

NATIONAL Assessment Centre Services: (wef 1 Jan 08) **SM09267000C**

Date In: 07/06/2022 16:26	Job description	Date & Time Completed	Done by:
Ref No: XBA/LP20005406/Y	SAS e-filing		
Veh No: SMX 797	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 06/06/2022 16:00	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, 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: Vch No: **PC 2881E** 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	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

NA2201551 / NA2201552	Invoice Preparation Checklist		Am (S)	Am (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
C Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
1.1:	6) TR: Re-inspection \$75			
1.2/3:	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	OD:			
	*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 INC) against INC \$20			
	9) N12: Idao 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	07/06/2022 16:26 (SGT)
Date of Accident	06/06/2022 16:00 (SGT)
Exact Location of Accident	10 Beatty Rd, Singapore 209955
Additional Location Information	STURDEE RESIDENCES BASEMENT 1 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX79T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CLARIE LIM JIA HOU
NRIC No	SXXXX547I
Email Address	clarielim.property@gmail.com
Mobile Phone No	(Phone) +65-87208548
Alternative Phone No	+65-87208548

VEHICLE PARTICULARS

Manufacturer	Maserati
Model	GRANTURISMO
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	4244

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD22V04629/VPS/R00
Cover Note Number	-

DRIVER

Name of Driver	CLARIE LIM JIA HOU
NRIC No	SXXXX547I

Date Of Birth	15/11/1992
Occupation	Outdoor
Date Of Driving Pass	06/05/2014
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87208548
Alt. Phone Number	+65-87208548
Email Address	clarielim.property@gmail.com
Address	BLK 854 JURONG WEST STREET 81 #08-508
Address complement	-
Postcode	640854
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?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC2881E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
07/06/2022

Sketch Plan

STURDEE RESIDENCES BASEMENT 1 CARPARK



A - SMX79T

B - KPC2881E

Describe Circumstances of the Accident

On the stated date and time. I was stationary parking,
suddenly, veh B collided onto my front right of my veh.

~~It was~~

Declaration

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

 07/06/2022
Witnessed by Reporting Centre
Personnel

Date of Accident : 6/6/2022 Accident Time: 1600 (24-HR-FORMAT)
Accident Place : Sturdee Residences B1 ^{basement} Carpark
Vehicle Reg. No (Car-plate No.) : SMX79T Vehicle Make/Model: Maserati 4-2
Insurance Company : Liberty Insurance Policy No. SD22V04629
Name of Registered Owner : Company / Individual Clarie Lim Jia Hou
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S9242547I
: Co Contact No: _____ Owner's Contact No: 8720 8548
DRIVER'S Name : Clarie Lim Jia Hou DRIVER'S NRIC No: S9242547I
DRIVER'S Date of Birth : 15/11/1992 DRIVER'S License Pass Date 06 May 2014
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : 854 Jurong West Street 81 #08-08 08-508 640854
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
Email Address : clarie.lim.property@gmail.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) 0/1 Passenger Name: _____ 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)

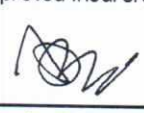
Vehicle Reg No: <u>PC 2881E</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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: _____

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	SD22V04629 NPS /R00										
Form	MX3										
Date Of Issue	31-MAR-2022										
1.Index Mark and Registration No. of Vehicle:	SMX79T										
2.Chassis number of Vehicle:	ZAMGH45C000040679										
3.Name of Policyholder:	CLARIE LIM JIA HOU										
4.Effective date of Commencement of Insurance for the purposes of the Act:	29-MAR-2022 00:00 AM										
5.Date of Expiry of Insurance:	28-MAR-2023 23:59 PM										
6.Persons or Classes of Persons entitled to drive*:	CLARIE LIM JIA HOU										
<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. 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>7.Limitations as to use*:</p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p>											
<p>8.The Policy does not cover:</p> <p>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>For and on behalf of</p> <p>LIBERTY INSURANCE PTE LTD</p> <p>Approved Insurers</p> <div style="text-align: center; margin-top: 10px;">  _____ Authorised Signature </div>											
<p><small>For Information only:</small></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">COVERAGE:</td> <td style="border: none;">Comprehensive, Unlimited Windscreen</td> </tr> <tr> <td style="border: none;">SUM INSURED:</td> <td style="border: none;">MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td style="border: none;">EXCESS:</td> <td style="border: none;">Section I (Singapore) S\$12000, Section I (Outside Singapore) S\$24000, Windscreen Excess S\$500</td> </tr> <tr> <td style="border: none;">FINANCE COMPANY:</td> <td style="border: none;">MAYBANK SINGAPORE LTD</td> </tr> <tr> <td style="border: none;">PRODUCER NAME:</td> <td style="border: none;">ALL INS SOLUTIONS PTE LTD</td> </tr> </table>		COVERAGE:	Comprehensive, Unlimited Windscreen	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Section I (Singapore) S\$12000, Section I (Outside Singapore) S\$24000, Windscreen Excess S\$500	FINANCE COMPANY:	MAYBANK SINGAPORE LTD	PRODUCER NAME:	ALL INS SOLUTIONS PTE LTD
COVERAGE:	Comprehensive, Unlimited Windscreen										
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS										
EXCESS:	Section I (Singapore) S\$12000, Section I (Outside Singapore) S\$24000, Windscreen Excess S\$500										
FINANCE COMPANY:	MAYBANK SINGAPORE LTD										
PRODUCER NAME:	ALL INS SOLUTIONS PTE LTD										