking medical ~~at~~ treatment.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time  
01/02/21 (1:30pm)



Driver's Signature (If driver is not the policyholder) / Date & Time  
01/02/21 (1:30pm)



Witnessed by Reporting Centre Personnel

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

**Name of Policyholder:**

KENDALL MARK DAVID

**Date of Issue:**

12 Feb 2020

**Registration No.:**

SKU7144G

**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.

**Prime Car Traders Pte Ltd**  
61 Ubi Avenue 2 #01-03/04  
Automobile Megamart  
Singapore 408898  
Tel: 6779 8500 Hp: 8100 8500



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\$700, Section I - Unnamed Drivers S\$1200, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	UNITED OVERSEAS BANK LIMITED
Name of Producer:	PRIME CARS CREDIT PTE LTD (A1410-2)

# ACCIDENT STATEMENT

ACCIDENT DATE: 29/01/2021 (DD/MM/YYYY), TIME: 14:40 (HH:MM)

LOCATION: T-Junction Along Jalan Buloh Perindu

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 7144 G  
b) INSURANCE COMPANY: Liberty  
c) POLICY NUMBER: S120V01877/VPE/R000/E00  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: SUBARU FORESTER 2.0  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: KENDALL MARK DAVID (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7289735H CONTACT: 93671888  
c) ADDRESS: 40 KERIS DRIVE S(457001)

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

### DRIVER

- a) NAME: LOY YING PEARLYNN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8415178E CONTACT: 97111532  
c) ADDRESS: 40 KERIS DRIVE S(457001)

\*d) DATE OF BIRTH: (22/05/1984) (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: WIFE

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: XB7270X MODEL: LOGAN

b) DRIVER'S NAME: LI LIANG

c) NRIC/FIN/PASSPORT: G 8677623K CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\*No of passenger  
(Including driver)  
(1)

\*No of passenger  
(Including driver)  
( )

\*No of passenger  
(Including driver)  
( )

Email = pearlynnloy@gmail.com

fax = —

VIDEO = No