

NATIONAL Assessment Centre Services

SN092230004

Date In: 09/03/2022 12:40	Job Description	Date & Time Completed	Done by
Ref No: NGA/LIP22002202/4	SAS e-filing		
Veh No: FBK 8559X	E-mail (w/dan slr, Mr. 2hrs)		
DDA: 08/03/2022 17:30	i-Motor Claim Form		
TP Reporting Only	i-Motor W/O (w/dan slr, Mr. 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: UNKALOW	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	Am't (\$)	Am't (\$)
Driver/Owner:		1st Bill	Add Bill
Contact No:	1) AR: Accident Reporting (\$10)		
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$80)		
QC Checked by (Engr-In-Charge):	3) TF: Towing Fee \$40/\$45		
Auditors' Comments:-	4) FT: Follow-Through Survey \$120		
Cat 1:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: 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: Idac Mobile \$10		
	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	09/03/2022 12:40 (SGT)
Date of Accident	08/03/2022 17:30 (SGT)
Exact Location of Accident	Lengkok Bahru, Singapore
Additional Location Information	OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8559X
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NOFTALL ROBIN WARD
NRIC No	SXXXX857F
Email Address	robinwardnoftall@gmail.com
Mobile Phone No	(Phone) +65-97224120
Alternative Phone No	+65-97224120

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fjr1300
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?	Yes
Vehicle Category	Motorcycle
Transmission	Manual
CC	1298

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI00V02237/VMS/R02
Cover Note Number	-

DRIVER

Name of Driver	NOFTALL ROBIN WARD
NRIC No	SXXXX857F

Date Of Birth	11/08/1967
Occupation	Outdoor
Date Of Driving Pass	01/07/2009
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97224120
Alt. Phone Number	+65-97224120
Email Address	robinwardnoftall@gmail.com
Address	BLK 52 LENGKOK BAHRU #02-303
Address complement	-
Postcode	150052
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)	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	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220309/2016

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

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 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 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.

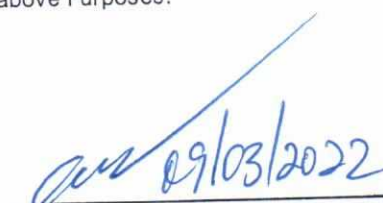
(collectively the "Purposes")

(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.

 9-3-22
Policyholder's Signature / Date & Time

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

 09/03/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

UNKNOWN BIKE WAS PARKED

Describe Circumstances of the Accident


Refusal to police Report 7/2022 0309/2016

Declaration

We declare the foregoing particulars are true in every respect.

 9-3-22
Policyholder's Signature / Date &
Time

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

 09/03/2022
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220309/2016

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No. T/20220309/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2022 10:30	Vide Report No.:	Station Diary No.: 11
--	------------------	--------------------------

Informant's Particulars

Name of Informant: NOFTALL ROBIN WARD BARTON			Address: APT BLK 52 LENGKOK BAHRU #02-303 SINGAPORE 150052		
ID Type / ID No.: NRIC NO / S2764857F			Contact No.: Home/Office:		Mobile: 97224120
Nationality: CANADIAN			Email:		
Sex: Male	Age: 54	Date of Birth: 11/08/1967	Type of Informant: Rider		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: PRIVATE CONTRACTOR			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/03/2022 17:30	Type of Location: Car Park
Location: LENGKOK BAHRU				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK8559X	Motorcycle				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220309/2016

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3

Report No. T/20220309/2016

CONTINUATION OF REPORT

Rider			
Name	NOFTALL ROBIN WARD BARTON	ID No.	S2764857F
Related Vehicle	FBK8559X (Motorcycle)	Contact No.	97224120
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/03/2022, I parked my motorbike at the said location and did not use it since then. Everything was intact at that point of time.

On 08/03/2022 at about 1730hrs, my neighbour came to me and told me that my bike had been hit and it was lying down towards the right side. I went down to make a check and discovered multiple damages on both sides of my bike. My neighbour told me that he saw my bike was fine at about 1500hrs when he passed by. When he came back home at about 1700hrs, he discovered that my bike had been toppled over to the right side and he immediately informed me about the matter. He did not witness anything.

I wish to state that there is a vehicle bearing SLD4463H had a CCTV camera on the front screen and the positioning of the vehicle is such that any motorbike or vehicle that tried to park at the motorbike lot would have been seen by the in-car camera if the camera is set to motion sensor recording. Unfortunately, I do not know who is the owner of the said vehicle. There was no camera installed on my motorbike and this is not the first time such an incident has happened. The last time it happened was about 4 years ago. I estimate the cost of repair would be around \$6000/-SGD to \$8000/-SGD. I have no suspect in mind and I have no dispute with anyone.



**SINGAPORE
POLICE FORCE**



T/20220309/2016

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20220309/2016

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:
D / SGT 2 TAN HWA TIONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/03/2022 10:30

Officer In Charge Of Case:
TP / HRT /
INSP (2) TAN CHIN YONG
Contact No.: 65476425

Classification Of Case:

NP168



SINGAPORE
POLICE FORCE

SN 45

SIGNATURE

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	SI22V02237 /VMS /R02
Form	MY1
Date Of Issue	16-FEB-2022
1.Index Mark and Registration No. of Vehicle:	FBK8559X
2.Chassis number of Vehicle:	JYARP231000003192
3.Name of Policyholder:	ROBIN WARD BARTON NOFTALL
4.Effective date of Commencement of Insurance for the purposes of the Act:	23-FEB-2022 00:00 AM
5.Date of Expiry of Insurance:	22-FEB-2023 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	The Policyholder only.
<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>	
7.Limitations as to use*:	Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession.
8.The Policy does not cover:	<p>A) Use for hire or reward.</p> <p>B) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>C) Use for the carriage of goods (other than samples) in connection with any trade or business.</p> <p>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>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p></p> <p>Authorised Signature</p>	
For Information only:	
COVERAGE:	Comprehensive
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$1000, Section I (Outside Singapore) S\$2500
FINANCE COMPANY:	
PRODUCER NAME:	CUSTOMER SERVICES CENTRE