

NATIONAL Assessment Centre Services SN0921 230008

Date In: 03/02/2021 17:39	Job description	Date & Time Completed	Done by
Ref No NA/LIP21001649/n4	SAS e-Ming		
Veh No SKL 8554Y	E-mail (within 2hrs, AIC 2hrs)		
DDA 30/01/2021	I-Motor Claim Form		
OT: TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SJE 3399K 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 ( )

General Reminders:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.

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

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

Remarks	Date & Time Completed	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	Action

Particulars	Amount	Balance
NA2101378		
1) AR: Accident Reporting (\$30)		30
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claimant against INC Only (w/c 10 Jan 2021)		
6) TR: Re-Inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
QD*		
*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
TP (N11): TP (S-in INC) against INC	\$20	
9) N12: Idao 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 ..... 03/02/2021 17:39 (SGT)  
Date of Accident ..... 30/01/2021 11:00 (SGT)  
Exact Location of Accident ..... 10 Sinaran Dr, Singapore 307506  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKL8554Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ROHIT CHATTERJI  
NRIC No ..... SXXXX378B  
Email Address ..... RACHATTERJI@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96681070  
Alternative Phone No ..... +65-96681070

### VEHICLE PARTICULARS

Manufacturer ..... Jaguar  
Model ..... F-type  
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 - Reporting only  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SI20V15303/VPE/R05/E00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ROHIT CHATTERJI  
NRIC No ..... SXXXX378B  
Date Of Birth ..... 24/07/1970  
Occupation ..... Indoor

Date Of Driving Pass .....	01/12/2003
Driving experience .....	17 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96681070
Alt. Phone Number .....	+65-96681070
Email Address .....	RACHATTERJI@GMAIL.COM
Address .....	9 RHU CROSS ROAD #13-10
Address complement .....	-
Postcode .....	437436
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 .....	Side Swipe
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
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? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJE3399K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MR LIM
Contact Number .....	(Phone) +65-88683399

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

**SKETCH PLAN**

**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 willful 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 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 :

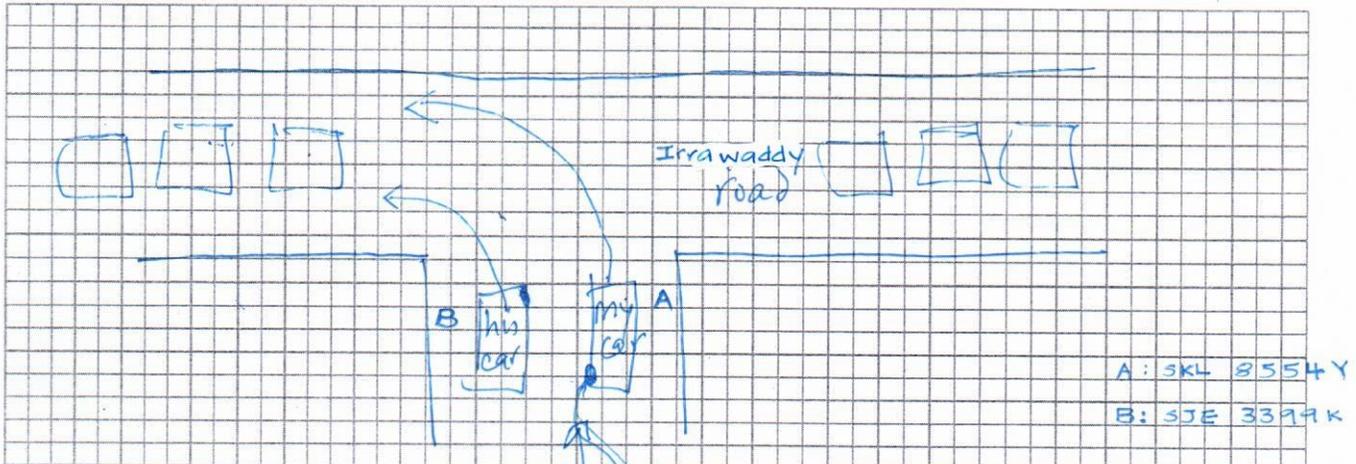
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

Rhagy 3 Feb 2021  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

HJ  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Wall  
Wheel of my car scratched front right hand corner

**Describe Circumstances of the Accident**

On stated date and time, I was driving my vehicle (SKL 8554Y) out from a mall carpark. Vehicle B (SJE 3399K) was driving beside me. Both of our vehicles were making a left turn onto Irrawaddy Road. ~~My~~ The ~~vehicle was rear~~ left wheel of my vehicle hit the front right portion of vehicle B as we were making the turn.

**Declaration**

We declare the foregoing particulars are true in every respect.

 3 Feb 2024  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

ROHIT CHATTERJI  
9 RHU CROSS ROAD  
#13-10  
SINGAPORE 437436

**Name of Producer:**  
ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD (B9008-5)  
**Date of Issue:** 09 Dec 2020  
**Policy No.:** SI20V15303 / VPE / R05 / E00

**Document No.:**  
DN20193413

Details of Policy

**Name of Insured:** ROHIT CHATTERJI  
**Mailing Address:** 9 RHU CROSS ROAD, #13-10,  
SINGAPORE  
Postal Code (437436)  
**Period of Insurance (both dates inclusive):** From: 30 Dec 2020 00:00 To: 29 Dec 2021 23:59  
**Description of Goods or Services:** Pte Car-Preferred Plan (Comprehensive)

Details of Premium

**Gross Premium:** S\$ 1,440.84  
**Prevailing GST (7%):** S\$ 100.86  
**Total Premium Payable\*:** S\$ 1,541.70

**Remarks:**

No official receipt will be issued for payment by check.  
This is a computer - generated document and it does not require a signature.  
This document shall not be invalidated solely on the ground that it is not signed.  
\* Premium above include prevailing GST (7%).

PAYMENT BY  
CREDIT CARD

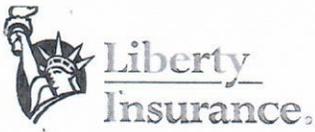
Please scan this barcode for AXS payment

Document No.: DN20193413

Policy No.: SI20V15303 / VPE / R05 / E00

Amount Payable: S\$ 1,541.70





www.libertyinsurance.com.sg

# Official Receipt

Private Car

ROHIT CHATTERJI  
9 RHU CROSS ROAD  
#13-10  
SINGAPORE 437436

## Details of Receipt

**Receipt No.:** oneliberty/SI20V15303  
**Date of Payment:** 09 Dec 2020  
**Mode of Payment:** Credit Card  
**Name of Producer:** ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD (B9008-5)

Being Payment For:

Description	Amount Paid
SI20V15303	S\$ 1,541.70

## Remarks:

This is a computer-generated receipt. No signature is required.

<b>Name of Producer:</b> ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD (B9008-5)	<b>Policy No.:</b> SI20V15303/VPE/R05/E00
<b>Date of Issue:</b> 09 Dec 2020	<b>Previous Policy No.:</b> SI19V14677

### Details of Insured

<b>Name of Insured:</b> ROHIT CHATTERJI	<b>NRIC/FIN No.:</b> S7064378B
<b>Mailing Address:</b> 9 RHU CROSS ROAD, #13-10, SINGAPORE	<b>Postal Code (437436)</b>
<b>Period of Insurance (both dates inclusive):</b> From: 30 Dec 2020 00:00 To: 29 Dec 2021 23:59	<b>Occupation:</b> Banker

### Details of Vehicle

<b>Registration No.:</b> SKL8554Y	<b>Make and Model:</b> JAGUAR F-TYPE 3.0SC S ST2 CONVERTIBLE	<b>Type of Body:</b> CONVERTIBLE
<b>Capacity/Tonnage:</b> 2995 C.C	<b>Seating Capacity Including Driver:</b> 2	<b>Year of Manufacture/Registration:</b> 2013 / 2013
<b>Chassis No.:</b> SAJAC65GXE8K09941	<b>Engine No.:</b> 13101919040306PS	<b>Sum Insured:</b> MARKET VALUE AT THE TIME OF LOSS
<b>Hire Purchase Owner/Leasing Company:</b>		

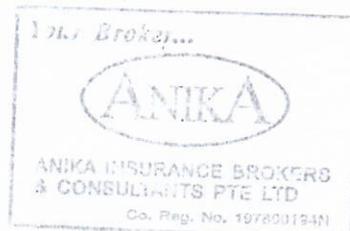
### Operative Endorsements:

V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0145, V0152, V0224, V0233, V0237, V0249, V0276, V0281, Z011

### Details of Coverage

<b>Type of Plan:</b>	Pte Car-Preferred Plan (Comprehensive)
<b>Excess:</b>	Section I - Named Drivers S\$ 2,000.00 Section I - Unnamed Drivers S\$ 2,500.00 Additional Excess for Young, Elderly & Inexperienced Drivers S\$ 3,000.00 Windscreen Excess S\$ 200.00
<b>Additional Coverage(s):</b>	Unlimited Windscreen
<b>Name of Driver(s):</b>	ROHIT CHATTERJI, ALPANA CHATTERJI
<b>Basic Premium:</b>	S\$ 3,033.35
<b>Discounts:</b>	No Claim Discount (50%), Offence Free Discount (5%)
<b>Prevailing GST (7%):</b>	S\$ 100.86
<b>Total Premium Payable Inclusive of Prevailing GST (7%):</b>	S\$ 1,541.70

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: 09 Dec 2020 11:53

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

Policy No.:

SI20V15303/VPE/R05/E00

(iii) any person in the employment of the Passenger where such death or bodily injury arises out of or in the course of such employment.

(b) damage to property belonging to or held in trust by or in the custody or control of the Insured or of the Passenger or being conveyed by the Motor Vehicle.

**V0013 - BREAKAGE OF GLASS IN WINDSCREEN OR WINDOWS OR SUNROOF**

The indemnity provided by Section I of this Policy is deemed to extend to any claim by the Insured for the cost of reinstating any glass in the windscreen, sunroof or in the windows of the Motor Vehicle following breakage of such glass (provided there is no further damage to the Motor Vehicle) up to the amount stated in the Schedule under the heading "Extra Coverage - Windscreen" and that this shall be deemed not to be a claim for the purposes of the No Claim Discount Clause. For the purpose of this Endorsement any requirement in this Policy or any Endorsement thereto that the Insured shall be responsible for a specified first sum of any amount otherwise payable shall be of no effect except for the Windscreen Excess. Provided that following the settlement of a claim the benefit under this extension shall terminate unless it is reinstated and a further additional premium paid or a Windscreen Excess is applicable under the policy.

**V0095 - THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 2001**

It is hereby noted and agreed that a person who is not a party to this Policy contract shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

**V0097 - MARKET VALUE FOR THE PURPOSE OF TOTAL LOSS SETTLEMENT**

It is hereby understood and agreed that in the event of any claim arising under Section I of the Policy the Company may at its own option settle claim on total loss basis and pay the Insured the prevailing market value of the Motor Vehicle at the time of the loss or damage inclusive of the residual value of COE/PARF Value if the Motor Vehicle is insured with COE/PARF Value. Market Value shall mean the cost of replacing the motor vehicle with a vehicle of the same make and model similar in condition, specification and age of the Motor Vehicle immediately prior to the accident. The market value will be subject to the Excess applicable under the Policy and the Insured shall surrender the vehicle, the Vehicle Registration Card, the Certificate of Entitlement and Certificate of Insurance to the Company.

**V0145 - YOUNG, ELDERLY AND INEXPERIENCED DRIVERS EXCESS**

Notwithstanding anything herein contained to the contrary it is hereby understood and agreed that in the event of each and every loss arising under Section I of this Policy a further excess of S\$3000 shall apply, in addition to the amount of excess stated in the Schedule, when at the time of an accident the Motor Vehicle is driven by:

(a) any person (other than The Insured), who is below 24 years of age or above 70 years old, and/or

(b) any person (other than The Insured) who holds a Qualified Driving Licence for less than 24 months (regardless of age) Subject otherwise to the Terms and Conditions of this Policy.

**V0152 - PAYMENT BEFORE COVER WARRANTY**

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date ("the inception date") of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement

2. In the event that the total premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement shall be deemed to be cancelled immediately and no benefit whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy, Renewal Certificate, Cover Note and Endorsement.

**V0224 - PREFERRED PLAN**

It is hereby understood and agreed that all accident repairs of the Motor Vehicle must be carried out by any of the Preferred Workshops or repairers appointed by the Company.

The Company will not be liable to the cost of any accident repairs to the Motor Vehicle carried out by any other workshops or repairers.

Subject otherwise to the Terms and Conditions of this Policy.

**V0233 - NOTIFICATION CLAUSE (1.6.08)**

Notwithstanding anything to the contrary as stated in the Policy, it is hereby declared and agreed that:

a) In the event of any accident involving the Motor Vehicle, irrespective of whether it would give rise to a claim, the Insured shall, together with the Motor Vehicle, call at the Company's Approved Reporting Centre and report the accident within 24 hours of the accident or by the next working day thereof.

b) In case of theft or other criminal act which may give rise to a claim under this policy the Insured shall give immediate notice of the occurrence to the Company and the police and co-operate with the Company in securing the conviction of the offender.

Policy No.:

SI20V15303/VPE/R05/E00

- a) The Insured must take all reasonable precautions to safeguard the personal effects from loss or damage
- b) The police must be notified as soon as reasonably possible of any theft or break-in and the police report will have to be submitted when making a claim under the Policy.

**LEGAL AID FOR DEFENDING THIRD PARTY BODILY INJURY CLAIMS**

The Company may at its own option arrange at the request of the Insured and pay subject to a limit of \$3,000/- for defence of any charge of causing bodily injury by driving the Motor Vehicle which may be brought against the Insured or any other person, who is driving on the Insured's order or with his permission in respect of any bodily injury which may be the subject of indemnity under this policy.

**V0249 - FREE ROADSIDE ASSISTANCE (Applicable to Comprehensive policies for Private Cars only)**

It is hereby noted and agreed that this Policy is extended to provide access to Roadside Assistance through our 24/7 Auto Assistance Hotline at 1800-LIBERTY (1800 5423 789).

In Singapore, the Roadside Assistance services will include jump start, petrol top-up, flat tyre replacement, battery replacement and towing. The cost of petrol, tyres and battery shall be borne by the Insured. In West Malaysia, only towing services will be provided up to a limit of S\$300 per policy period. The Company shall only be liable for the service fee for one Roadside Assistance per period of insurance.

The Roadside Assistance services shall be provided by Autoswift Recovery Pte Ltd, a wholly owned subsidiary of Automobile Association of Singapore (AA).

Subject otherwise to the terms conditions and exceptions of the Policy.

**V0276 - WAIVER OF EXCESS FOR OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS**

It is hereby understood and agreed that all accident repair of the Motor Vehicle must be carried out by our Authorised Workshops only, we will waive from the basic excess :

- a) up to \$500 for 50% No Claim Discount (NCD) entitlement
- b) up to \$300 for 0-40% No Claim Discount (NCD) entitlement

The above benefits are limited for the first claim during the period of insurance as stated in the Policy and the repair must be carried out by one of our Authorised Workshops (except replacement of windscreen and/or window glass). This Excess waiver is not applicable if the loss or damage to your motor vehicle is caused by fire, external explosion, lightning or theft.

**V0281 - MODIFICATION TO MOTOR VEHICLE**

It is hereby understood and agreed that this Policy does not cover any accident, loss, damage, injury or liability when your Motor Vehicle is being used or driven with modifications made without the approval of the Land Transport Authority, in accordance with the Road Traffic (Motor Vehicles, Registration and Licensing) Rules or by any relevant regulatory authority.

All modifications must be declared to and approved by the Company and details of such modifications must be endorsed under the Policy.

Subject otherwise to the terms exceptions and conditions of the Policy.

**Z011 - POLICY OWNERS' PROTECTION SCHEME**

"This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg))."

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:**

ROHIT CHATTERJI

**Certificate No.:**

SI20V15303/ VPE / R05

**Date of Issue:**

09 Dec 2020

**Effective Date of Commencement:**

30 Dec 2020 00:00

**Date of Expiry:**

29 Dec 2021 23:59

**Registration No.:**

SKL8554Y

**Chassis No.:**

SAJAC65GXE8K09941

**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:**

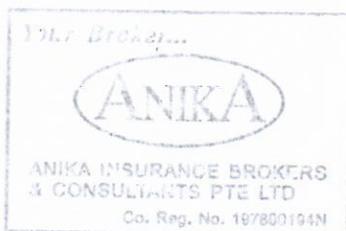
Use only for social, domestic and pleasure purposes and for the Policyholder's business.

**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\$2000, Section I - Unnamed Drivers S\$2500, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$200
Name of Finance Company:	
Name of Producer:	ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD (B9008-5)

The Preferred  
Workshops that  
deliver quality to you.



**ASM AUTOMOTIVE SERVICES PTE LTD**  
For Commercial Vehicles only  
No. 2 Kwong Min Road S628705  
Tel: 6265 0980

**LAI HUAT (MENG KEE) MOTOR PTE LTD**  
For Private Passenger  
160 Sin Ming Drive #04-01 Sin Ming AutoCity S575722  
Tel: 6453 8110

**AUTOMATIVE GLASS WORKS PTE LTD**  
For Windscreen only  
Blk 5032 Ang Mo Kio Industrial Park 2 #01-281 S569535  
Tel: 6556 2170

**MBM WHEELPOWER PTE LTD**  
For Private Passenger and high-end cars  
160 Sin Ming Drive #06-02 Sin Ming AutoCity S575722  
Tel: 6262 8888

**CARTIMES AUTOMOBILE PTE LTD**  
For Private Passenger  
160 Sin Ming Drive #02-04 Sin Ming AutoCity S575722  
Tel: 8858 5111

**OPTIMA WERKZ PTE LTD**  
For Private Passenger and high-end cars  
6 Kung Chong Road S159143  
Tel: 6472 1313

**COMFORTDELGRO ENGINEERING PTE LTD**  
For Private Passenger and Commercial Vehicles  
205 Braddell Road S579701  
Tel: 6383 8110

**OPTIMA WERKZ PTE LTD**  
For Private Passenger and high-end cars  
9A Serangoon North Ave 5 S554500  
Tel: 6484 9919

**COMFORTDELGRO ENGINEERING PTE LTD**  
For Private Passenger  
45 Pandan Road S609286  
Tel: 6867 6918

**OPTIMA WERKZ PTE LTD**  
For Private Passenger and high-end cars  
551 Upper Thomson Road S574415  
Tel: 6452 6868

**COMFORTDELGRO ENGINEERING PTE LTD**  
For Private Passenger  
320 Ubi Road 3 S408649  
Tel: 6746 0666

**PREMIUM AUTOCARE CENTRE**  
For Private Passenger and high-end cars  
24 Benoi Sector S629857  
Tel: 6474 3323

**COMFORTDELGRO ENGINEERING PTE LTD**  
For Private Passenger  
383 Sin Ming Drive S575717  
Tel: 6553 0400

**RACE WERKS PTE LTD**  
For Motorcycles only  
1008 Bukit Merah Lane 3 S159722  
Tel: 6273 2203

**GLASS-FIX PTE LTD**  
For Windscreen only  
52 Ubi Avenue 3, #04-42 Frontier @ Ubi S408867  
Tel: 6278 0887

**SC AUTO INDUSTRIES (S) PTE LTD**  
For Buses only  
51 Senoko Road #03-01 S758133  
Tel: 6758 2222

**HITACHI CAPITAL ASIA PACIFIC PTE LTD**  
For Private Passenger  
No 8 Fourth Lok Yang Road S629705  
Tel: 6466 3022

**SUCCESS UNITED PTE LTD**  
For Private Passenger  
2 Kaki Bukit Ave 2 #01-33 Kaki Bukit AutoHub S417921  
Tel: 6746 1515

# ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 01 / 2021) (DD/MM/YYYY), TIME: (~ 11am) (HH:MM)  
LOCATION: Outside ~~#~~ Square<sup>2</sup> Mall (next to Velocity Mall), Novena

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 8554 Y  
b) INSURANCE COMPANY: Liberty Insurance  
c) POLICY NUMBER: S120V ~~15303~~ 15303 / VPE / R05 / E00  
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Jaguar F-Type  
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: ROHIT CHATTERJI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7064378B CONTACT: 96681070  
c) ADDRESS: #13-10, 9 RTH CROSS  
SINGAPORE 437436

\* 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: (24 / 07 / 1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 32

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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

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

6. WAS ANYBODY INJURED (YES / NO) NO

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

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

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJE 3399K MODEL: Honda

b) DRIVER'S NAME: Mr Lim

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 88683399

## 9. THIRD PARTY VEHICLE

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

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

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

\* No of passenger  
(Including driver)  
(2)  
M

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email = ~~rachatterji@~~ rachatterji@gmail.com

Fax =

Video =