

# NATIONAL Assessment Centre Services

Date In: <b>14/12/2021</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA / LIP 21012642 / r3</b>	SAS e-filing		
Veh No: <b>Smy 21D</b>	E-mail (within Mins. AP: 2hrs)		
D.O.A: <b>12/12/2021 20:00</b>	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within 120 Thrs. 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: **GBG 1386 U** 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 hotline: 6788 6616)	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	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>NA 2104672</b>	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30 <i>For claiming against INC Only. (wef 10 Jan 2005)</i>		
Auditors' Comments:-	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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	14/12/2021 14:10 (SGT)
Date of Accident	12/12/2021 20:00 (SGT)
Exact Location of Accident	401 Hougang Ave 10, Singapore 530401
Additional Location Information	CAR PARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY21D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JAMEZ ROGER
NRIC No	SXXXX587E
Email Address	jamezroger@gmail.com
Mobile Phone No	(Phone) +65-87389113
Alternative Phone No	+65-87389113

## VEHICLE PARTICULARS

Manufacturer	Bentley
Model	Flying spur
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
Transmission	Auto
CC	5998

## INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V05537/VPS/R00
Cover Note Number	-

## DRIVER

Name of Driver	JAMEZ ROGER
NRIC No	SXXXX587E

Date Of Birth	21/12/1992
Occupation	Indoor
Date Of Driving Pass	09/07/2016
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87389113
Alt. Phone Number	+65-87389113
Email Address	jamezroger@gmail.com
Address	BLK 401 HOUGANG AVENUE 10
Address complement	#08-1160
Postcode	530401
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	Collided into Parked Vehicle
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	Yes
Police Station Name	Hougang Neighbourhood Police Post
Police Station Address	Blk 357 Hougang Avenue 7 #01-805 Singapore 530357
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20211213/2036

#### 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	GBG1386U
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

### 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

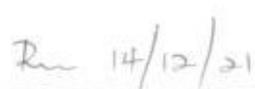
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")

(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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

- refer to police report attached -  
Report No. T/2021,213/42036

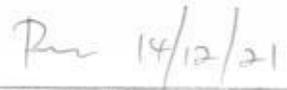


Declaration

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

  
Witnessed by Reporting Centre Personnel





Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

Report No. T/20211213/2036

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	JAMEZ ROGER	ID No.	S9247587E
Related Vehicle	SMY21D (Car)	Contact No.	87389113
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/12/2021 at 1800hrs, I parked my car SMY21D at Block 401 Hougang Avenue 1 open carpark unknown lot. On 13/12/2021 at about 1345hrs, I went back and discovered that there were scratches on the right rear body of my car.

This is the first time such incident happened. I do not have any suspect in mind. There is gantry at the carpark. There is also CCTV at the rear of a shop #01-1164 facing my car. There is an in-car CCTV onboard my car however the SD card has some issue and did not capture the incident.



Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

Report No. T/20211213/2036

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: F / Staff Sgt TEO HENG HENG, ROBIN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / HRT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476368	

Signature Of Informant:	
Date/Time: 13/12/2021 14:10	
Classification Of Case:	

Authentication Stamp  
NP168

VEHICLE NO: 5MY 21 D

MAKE & MODEL: Bentley New Flying <sup>Spur w12</sup> (AUTO) / MANUAL

DATE OF ACCIDENT	12.12.2021	CC: 6,000 (5998cc)
TIME OF ACCIDENT	8.00 (20.00) AM / PM	
LOCATION OF ACCIDENT	401 Hongang Ave 10	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE	
NAME OF OWNER	Jamez Roger	
EMAIL: jamezroger@gmail.com	Office:	MOBILE: 8738 9113
NRIC	59247587E	
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY:	YES / NO?	
INSURANCE CO.	Liberty	
TYPE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft	
POLICY NO.	5021V05537 / VPS / 200	
NAME OF DRIVER	(AS ABOVE) / IF NO.	
NRIC		
DATE OF BIRTH	21.12.1992	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / (Indoor)	
DATE OF DRIVING PASS	09.10.2016	
GENDER	(Male) / Female	
CONTACT NO.	Mobile: 8738 9113 Office:	Home:
EMAIL:		
ADDRESS	Blk 401 Hongang Ave 10 #08-1160 S (530401)	
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No, owner,	
WEATHER CONDITION	(Clear) / Raining / Other.	
ROAD SURFACE	(Dry) / Wet / Other.	
ANY INJURIES	(No) / If yes, Who?	
CONTACT NO.		
POLICE REPORT	(No) (If yes, Where?)	
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES, WHO?
VEHICLE B NO.	GBG1386U	Any Passenger, unknown
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger.
VEHICLE D NO.		Any Passenger.
VEHICLE E NO.		Any Passenger.
VEHICLE F NO.		Any Passenger.
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?		YES / NO
WAS THERE ANY AUDIO RECORDED?		YES / NO
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO
<b>**WORKSHOP:</b>	Advance Auto Garage	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / (NO)



**Liberty Insurance Pte Ltd**  
 Registration no.199002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 069428  
 Tel: (65) 6221 8611  
 Website: http://www.libertyinsurance.com.sg

### CERTIFICATE OF INSURANCE

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

Certificate No	SD21V05537 /VPS /R00
Form	MX3
Date Of Issue	05-APR-2021
1.Index Mark and Registration No. of Vehicle:	SMY21D
2.Chassis number of Vehicle:	SCBEA53W8EC089082
3.Name of Policyholder:	JAMEZ ROGER
4.Effective date of Commencement of Insurance for the purposes of the Act:	31-MAR-2021 00:00 AM
5.Date of Expiry of Insurance:	15-JUL-2022 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	JAMEZ ROGER,ROGER RAJAN N NADAR
<p>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.</p> <p>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.</p>	
<p><b>7.Limitations as to use*:</b>            Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p>	
<p><b>8.The Policy does not cover:</b>            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.</p>	
<p>*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.</p>	
<p>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.</p>	
<p style="text-align: center;"><b>HUI HUA ENTERPRISE</b>            Reg. No. 53139918D            No. 1 Bukit Batok Crescent            #02-23 WCEGA Plaza            Singapore 658064            Tel: 64696611 Fax: 64698358</p>	
<p style="text-align: right;">For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>            Approved Insurers</p>	
<p style="text-align: right;">            Authorised Signature</p>	
<p><b>For Information only:</b></p>	
COVERAGE :	Comprehensive,Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$15000,Section I (Outside Singapore) S\$30000,Windscreen Excess S\$1500
FINANCE COMPANY:	
PRODUCER NAME:	HUI HUA ENTERPRISE

PLSL/PLSL/05-APR-21

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