

NATION 11 Assessment Centre Services

SN0922210002

Date In: 18/01/2022 15:25	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N138/21P22001600/4	E-mail (within 2hrs. After 2hrs):		
Veh No: SJR 2721	i-Motor Claim Form		
Doc A: 15/01/2022 13:08	i-Motor W/O (within 2hrs. After 2hrs):		
OD: TP Reporting Only	i-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SNE 3933X	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

N/A2200475	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30);			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2015)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	7) N1: Inc DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	• IN5: Courtesy Car / Tpt Allowance \$5			
	• N6: Repair Co-ordination \$10			
	• N7: Post Repair Inspection \$25			
	• N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N11) against INC \$20			
	9) N12: Inc Mobile \$30			
	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	18/02/2022 15:25 (SGT)
Date of Accident	15/02/2022 13:08 (SGT)
Exact Location of Accident	119 Bukit Merah Lane 1, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR272T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HENG CHIN LIANG
NRIC No	SXXXX222J
Email Address	clheng@email.com
Mobile Phone No	(Phone) +65-96841066
Alternative Phone No	+65-96841066

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	F-PACE PRESTIGE 2.0 I4D
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	1999

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V12864/VPC2/R02
Cover Note Number	-

DRIVER

Name of Driver	HENG CHIN LIANG
NRIC No	SXXXX222J

Date Of Birth	16/04/1969
Occupation	Indoor
Date Of Driving Pass	01/03/1995
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96841066
Alt. Phone Number	+65-96841066
Email Address	clheng@email.com
Address	194 DEPOT ROAD #05-27
Address complement	-
Postcode	109691
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	Hit and run / Vandalism / Damaged whilst parked
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)	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

PLEASE REFER TO SKETCH PLAN

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	SNE3933X
Vehicle Manufacturer	Tesla
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIM YONG HUA KEVIN
Contact Number	(Phone) +65-91111152
Address	-
Address complement	-

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

SKETCH PLAN

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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' 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

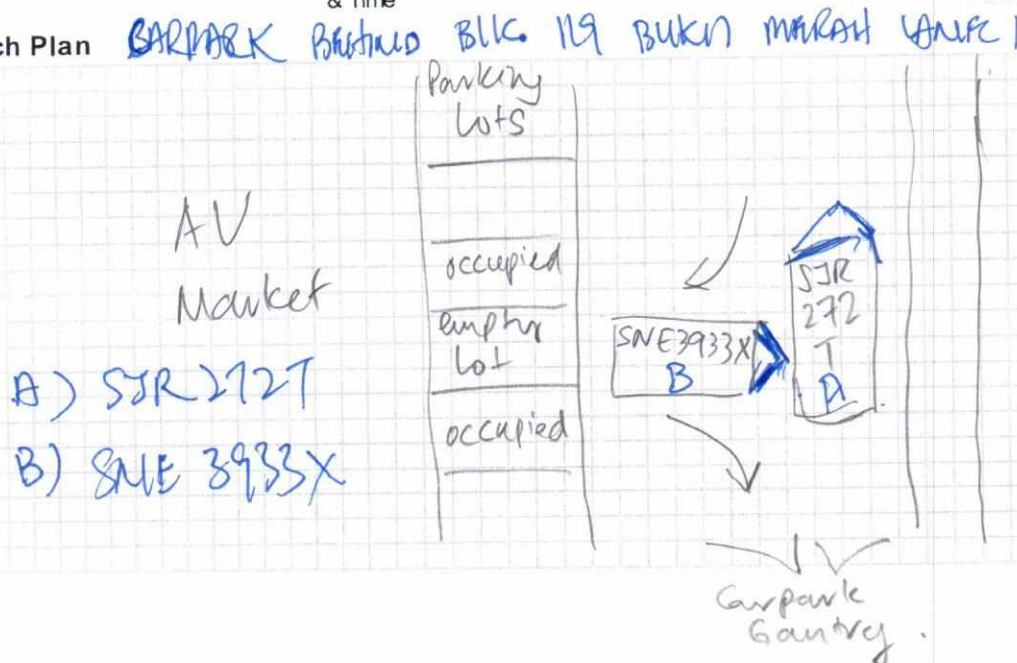
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

On 15/2/2022 at around 1pm, I was at AV Market Carpark, waiting for parking lot. The other party (SNE3933X) was parked behind me and then moving out.


As the other party was moving, he need reverse into an empty lot to turn back the other direction. As he was turning out, his car bumped into my vehicle (left back door).

Declaration

We declare the foregoing particulars are true in every respect.


18/2/2022
Policyholder's Signature / Date &
Time
11.45am

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


18/02/2022
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 15/02/2022 (DD/MM/YYYY), TIME: 13:08 (HH:MM)

LOCATION: Barpark behind BLK 119 Bukit Merah Lane 1, S(151119)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR272T
b) INSURANCE COMPANY: LIBERTY
c) POLICY NUMBER: SD21V12864
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: JAGUAR F-PACE
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: HENG CHIN LIANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S6976222J CONTACT: 96841066
c) ADDRESS: 194 DEPT ROAD #05-27 S(109691)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 16/04/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 01/03/1995

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

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: SNE3933X MODEL: TESLA
b) DRIVER'S NAME: SIM YONG HUA KEVIN
c) NRIC/FIN/PASSPORT: _____ CONTACT: 91111152

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: clheng@email.com

VIDEO

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
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No SD21V12864 /VPC2 /R02
Form MX1

Date of Issue 08-SEP-2021
1.Index Mark and Registration No. of Vehicle: SJR272T
2.Chassis number of Vehicle: SADCA2AN1HA058550
3.Name of Policyholder: HENG CHIN LIANG
4.Effective date of Commencement of Insurance
for the purposes of the Act: 12-SEP-2021 00:00 AM
5.Date of Expiry of Insurance: 11-SEP-2023 23:59 PM

6.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.

7.Limitations as to use*:

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

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.

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



Authorised Signature

For Information only:

COVERAGE:

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen, NCD Protection

MARKET VALUE AT THE TIME OF LOSS

Section I S\$800, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

OCBC BANK LTD

WEARNES AUTOMOTIVE PTE LTD

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: 210922210002 Vehicle Registration No: SJR2727
Name (as shown in NRIC): Henk Chan Wook NRIC/FIN/Passport No: SXXXX2227
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96841066
Email Address: _____
Date of Accident: 15/01/2022 Time of Accident: 13:08
Place of Accident: Behind BUKIT BUKIT MARSH WALK 1 CARPARK
Insurance Company: LIBERTY

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To upload correct photos & statement

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: 18102/2012
Date: