

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 26/07/2023	Job description	Date & Time Completed	Done by
Ref No: NAI HP23007596/d4	SAS e-filing		
Veh No: 8KA 3791U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 25/07/2023 19:40	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: 8MD 6509K	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

NA2302234	Invoice Preparation Checklist	Amf (\$)	Am Add
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: 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 (Non INC) against INC \$20		
	9) N12: Idao 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 First Submission	26/07/2023 17:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/07/2023 19:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOA PAYOH NORTH FLYOVER TOWARDS BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA3791U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SULAIMAN BIN MOHAMED
NRIC No	SXXXX863C
Email Address	LEMAN-Z.ETRIUS@LIVE.COM
Mobile Phone No	(Phone) +65-81182794
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1390

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V11370/VPE/R00

DRIVER

Name of Driver	SULAIMAN BIN MOHAMED
NRIC No	SXXXX863C

Date Of Driving Pass	17/03/2011
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81182794
Alt. Phone Number	-
Email Address	LEMAN-Z.ETRIUS@LIVE.COM
Address	APT BLK 49 LORONG 5 TOA PAYOH
Address complement	# 02-71
Postcode	310049
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)	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 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	SMD6509K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIAM CHU MAI

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 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

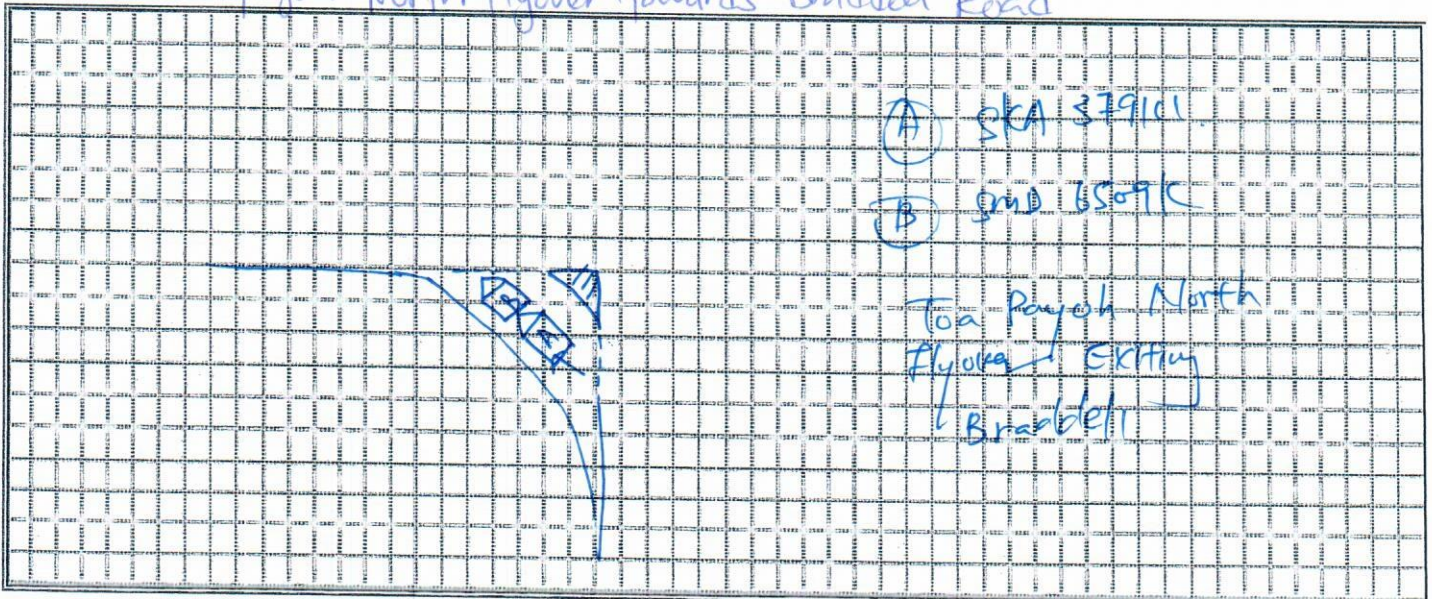
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

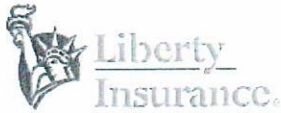
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan *Toa Payoh North Flyover towards Braddell Road*



VEHICLE NO : SKA3791U		MAKE & MODEL : Volkswagen Golf		AUTO / MANUAL	
Date of Accident		25 / 07 / 23		*C.C:	
Time of Accident		19:40 AM / PM			
Location of Accident		Toa Payoh North Flyover towards Braddell Rd.			
Exact Purpose Usage		Employment / <u>Private Use</u> / Private Hire			
NAME OF OWNER :		Sulaiman Bin Mohamed			
Email:		Leman-z.etrius@live.com		HP : 81182794 Office :	
Nric / Co. Reg. No.		S9000863C		Fax :	
Claim Type		Third Party / Own Damage / <u>Reporting only</u>			
Fleet Policy		Yes / <u>No</u>			
Insurance Co.		Liberty Insurance			
Type of Coverage		<u>Comprehensive</u> / Third Party / Third Party Fire & Theft			
Policy No.		SD22V11370/VPE/R00			
NAME OF DRIVER :		<u>As above</u> / If No :			
Nric No		As Above			
Date Of Birth		09 / 01 / 1990			
Any Passenger		Yes / <u>No</u>			
Name of Passenger					
Gender of Passenger		Male / Female			
Occupation		<u>Outdoor</u> / Indoor			
Date Of Driving Pass		17 / 03 / 2011			
Gender of Driver		<u>Male</u> / Female			
Contact		81182794 Home :			
Email		Leman-z.etrius@live.com			
Address		Blk 49 Lorong 5 Toa Payoh, #02-71, SC310049			
Does Driver Own Other Vehicles		<u>No</u> / If Yes (Reg. no.) :		Insurer:	
Relationship		<u>Employee</u> / If No :			
Weather Condition		<u>Clear</u> / Raining / Other :			
Road Surface		<u>Dry</u> / Wet / Other :			
Any Injuries		<u>No</u> / If Yes : Who?			
Conveyed by Ambulance		<u>No</u> / If Yes : Who?			
Police Report		<u>No</u> / If Yes : Where?			
Notice Of Intended Prosecution Given?		No / If Yes : Who?			
Vehicle B No :		SMD 6509K		Any Passenger: +2	
Name Of Driver		Lum Chi Wai			
Contact		96822492			
Vehicle C No :		Any Passenger:			
Vehicle D No :		Any Passenger:			
Vehicle E No :		Any Passenger:			
Vehicle F No :		Any Passenger:			
Any Witness:		Witness Contact No. :			
Was There Any Video Capture?		Yes / <u>No</u>			
Was There Any Audio Recorded?		Yes / <u>No</u>			
Scene Accident Photos Taken?		Yes / <u>No</u>			
Person Reporting		Driver / <u>Owner</u> / Both			
Original Language Used		<u>English</u> / Mandarin / Others :			
Have you been approach by unknow person soliciting (s) / offering accident claims assistance ?		Yes / <u>No</u>			



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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: SULAIMAN BIN MOHAMED	Certificate No.: SD22V11370/ VPE / R00
Date of Issue: 22 Aug 2022	Effective Date of Commencement: 24 Aug 2022 00:00
Registration No.: SKA3791U	Date of Expiry: 23 Aug 2023 23:59
Chassis No.: WVWZZZ1KZBW160691	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\$3000, Section I - Unnamed Drivers S\$3500, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	TAI HUAT CREDIT PTE LTD
Name of Producer:	DICKSON INSURANCE AGENCY PTE. LTD. (A1661)