

NATIONAL Assessment Centre Services

Date In 15/12/2022	Job description	Date & Time Completed	Done by
RefNO NA/LIP220125481W	SAS e-filing		
VehNo SCX 838R	E-mail (within 8hrs. A/C 2hrs)		
DOA 13/12/2022	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 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: Vch No: SJH 3975 G 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	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice date: 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 Actual 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 15/12/2022 14:40 (SGT)
Reported by Both
Date of Accident 13/12/2022 06:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information Opal Crescent
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGX838R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Jonathan Peh Kai Wen
NRIC No SXXXX235A
Email Address komo.shi@hotmail.com
Mobile Phone No (Phone) +65-88151528
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Maserati
Model GRANTURISMO
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 4691

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SD22V10710/VPS/R00

DRIVER

Name of Driver Jonathan Peh Kai Wen
NRIC No SXXXX235A
Date Of Birth 25/07/1990
Occupation Indoor

Date Of Driving Pass	21/06/2011
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88151528
Alt. Phone Number	-
Email Address	komo.shi@hotmail.com
Address	242 Simei Street 5
Address complement	#08-17
Postcode	520242
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Passenger
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

Refer to the attached statement.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH3975G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Yap Kok Wa
NRIC No	SXXXX099J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Date of Accident : 13/12/2022 Accident Time: 0640 (24-HR-Format)
 Accident Place : OPAL CRESCENT
 Vehicle No. (Car Plate No.) : SGX838R Make/Model: Maserati 4.7A
 Insurance Company : LIBERTY Policy No: _____
 Owner or Company Name /IC No. : JONATHAN PEH KAIWEN, S9026235A
 Owner or Company Contact No. : 88151528 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : S9026235A
 DRIVER'S Date Of Birth : 25/7/1990 DRIVER'S License Pass Date 21/6/2011
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: _____
 DRIVER'S Address : 242 SIMEI STREET 5, #08-17, S(520242)
 DRIVER'S Contact No./ Alt No. : 1) 88151528 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Komo.Shi@hotmail.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): 02

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle. No: <u>SJH 3975 G</u>	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: <u>YAP KOK WA</u>	Name Driver: _____
IC No. Driver/Contact: <u>S0274099J</u>	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**

Female

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

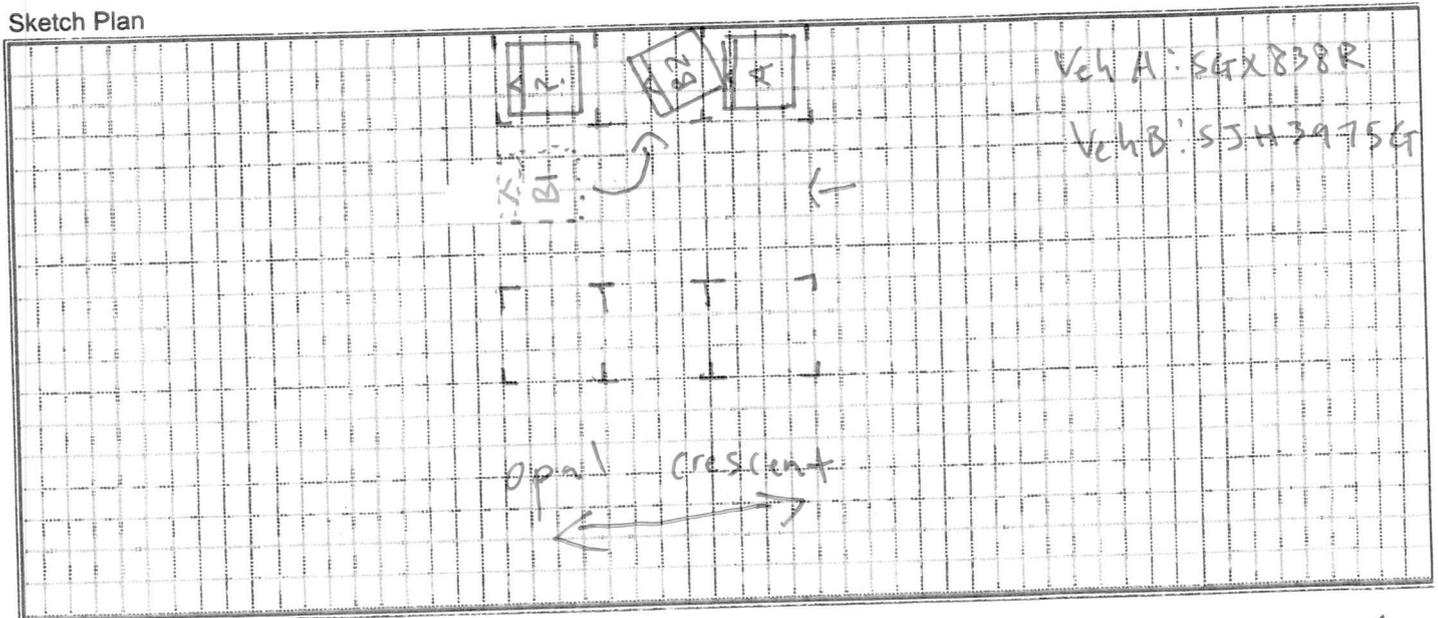


Driver's Signature (if driver is not the policyholder) / Date & Time


15/12/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

ON THE STATED TIME AND DATE, 13/12/2022 (0640HRS), MY VEHICLE (A) (SGX 838R) WAS PARK STATIONARY ALONG OPAL CRESCENT PARALLEL PARKING, WAS IN MY VEHICLE TALKING TO A FRIEND. WHEN SUDDENLY WE FELT IMPACT FROM THE FRONT I ALIGHTED MY VEHICLE AND REALISED VEHICLE (B) (SJH 3975G) HAD COLLIDED ONTO MY VEHICLE SO I WENT TO CONFRONT THE DRIVER (B) (SJH 3975G) THAT IF HE KNOW HE HIT MY CAR BUT HE TOLD ME TO TALK LATER AS HE WAS TRYING TO PARK INTO THE LOT. AS HE WAS GOING IN THE LOT AGAIN, HE (B) (SJH 3975G) THEN HIT MY VEHICLE (A) (SGX 838R) AGAIN. WHILE REVERSING INTO THE LOT THIS TIME, THE IMPACT WAS MUCH MORE BIGGER THAN THE FIRST. THERE AFTHER, HE (B) (SJH 3975G) HAD PARK HIS VEHICLE AND TOLD ME TO CLAIM HIM, HE WILL ALSO INFORM THE INSURANCE.

I (A) (SGX 838R) WISH TO STATE THAT NO ONE WAS INJURED AT THE ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

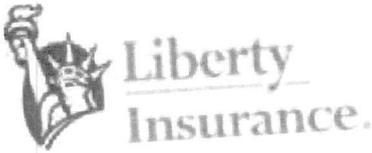


Driver's Signature (if driver is not the policyholder) / Date & Time



15/12/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Liberty Insurance Pte Ltd
 Registration no.199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8611 Website: http://
 www.libertyinsurance.com.sg

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
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD22V10710 /VPS /R00
Form	MX3
Date Of Issue	17-AUG-2022
1.Index Mark and Registration No. of Vehicle:	SGX838R
2.Chassis number of Vehicle:	ZAMHH45C000049250
3.Name of Policyholder:	JONATHAN PEH KAI WEN
4.Effective date of Commencement of Insurance for the purposes of the Act:	06-AUG-2022 00:00 AM
5.Date of Expiry of Insurance:	04-AUG-2023 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	JONATHAN PEH KAI WEN
<p>JONATHAN PEH KAI WEN 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>	
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:	<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 LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p> _____ Authorised Signature</p>	
For Information only:	Comprehensive, Unlimited Windscreen
COVERAGE :	MARKET VALUE AT THE TIME OF LOSS
SUM INSURED:	Section I (Singapore) S\$12000, Section I (Outside Singapore) S\$24000, Windscreen Excess S\$500
EXCESS:	SWEE SENG CREDIT P/L
FINANCE COMPANY:	INXPRESS INSURANCE AGENCY PTE. LTD.
PRODUCER NAME:	

PLSL/PLSL/17/08/2022

S3_CI_T1_T3_TEMPLATE2-VER1 17/08/2022