

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 05/06/23	Job description	Date & Time Completed	Done by
Ref No: NA/LIP23005625 HT	SAS e-filing		
Veh No: SL 568265	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 17/5/23	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: ( )	Veh No: GBD 4/68D	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

NA2301648	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	ON*		
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat. 1:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 2 / 3:	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
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 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	05/06/2023 14:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/05/2023 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CARPARK LOT OF 8 UBI RD 2 ZERVEX
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB6826S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN ZHANGJIE
Passport No/FIN	GXXXX694P
Email Address	CHENZHANGJIE513@GMAIL.COM
Mobile Phone No	(Phone) +65-84360662
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Mobilio
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1497

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD23V05011/VPE/R00

#### DRIVER

Name of Driver	HOSSEIN MOHAMMAD IQBAL
Passport No/FIN	GXXXX148T
Date Of Birth	21/08/1989
Occupation	Outdoor

Date Of Driving Pass	29/04/2022
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91328613
Alt. Phone Number	-
Email Address	CHENZHANGJIE513@GMAIL.COM
Address	53 UBI AVE 1
Address complement	#01-55
Postcode	408934
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	No Collision
Weather Conditions	Raining
Road Surface	Wet

#### 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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 CIRCUMSTANCES OF ACCIDENT.

#### 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	GBD4168D
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 law yers/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

### Sketch Plan

This image shows a full page of blank graph paper. The grid consists of small, uniform squares formed by thin, light blue lines. There are approximately 20 columns and 25 rows of squares across the entire page. The background is white, and the grid covers almost the entire area, leaving small margins at the top, bottom, and sides.

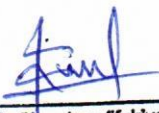
**Describe Circumstance of the Accident**

On 17 May 2023, I park Veh A at carpark  
lot of 8 Ubi Road 2 Zenrex around 12 pm.  
and went for my driving class. When I was  
parking I did not remember that I hit any  
vehicle during that time.

**Declaration**

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

  
Policyholder's Signature / Date & Time

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

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



**Liberty Insurance Pte Ltd**  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611

Date : 29 MAY 2023 Liberty Ref : AVS23/1632  
Your Vehicle : SLB6826S Policy No : SD23V05011  
Third Party Veh : GBD4168D Accident Date : 17 MAY 2023  
Accident Location : CARPARK LOT OF 8 UBI ROAD 2 ZERVEX  
To Insured : CHEN ZHANGJIE  
11 JALAN KEMAJUAN MACPHERSON GARDEN ESTATE  
SINGAPORE 368977  
Agent/Broker : KUA ST ASSOCIATES

**Please file an accident report at any of our Preferred Workshops or Reporting Centres urgently. Kindly ignore this letter if you have already submitted the report.**

We have received Third Party claim(s) against your policy.  
If you have any additional information (photos/videos/witness) which would assist us in the handling of the claim, please revert.

In the meantime, please forward any letters or court documents from third parties to our office.  
Kindly note that your No Claims Discount (NCD) may be affected as a result of this claim.

Please provide us with the following information where applicable

If you are submitting a claim against the third party insurer

If any of your passenger(s) has made a claim against the third party insurer

Traffic Police Investigation Report and any action taken against you or any other party including the final outcome.

Claims Handler : STEWART LIM

Email : [lim.stewart@libertyinsurance.com.sg](mailto:lim.stewart@libertyinsurance.com.sg)

Contact No : 1800 5423 789

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 17/05/23	TIME OF ACCIDENT : 12pm.
VEHICLE NO : SLB68265	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Honda Mobilio 1.5	LOCATION : Carpark lot of 8 ubi Rd 2 Zervex
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : Liberty	POLICY NO : SD23V05011/VPE/R00.
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE )
NAME OF OWNER : Chen Zhangjie.	NRIC : 98492694P.
ADDRESS : 11 Jalan Kenangan Macpherson Garden Estate S(368977)	CONTACT NO : 84360662.
EMAIL ADDRESS : chenZhangjie513@gmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : Hossein Mohammad Lqbal	NRIC : 92707148T CONTACT NO : 91328613.
DRIVER OWNER RELATIONSHIP : Employee	PASSENGER : MALE ( ) FEMALE ( )
DATE OF BIRTH : 21 / 08 / 1989.	DRIVING PASSING DATE : 29 / 04 / 2022.
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : 53 Ubi Rd 1 #01-55. Ave
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : GBD 4168D.	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC :	NRIC :
CONTACT :	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO

# 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

**Name of Policyholder:**

CHEN ZHANGJIE

**Date of Issue:**

14 Apr 2023

**Registration No.:**

SLB6826S

**Effective Date of Commencement:**

18 Apr 2023 00:00

**Chassis No.:**

MRHDD4870GP000118

**Certificate No.:**

SD23V05011/ VPE / R00

**Date of Expiry:**

17 Apr 2024 23:59

**Type of Certificate:**

MX1

**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.

**Limitations as to use:**

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

**The Policy does not cover:**

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.

\*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):

Comprehensive, Unlimited Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly &amp; Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

MAYBANK SINGAPORE LTD

Name of Producer:

KUA ST ASSOCIATES (A1037-2)

SCSL/SD23V05011/14-Apr-2023/MotorCLv1.0