

Date In: 3/2/21 10:05	Job description	Date & Time Completed	Done by
Ref No: MAJLIP21001610164	SAS e-filing		
Veh No: SMJ 8373P	E-mail (within 2hrs, A/C 2hrs)		
DDA: 2/2/21 10:20	I-Motor Claim Form		
UJ: IP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: YP 8633R INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Statls (WO): N: 0-20%; P: 21-79%; R: 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 reporter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks	INC / Non-INC	TP / Non-TP	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury: _____

Date/Time: _____

<p style="text-align: center; font-size: 1.2em;">NA2101390</p> <p>Driver/Owner: _____</p> <p>Contact No: _____</p> <p>Damaged Portion: _____</p> <p>QC Checked by (Bug-In-Charge): _____</p> <p>Additional Comments: _____</p> <p>Call I: _____</p> <p>2/3</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td style="text-align: right;">30</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$40)</td> <td style="text-align: right;">140</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td style="text-align: right;">\$40/\$45</td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td style="text-align: right;">\$120</td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td style="text-align: right;">\$30</td> </tr> <tr> <td colspan="2">For claim against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-Inspection</td> <td style="text-align: right;">\$75</td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td style="text-align: right;">\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">ON*</td> </tr> <tr> <td>*NS: Courtesy Car / Tpt Allowance</td> <td style="text-align: right;">\$5</td> </tr> <tr> <td>*NG: Repair Co-ordination</td> <td style="text-align: right;">\$10</td> </tr> <tr> <td>*NW: Post Repair Inspection</td> <td style="text-align: right;">\$25</td> </tr> <tr> <td>*NH: DV / Collision Excess Coordination</td> <td style="text-align: right;">\$5</td> </tr> <tr> <td>TP (Nil): TP (Non-INC) against INC</td> <td style="text-align: right;">\$20</td> </tr> <tr> <td>9) NI2: Idao Mobile</td> <td style="text-align: right;">\$0</td> </tr> </table> <p style="text-align: right;">Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$30);	30	2) DA: Damage Assessment (\$100); INC (\$40)	140	3) TP: Towing Fee	\$40/\$45	4) FT: Follow-Through Survey	\$120	5) PT: Follow-Through Survey (Resurvey)	\$30	For claim against INC Only (wef 10 Jan 2005)		6) TR: Re-Inspection	\$75	7) NI: Idao DA + SMRT Survey	\$160	8) NTUC Additional Services:		ON*		*NS: Courtesy Car / Tpt Allowance	\$5	*NG: Repair Co-ordination	\$10	*NW: Post Repair Inspection	\$25	*NH: DV / Collision Excess Coordination	\$5	TP (Nil): TP (Non-INC) against INC	\$20	9) NI2: Idao Mobile	\$0
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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 03/02/2021 10:05 (SGT)
Date of Accident 02/02/2021 10:20 (SGT)
Exact Location of Accident Ayer Rajah Crescent, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ8373P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PAT KAH KIT DARYL
NRIC No SXXXX719J
Email Address ALPHACARSERVICES@HOTMAIL.COM
Mobile Phone No (Phone) +65-96246683
Alternative Phone No +65-96246683

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
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 SI20V03019/PC/R01
Cover Note Number -

DRIVER

Name of Driver PAT KAH KIT DARYL
NRIC No SXXXX719J
Date Of Birth 10/10/1987

Date Of Driving Pass	08/03/2007
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96246683
Alt. Phone Number	+65-96246683
Email Address	ALPHACARSERVICES@HOTMAIL.COM
Address	130A HILLVIEW AVE #09-02
Address complement	-
Postcode	669609
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP8633R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person PAT KAH KIT DARYL
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SMJ8373P
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email.

Email : alphacarservices@hotmail.com

IMPORTANT NOTICE


Signature :  x

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. 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.

X


Policyholder's Signature
Date & Time:

X

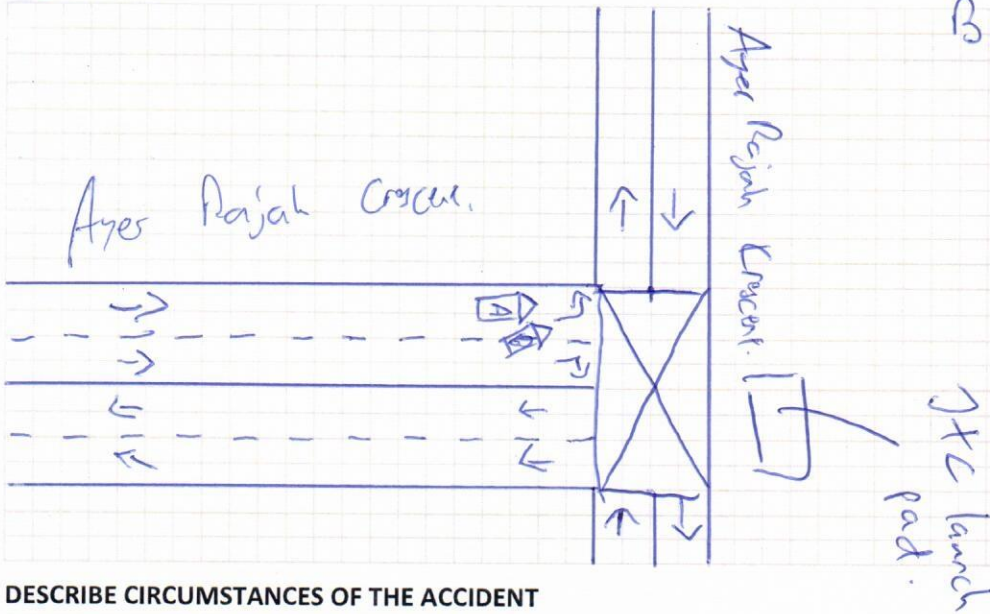

Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

A - SMJ8373P
 B - YP8633R

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the mentioned date & time, I was travelling along Ayer Rajah Crescent from One - North Ave towards Ayer Rajah Crescent. I was travelling along the left lane about to turn left when suddenly vehicle B charged into my lane and collided into the front right portion of my vehicle.

DECLARATION

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

X

Policyholder's Signature
 Date & Time:

X

Driver's Signature
 (If driver is not the policyholder)

Reporting Centre Personnel's Signature
 Name:

www.libertyinsurance.com.sg

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: PAT KAH KIT DARYL		Certificate No.: SI20V03019/ VPC / R01
Date of Issue: 09 Mar 2020	Effective Date of Commencement: 21 Mar 2020 00:00	Date of Expiry: 20 Mar 2021 23:59
Registration No.: SMJ8373P	Chassis No.: GB71081718	Type of Certificate: MX1
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.



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\$500, Section I - Unnamed Drivers S\$1000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	OVERSEA-CHINESE BANKING CORPORATION LTD
Name of Producer:	CHUAN LEE ENTERPRISES PTE LTD (A1567)

Date of Accident : 2 Feb 2020 Accident Time : 10:20 (24HR-Format)

Accident Place : Ayer Rajah Crescent.

Vehicle Reg. No. (Car Plate No.) : SMJ 8373 P

Vehicle Make/Model : Honda Freed

Insurance Company : Liberty. Policy No. ~~5120V03019~~ 5120V03019/VPC/R01

Owner or Company Name/IC No. : 58741719J

Owner or Company Contact No. : 9624 6683 Owner's Hp _____ Company Tel. _____

Driver's Name / NRIC No. : Pat ~~Kit~~ Kah Kit, Daryl

Driver's Date of Birth : 19-12-1987 Date of Driving Pass : 8 Mar 2007

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others : _____

Driver's Address : 130 A Hillview Avenue #09-02

Driver's Contact No./ Alt No. : 1) 9624 6683 2) _____

Driver's Occupation : Indoor \ Outdoor (e.g working inside or outside office)

Email Address : alphacar services @ hotmail . com

Weather & Road Surface : Clear & Dry \ Raining & Wet \ After Rain & Wet

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

No of Passengers (Incl. Driver) : 1.) Pat Kah Kit, Daryl 3.) _____
 2.) _____ 4.) _____

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 Particular (if any)

Vehicle B Reg. No : <u>YP 8633 R</u>	Vehicle C Reg. No : _____
Vehicle Make\Model : _____	Vehicle Make\Model : _____
Driver Name : _____	Driver Name : _____
Driver IC No : _____	Driver IC No : _____
Driver's Contact & Add : _____	Driver's Contact & Add : _____