ATIONAL Assessment Centre	Services:   wel 1 Jano	S(109) 10000	6
Date In: 02 W. 2002 1228	Job description .	Date & Time Complete	ed . Done by
REINONBO 11P2200732914.	SAS e-filing .		
Veh No: SMJ , 19401 .	E-mail (within shis, Ato 2	hrs)	1 . 75 34
D.O.A: XCOS 2022 20'10	I-Motor Claim Form		
	i-Motor TY/O (Within:	OD, 2hrs, 7'P 4hrs')	· · · · · · · · · · · · · · · · · · ·
OD : TP / Reporting Only .	i-Photo Uploaded.		
	Assessment/Survey Re	port · .	
TP Insurer:	Ass't Report by Fax / ]		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Panticulars: Veh No: SW	115101x	INC( , )/Non-INC(	), )
Owner / Driver: (		. Tel: ) Cover Type: (	).
Policy No: ( · · ) Per	riod: (	· erily · · · ·	)
	Date		: 80-100%]
Insured/Driver Liability: ( %) [	Note-Est. Status (WO):	N: 0-20%; P: 21-79%: F	1
in languigne (	AA GILDERAL	)	
Excess: (\$ ). Loading: \$1,	000()/\$2,000()	25 St. 10 St	
General Remarks : Customer's Inf	ametion strictly Confider	itial & Strictly NO refer of re	palrer.
( ) Walk-In Customer : Customer's in	TIRGENTLY.		
( · ) Total Loss Case : to e-mail insu	ce: Ybs( ) / NO(·	/	
Ditto-m		Date&Time COM	Densby
Remarks: (Tro Horling: 6788 5610)	LGton/Cor( )		
· 1) Apply for Transport Allowance ( )	/ Courtesy Car ( )		3.7.
2) QC Check/Post Repair Inspection .	; ()		- 1
3) Upload Resurvey Photo [Repair Cost >			and the second s
Injury:			
Date/Time Actions			
			<del></del>
	12		ALIGN CO
Val.		Invene Preparation Chec	Palsa prejic. Pa
NADOLOKY	1	AR A seident Reporting (\$30);	
MADOLOKY Slaument's Particulous		1) AR: Accident Reporting (\$30); 2) DA: Damege Assessment (\$100	
NA22040 & Y		1) AR: Accident Reporting (\$3.0); 2) DA: Damege Assessment (\$100); 3).TF: Towing Fee 4) FT: Follow-Through Survey	); R(C (380) . 5(0/343 \$120
NADOLO ( Y Sladining & Partigulars :- Driver/Owner:		1) AR: Accident Reporting (\$3.0); 2) DA: Damege Assessment (\$100); 3).TF: Towing Fee 4) FT: Follow-Through Survey 5) PT: Follow-Through Survey (Fare relaiming against DAC Only (\$100).	met fo Jau 3002)  240/242  240/242  2150  220/242
MADONO Y Y  Slaumant a Particulars  priver/Ovmer:  contactiffo:		1) AR: Accident Reporting (\$30): 2) DA: Damege Assessment (\$100) 3).TF: Towing Fee 4) FT: Follow-Through Survey (Far For claiming against RIC Only ( 6) TR: Re-inspection  7) NI: (day DA + SMRT Survey)	); INC (380) 3(0/344) \$120 survey) \$30 wef (0 Jan 2005)
MADONO Y Y  States and a Particulars  States of Owner:		1) AR: Accident Reporting (\$30): 2) DA: Damage Assessment (\$100 3).TF: Towing Fee 4) FT: Follow-Through Survey 5) PT: Follow-Through Survey (Particle of the Control of the	3120 3120 3120 3120 3120 3120 3120 3120
NADONO Y Y  Statement's Particulous :-  Priver/Owner:  Contactivo:  Parnaged Portion:		1) AR: Accident Reporting (\$30): 2) DA: Damage Assessment (\$100 3).TF: Towing Fee 4) FT: Follow-Through Survey 5) PT: Follow-Through Survey (P.: For claiming against INC Only ( 6) TR: Re-inspection 7) N1: Idao DA + SMRT Survey 8) NTUC Additional Services: Ont +NS: Courtesy Car/Tpt Allows	); IS(C (250) 3120 3120 3120 3150 3150 3150 3150 3150
MADONO Y Y  Slaumant a Particulars  priver/Ovmer:  contactiffo:		1) AR: Accident Reporting (\$30): 2) DA: Damage Assessment (\$100 3).TF: Towing Fee 4) FT: Follow-Through Survey 5) PT: Follow-Through Survey (P.: For claiming against INC Only ( 6) TR: Re-inspection 7) N1: Idao DA + SMRT Survey 8) NTUC Additional Services: Ont +N5: Courtesy Car/Tpt Allows +N6: Repair Co-ordination 4 N6: Post Repair Inspection	); INC (380)  . \$40/\$45  \$120  survey) \$300  wef LO Jan 2005)  \$75  . \$160  and \$5
NADONO Y Statement of the Particulars of the Particular of the		1) AR: Accident Reporting (\$30): 2) DA: Damage Assessment (\$100 3).TF: Towing Fee 4) FT: Follow-Through Survey 5) PT: Follow-Through Survey (P.s. For elaiming against DIC Only ( 6) TR: Re-inspection 7) N1: Idao DA + SMRT Survey 8) NTUC Additional Services: On* *M5: Courtesy Car / Tpt Allows *N6: Repair Co-ordination *N7: Post Repair Inspection *N8: DV / Collect Excess Coor	); INC (380)  . 540/545  \$120  survey) \$30  wef 10 Jan 2005)  \$75  . \$160  more \$5  . \$10  \$25  dination \$5
MADONCY  Statement's Particulars  Priver/Owner:  ContactiNo:  Checked by (Engi-In-Charge);		1) AR: Accident Reporting (\$30): 2) DA: Damage Assessment (\$100 3).TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Rate of the content of the con	); INC (380) . 540/544 . \$120 . \$20 . \$30 . \$160 . \$160 . \$160 . \$25 . \$160 . \$25 . \$10 . \$25 . \$30 .
MADONO YY  Statement's Particulars:  Oriver/Owner:  Contactific:  Checked by (Engr-In-Charge);		1) AR: Accident Reporting (\$30): 2) DA: Damage Assessment (\$100 3).TF: Towing Fee 4) FT: Follow-Through Survey 5) PT: Follow-Through Survey (P.s. For elaiming against DIC Only ( 6) TR: Re-inspection 7) N1: Idao DA + SMRT Survey 8) NTUC Additional Services: On* *M5: Courtesy Car / Tpt Allows *N6: Repair Co-ordination *N7: Post Repair Inspection *N8: DV / Collect Excess Coor	); IR(C (350)

SN0922820006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/08/2022 12:28 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (02/08/2022 12:28 (SGT))



# 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 Actual Driver

- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	02/08/2022 12:28 (SGT) Both 25/05/2022 20:10 (SGT) 31 Pasir Ris Grove, Singapore CARPARK Singapore
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SMJ1940L

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RANJAN ABHISHEK
Passport No/FIN	GXXXX577R
Email Address	ei.abhishek@gmail.com
Mobile Phone No	(Phone) +65-85712157
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of	Private use
accident Are you claiming under your own insurance policy for repair to	r iivate use
your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1591

## INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V06928/VPE/R00

#### DRIVER

Name of Driver	RANJAN ABHISHEK
Passport No/FIN	GXXXX577R
Date Of Birth	31/12/1984
Occupation	Indoor

Date Of Driving Pass 02/03/2022 Driving experience 2 MONTHS Gender Male Mobile Number (Phone) +65-85712157 Alt. Phone Number Email Address ei.abhishek@gmail.com Address 31 PASIR RIS GROVE #08-63 Address complement Postcode 518075 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 Collided into Parked Vehicle Type of Accident 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 No Was anybody injured in the Accident? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? 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? **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number	SML5109X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	_

Address	- 2
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_
3- (	-

#### 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' 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

Sketch Plan

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

8. Time

9. SmJ 1940 Z

H. SmJ 1940 Z

H. SmJ 1940 Z

	0	h	25	5	507.	2 9+	90:	10 PM	) . I (	was p	arking	at co	irpark
31	PASIR	RIS	GROV	E.	I.	was	accident	ally	brushed	front	1H 0-	f vehicle	B (SML 5109x)
								-					
													**************************************
			Alexandra (	-									
				Weise Control						-			
						***************************************							
							241						<u> </u>

### Declaration

We declare the foregoing particulars are true in every respect.

Bhigher sin

Whodyle & jon

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25 / 5 / 2022 (dd/mm/yy) Time of Accident: 20 : 110 (24-HR-FORMAT)
Vehicle No.: SMJ 1940 L Vehicle Make & Model: HYUNDAI AVANTE
*Transmission : o Manual Auto *C.c:
Exact location of Accident: CAR PARK 31 PASIR RIS GROVE
Policyholder's Name: RANJAN ABHISHEK NRIC/FIN/REG No.: GS318577R
*Policyholder's email address: ei.abhishek@gmail.com
Driver's Name: RANJAN ABHISHER NRIC/FIN/REG No.: G5318577 R
*Driver's email address: ei . abhighek @ gmail . com
Driver's Contact No.: 85 71 2157 Company Contact No (If any):
Date of birth: 31 112 11984 Driving Pass Date: 02 MAR 2022
Driver's Address: 31 . PASIR AIS GROVE 08-63 S (518075)
Insurance Company: LIBERTY INSURANCE
Policy No.: SD22 VO 6 928 Type of Coverage Comprehesive / Third Party / Third Party, Fire & Thef
Relationship between Owner & Driver: (Please <u>CIRCLE</u> one only)
Owner)/Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
o Own Insurance / o Other Vehicle (The one you want to claim against )/ p Reporting (For Record Purpose )
Tyce of Accident
o Chain Collision o Head To Rear of Side Swipe o Other
Occupation (nature job), olndoor / o Outdoor *No. of Passengers / Including Driver):
*Passanger Name: Gender: Male / Female
*Passanger Name: Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others:
Was there any video captured by your car Car camera? O Yes / No
Any Injuries: o Yes / o No (If YES) Injured Person' Name:
Injuries Sustain : Injured Person in Which Vehicle:
Police Report field: o Yes / o No (If YES) Which Police Station:
The Other Party (S) Details:
1. Driver's Name / IC No: Vehicle No: Smls109 x
Driver's Contact No: Insurance Company:
2. Driver's Name / IC No (If Any): Vehicle No:
Driver's Contact No: Insurance Company:
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:





# Certificate of Insurance

www.libertyinsurance.com.sg

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; The Motor Vehicles (Third Party Risks) Rules, 1959

Certificate No.: SD22V06928/ VPE / R00		
of Expiry:		
21 May 2023 23:59		
Type of Certificate:		
J) Geluitates		

# 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.

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

## The Policy does not cover:

- 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

For Information Only:

Coverage(s):

Sum Insured:

Excess:

Name of Finance Company:

Name of Producer.

Comprehensive, Unlimited Windscreen

MARKET VALUE AT THE TIME OF LOSS

Section I - Named Drivers S\$800, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

SING INVESTMENTS & FINANCE LTD

CAR TIMES INSURANCE AGENCY PTE LTD (A1200)

Liberty Insurance Pte Ltd (Registration No. 199002781D) | GST Registration No. M2-0093571-3 51 Club Street #03-00 Liberty House Singapore 009428 | Tel: 1800-LIBERTY (542 3789)

Page 1 of

