	re Services (*** 13870)			
Date In: ///01/22	Jeb description	Date &Time Completed	Done	by
Ref No NA/LIP22000363/13	SAS e-filing			
Veh No F2 4123 U	E-mail (within Shrs. AIC 2hrs)			
DOA 10/01/22 1600				
OD : (A) B	i-Motor W/O (Within, OD 2h	rs, TP 4hrs)		
OD P Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			10.5
11 moutos.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax		
TP Particulars: Veh No:	SCN2000X INC	)/Non-INC()		
Owner / Driver: (		Tel:	)	in a second way
Policy No: ( ) Pe	eriod: (	Cover Type: (	)	
Confirmed by: (	Date:	Time:	)	
Insured/Driver Liability: ( %) [	Note-Est. Status (WO): N: 0-2	10%; P: 21-79%. F: 80-100	%]	
	Warranty: YES ( ) / NO (	)		
Excess: (\$ ) Loading: \$1,0	000 ( ) / \$2,000 ( )			
General Remarks;-				
( ) Walk-In Customer: Customer's info		trictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insur				
Drive-In ( ) / Towed-In ( ); Invoice	e: YES ( ) / NO ( ) ; 7	Towing Co. (	7/	)
	Courtesy Car ( )	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	( )	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions	( )		Amt (\$)	Amt (\$)
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions	( ) 3000] ( ) Invoice Pro	paration Checklist		Amt (\$)
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  MA 2200 (0)  Claimant's Particulars:-	( ) 3000] ( )  Inveice Pro 1) AR : Accider 2) DA : Damage	eparation Checklist  at Reporting (\$30); Assessment (\$100); INC (\$80)	Anit (\$)	Amt (\$)
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions	( ) 3000] ( )  Invoice Pro 1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow.	eparation Checklist  It Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$4 Through Survey \$12	Amt (\$) 1st Bill	Amt (\$)
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  Claimant's Particulars:-  Driver/Owner:	( ) 3000] ( )  Invoice Pro 1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	eparation Checklist  It Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$4 Through Survey \$12 Through Survey (Resurvey) \$3	Amt (\$) 1st Bill	Amt (\$)
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  Claimant's Particulars:-	( ) 3000] ( )  Invoice Pro 1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-inspe	eparation Checklist  It Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$4  Through Survey \$12  Through Survey (Resurvey) \$3  against INC Only (wef 10 Jan 2005)	Anit (\$) 1st Bill 5 0 0 5	Amt (\$)
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  Claimant's Particulars:-  Oriver/Owner:  Contact No:  lamaged Portion:	( ) 3000] ( ) 3000] ( ) 3000] ( )  Invoice Pro 1) AR : Accider 2) DA : Damage 3) TF : Towing 4) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA 8) NTUC Addit QD*	eparation Checklist  It Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$4  Through Survey (\$12  Through Survey (Resurvey) \$3  against INC Only (wef 10 Jan 2005) section \$7  + SMRT Survey \$16  ional Services:-	Amt (\$) 1st Bill 5 0 0 5	Amt (\$)
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  Claimant's Particulars:-  Oriver/Owner:  Contact No:  amaged Portion:  C Checked by (Engr-In-Charge):	( ) 3000] ( ) 3000] ( ) 3000] ( ) 3000] ( )  Invoice Pro 1) AR : Accider 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA 8) NTUC Addit QD* *N5: Courtes *N6: Repair ()	cparation Checklist  It Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$4  Through Survey (Resurvey) \$3  against INC Only (wef 10 Jan 2005) section \$7  + SMRT Survey \$16  ional Services:-  y Car / Tpt Allowance \$2  Co-ordination \$1	Amt (\$) 1st Bill 5 0 0 5 0	Amt (\$)
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  Claimant's Particulars:-  Ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	( ) 3000] ( ) 3000] ( ) 3000] ( )  Inveice Pro 1) AR : Accider 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair 0 *N7: Fost Re	cparation Checklist  It Reporting (\$30);  Assessment (\$100); INC (\$80)  Fee S40/\$4  Through Survey (Resurvey) \$3  against INC Only (wef 10 Jan 2005)  cetion \$7  + SMRT Survey \$16  ional Services  y Car / Tpt Allowance \$  Co-ordination \$1  pair Inspection \$2	Amt (\$) 1st Bill 5 0 0 5 0	Amt (\$) Add Bill
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  Claimant's Particulars:-  Oriver/Owner:	( ) 3000] ( ) 3000] ( ) 3000] ( )  Inveice Pre 1) AR : Accider 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair 0 *N7: Post Re *N8: DV / Ce	eparation Checklist  It Reporting (\$30);  Assessment (\$100); INC (\$80)  Fee \$40/\$4  Through Survey (Resurvey) \$3  against INC Only (wef 10 Jan 2005)  ection \$7  + SMRT Survey \$16  ional Services:-  y Car / Tpt Allowance \$  Co-ordination \$1  pair Inspection \$2  P (Non INC) against INC \$2	Amt (\$) 1st Bill 5 0 0 5 0 5 5 5	Amt (\$)

SN09221B0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 11/01/2022 15:48 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (11/01/2022 15:48 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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.

- 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

11/01/2022 15:48 (SGT) 10/01/2022 16:00 (SGT) Tanjong Katong Rd, Singapore JUNC OF THIAM SIEW AVE Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

FZ4123U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address

Mobile Phone No

Alternative Phone No

No

TAN KENG CHYE SXXXX430Z

daniel@danieltan.net (Phone) +65-98332970

+65-98332970

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

BMW

BMWR1200GS

Private use

No - Claiming third party

Motorcycle

Manual

1170

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

Liberty Insurance Pte Ltd ThirdPartvFireTheft

SI21V08299/VMS/R11

DRIVER

Name of Driver

NRIC No

TAN KENG CHYE SXXXX430Z



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number Email Address

Address Address complement Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

No Collision Clear Dry

04/12/1975

08/07/2003

+65-98332970

18 YEARS AND 6 MONTHS

(Phone) +65-98332970

daniel@danieltan.net

BLK 74 MARINE DRIVE

Indoor

Male

#12-35

440074

Yes

No

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

No

Yes

No

Yes

2

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?

Yes Yes

VIDEO CAN'T UPLOAD FILE TOO BIG.

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLN2000X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address

Address complement	
Postcode	100
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

Was this injured conveyed to hospital by ambulance?

## INJURED PERSONS DETAILS

No

#### INJURED 1

 Name of injured person
 TAN KENG CHYE

 Gender
 Male

 Phone No

 Address

 Address Complement

 Post Code

 Approximate Age Years Old

 Injuries Sustained
 SLIGHT

 Injured person in which vehicle?
 FZ4123U

 Were seat belts worn?
 No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/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	SPEW	
	CARODOX	TANSONG KATONG

	be Circumstances of the Accident  I WAS RIDING MY MUTORCYCLE ALONG TANJONG KATONG ROAD
	TOWARDS GEYLANG POAD WHEEN A CAR SUPPENLY CUT INTO
	MY LANE AND PIRCED ME TO TAKE EVALIVE ACTION.
	MY CHICE THOS FIREES ME TO THEE EVALUE ACTION.
	THE CAR (SLN 2000X) WAS TRYING TO OVEDTAKE A CAR ON THE
	LEFT, BUT DID NOT CHECK FOR INCOMING VEHICLE BEROPE SHIE
_	MADE THE OVERTAKE.
	ME SEEN FROM VIDEO, THE THE CAR MADE AN ABRUPT TUPN
	INTO MY LAWE, AND MY MOTORCYCLE WAS LESS THAN 5 MET
_	AWAY, SO I HAD TO APPLY EMERGENCY BAKE TO HADID
	CRASHING INTO THE CAP.
_	CETISTINO INTO THE CITE.
	THIS RESULTED IN MY MOTORCYCLE SKIDDING AND IT LANDED
	ON THE SIDE WITH HEAVY IMPACT. MY WINDSCREEN WAS
	SHEATTERED, MY SIDE STORAGE BOX DENTED AND MY PIGHT
_	HANDLEBAR IS SPOILT SO THE INDICATOR SWITCH DOES NOT
	THE TOTAL SOUTH SO THE HOLLENGE SOUTHER DELLE TOTAL
_	WARE TNYMORE.
_	
_	
_	

## Declaration

VWe 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

Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: 10 101 32 (DD/MM/YYY), TIME: 16 .00	tuu.
LOCATION: TANSONG KATONG RO JUN OF THIA	ma siow Aug
1. DETAILS OF VEHICLE	37. 7
a VEHICLE NUMBER: FZ 4/134	
b) INSURANCE COMPANY: LIBERTY	
CIPOLICY MILLIPED: SE 2111 - 02 00 1	
CIPOLICY NUMBER: SISIVO8299 Vins /RII	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE	&THEFTI
MILE US PACE	CONTRACT OF
	*
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
IF NO, PLEASE STATE (THIRD PARTY CLAIM PREPORTING ONLY)  2. INSURED / POLICY HOLDER	¥
A)NAME: JAN KENG CHYE	*
DINPIR /FIN /DASCROOM COLON	ALE)
CIADDRESS: BUK 74 MARINE DR CONTACT: 983	52970
- H/2-35 (440074)	
	<del></del>
TO THE SECOND COMMENT OF THE SECOND COMMENT	
(Including driver) DINRIC/FIN/BASSDORT (MALE/FEM.	A.LE)
(L) b)NRIC/FIN/PASSPORT:CONTACT:	Al-TEAN
O/NODRESS.	
"d) DATE OF BIRTH: (04 / 12 / 1975 ) (DD/MM/YYYY)	
e)OCCUPATION: (NDOOR / OUTDOOR)	
F) OCCUPATION: (NDOOR / OUTDOOR)  F) YEARS OF DRIVING EXPRERIENCE: 08/07/2003	(a)
THE THE AND EMPLOYEE OF THE INCIDENCE COMPAND OFFI	· (ma)
TO THE PROPERTY OF THE PROPERTY THE TANK THE TAN	R
THE CONDITION: ICLEAR / RAINING / OTHERS	1
6. WAS ANYBODY INJURED (YES / NO) SLOW	
IF YES, PLEASE STATE WHICH POLICE STATION:	
0- INKU PARIT VEHICLE	
" of Passinger a) VEHICLE NUMBER. SCN 2000X	W 0032
nduding driver) b) DRIVER'S NAME:	<del></del>
C) NRIC/FN/PASSPORT: CONTACT: 938	32951
7. THIRD PARTY VEHICLE	
Jo of passenger d) VEHICLE NUMBER:MODEL:	**
n studion distant e) DRIVER'S NAME:	•
( ) NRIC/FIN/PASSPORT:CONTACT:	
	1
	÷
	*
//NAA / I	

VIDEO = VIDEO for ceh B





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 ACT, 1987 ROAD TRANSPORT (AMENDMENT) ACT 2019 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI21V08299 /VMS /R11	
Form	MY3	
Date of Issue:	29-Jun-2021	
1.Index Mark and Registration No. of Vehicle:	FZ4123U	
2. Chassis number of Vehicle:	WB10317A25ZL77635	
3.Name of Policyholder:	TAN KENG CHYE	
Effective date of Commencement of Insurance     for the purposes of the Act:	05-JUL-2021 00:00	
5.Date of Expiry of Insurance:	04-JUL-2022 23:59	
6.Persons or Classes of Persons entitled to drive*:	TAN KENG CHYE,LIM KAM SEN EUGENE	

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

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.

7.Limitations as to use\*:

A) Use only for the Policyholder's business or profession,

B) Use only for social, domestic and pleasure purposes by:

#### LIM KAM SEN EUGENE, TAN KENG CHYE

8. 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

100W

Authorised Signature

For Information only:

COVERAGE:

Third Party Fire & Theft

SUM INSURED (SS):

MARKET VALUE AT THE TIME OF LOSS

EXCESS (S\$):

Fire & Theft (Singapore) \$700.00, Fire (Outside Singapore) \$700.00, Theft (Outside Singapore) \$2,500.00

FINANCE COMPANY:

PRODUCER NAME:

E TAY TRADING COMPANY