

NATIONAL Assessment Centre Services SN0922340001

Date In: 15/03/2022 12:30	Job Description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: N/A 220023681	E-mail (w/plan, str, alt, 2hrs):		
Veh No: SKA 6667	I-Motor Claim Form		
DDA: 17/03/2022 23:05	I-Motor W/O (w/plan, str, alt, 2hrs)		
QD: (C) Reporting Only	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: SU 6696H	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

<p>NA2200688</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat 1:</p> <p>Cat 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR : Accident Reporting (\$30)</td> <td></td> <td></td> </tr> <tr> <td>2) DA : Damage Assessment (\$100); INC (\$30)</td> <td></td> <td></td> </tr> <tr> <td>3) TF : Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT : Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT : Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2015)</td> </tr> <tr> <td>6) TR : Re-inspection \$15</td> <td></td> <td></td> </tr> <tr> <td>7) N1 : Idue DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td>Q1:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11) : TP (N on INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idue Mobile</td> <td>\$0</td> <td></td> </tr> <tr> <td>Invoice dated:</td> <td>Fee Charged:</td> <td></td> </tr> <tr> <td>Invoice dated:</td> <td>Fee Charged:</td> <td></td> </tr> </tbody> </table>		Am't (\$)	Am't (\$)		1st Bill	Add Bill	1) AR : Accident Reporting (\$30)			2) DA : Damage Assessment (\$100); INC (\$30)			3) TF : Towing Fee \$40/\$45			4) FT : Follow-Through Survey \$120			5) FT : Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (wef 10 Jan 2015)			6) TR : Re-inspection \$15			7) N1 : Idue 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 (N on INC) against INC	\$20		9) N12: Idue Mobile	\$0		Invoice dated:	Fee Charged:		Invoice dated:	Fee Charged:	
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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	15/03/2022 12:30 (SGT)
Date of Accident	12/03/2022 23:05 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	TOWRADS LITTLE INDIA BEFORE KAMPONG JAVA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA666T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SU WEIXIANG
Passport No/FIN	GXXXX222L
Email Address	aden.1111@yahoo.com
Mobile Phone No	(Phone) +65-96700000
Alternative Phone No	+65-96700000

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	3996

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	C0126814

DRIVER

Name of Driver	SU WEIXIANG
Passport No/FIN	GXXXX222L



Date Of Birth	25/09/1992
Occupation	Indoor
Date Of Driving Pass	27/01/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96700000
Alt. Phone Number	+65-96700000
Email Address	aden.1111@yahoo.com
Address	38 BEACH ROAD #27-10
Address complement	-
Postcode	189673
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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RANY
Gender	Female

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	SLL6496H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Gl³

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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' 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.

陈伟祥

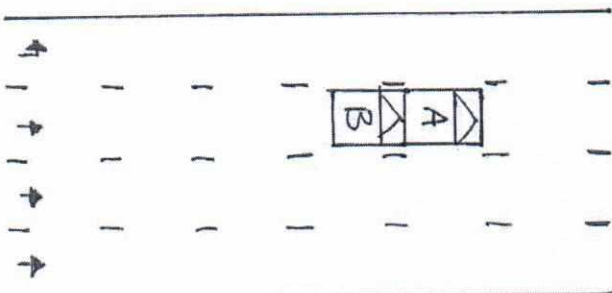
Policyholder's Signature / Date & Time

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

15/03/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A : SKA666T

Vehicle B : SL6496H

Bukit Timah Rd TWDS Little India B4
Kg Java Road

Describe Circumstances of the Accident


On the stated date & time, I, Vehicle A (SKA666T) were travelling along the stated location. As the vehicle in front of me slowed down and came to a stop, I followed suit. Suddenly, Vehicle B (SL6496H) collided onto the rear portion of my vehicle causing damages.

Declaration

We declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date & Time


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

15/03/2022

Witnessed by Reporting Centre
Personnel

June

Date of Accident : 12/03/2022 Accident Time: 2305 (24-HR-FORMAT)
Accident Place : Bukit Timah Rd TWDS Little India B4 Ky Javan Rd
Vehicle Reg. No (Car plate No.) : SKA666T Vehicle Make/Model: Bentley Flying Spur
Insurance Company : Liberty Insurance Policy No. 0126814
Name of Registered Owner : Company / Individual Su Wei Xiang
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: G44031222L
: Co Contact No: _____ Owner's Contact No: 96700000
DRIVER'S Name : Su Wei Xiang DRIVER'S NRIC No: G44031222L
DRIVER'S Date of Birth : 25/09/1992 DRIVER'S License Pass Date 27/01/2022
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : 38 Beach Rd, Singapore 189673 #27-10
DRIVER'S Contact No./ Alt No. : 1) 9670 0000 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an o/c)
Email Address : aden.1111@yahoo.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim \ Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 2 Passenger Name: Rany Gender: M/F
Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: _____
Injured Name: _____
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLL6496H</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



www.libertyinsurance.com.sg

Motor Cover Note

Name of Producer: WEARNES AUTOMOTIVE SERVICES PTE LTD (A1387)	Cover Note No.: C0126814
Date of Issue: 28 Feb 2022	Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

Name of Insured:	SU WEI XIANG	To: 27 Feb 2023 23:59
Period of Insurance:	From: 28 Feb 2022 09:18	
Registration No.:	SKA666T	
Make and Model:	BENTLEY FLYING SPUR V8	
Type of Body:	SEDAN	
Capacity/Tonnage:	3996	
Year of Manufacture/Registration:	2021/2022	
Chassis No.:	SCBBX53S0NC092234	
Engine No.:	CVD032156	
Sum Insured:	MARKET VALUE AT TIME OF LOSS	
Name of Finance Company:	NA	
Type of Plan:	Comprehensive	
Excess:	AS AGREED	

The Motor Vehicle (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 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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.

Not valid unless counter-signed by authorized person.



Date: 28 Feb 2022 09:18



For and on behalf of
LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

Liberty Insurance Pte Ltd (Registration No. 199002791D) | GST Registration No. M2-0093571-3
51 Club Street #03-00 Liberty House Singapore 069428 | Tel: 1800-LIBERTY (542 3789)

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