

NATIONAL Assessment Centre Services

(011) 111-0000

MINA18067646

Date In: 24/05/2018 15:27

Ref No: NPA/21P/18009494/Y

Veh No: SLF 7347E

D.O.A: 23/05/2018 19:00

OD: (1) / Reporting Only

TP Insure:

Job description

Date & Time Completed

Done by

SAS calling

2. email (update status, also survey)

1. Motor Claim Form

1. Motor W/O (within 100 km, 12 hours)

1. Photo Uploaded

Assessment/Survey Report

Assessment Report by Fax/Hand to Owner/VVW

Preferred Wksp / INC Assign Wksp / OW:

Tel:

Fax:

TP Particulars

Yell No: SKP 979L

INC () / Non-INC ()

Owner / Driver:

Tel:

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability: () % (Note: Bil. Stand (WO): NI 0-20%, P: 21.79%, P: 30-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks

() Walk-In Customer: Customer's information strictly Confidential & strictly NO release of details.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In () / Towed-In () Invoice: YES () / NO () Towing Car: ()

Remarks

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check/Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Driver/Owner

Policy No:

Assessed Person:

Checked by (Eng-In-Charge):

Comments:

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Invoice Breakdown of Charges

1) AXI Accident Reporting (100)

1) DA: Demolition Allowance (100) INC (20)

1) TP: Towing Fee (10)

1) TP: Full Through Survey (10)

1) TP: Full Through Survey (Recovery) (10)

1) TP: Full Through Survey (Recovery) (10)

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1) TP: Full Through Survey (Recovery) (10)

Full Charge

Full Charge

Full Charge

Full Charge

Full Charge

Full Charge

Full Charge

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 ability.
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 Report	24/05/2018 15:27
Date Of Accident	23/05/2018 19:00
Exact Location Of Accident	SLIP RD TOWARDS FORT RD INSIDE MCE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7347E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	PANG.DESMOND@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93682523
Alternative Phone No	OFFICE-93682523

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME AFTER WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	

Driver

Name of Driver	PANG CHEE WAI (FENG ZHIWEI)
NRIC No	S7304568A
Date Of Birth	27/01/1973
Occupation	INDOOR
Date Of Driving Pass	05/08/1998
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93682523
Fax Number	
Contact Number	OTHERS-93682523
Email Address	PANG.DESMOND@YAHOO.COM.SG

Address	BLK 690E WOODLANDS DRIVE 75 #08-202
Postcode	735690
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180524/2129

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP979L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGB1178X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PANG CHEE WAI (FENG ZHIWEI)
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLF7347E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


Reporting Centre Person's Signature
Name:
NRIC/PIN No:

SKETCH PLAN

FORT RD
(TOWARDS CHANGLI)

TOWARDS
PIE

1 - SGB 1178X
2 - MY CAR
SLF 7347E
3 - SKP 979L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCIDENT HAPPENED AT APPROX. 7pm ON 23RD MAY '18.
WHILE TRAVELING IN MCE EXITING FORT ROAD
TOWARDS CHANGLI AIRPORT. A PASSENGER CAR KNOCKED
IT AT REAR CAUSING A CHAIN COLLISION WITH A CAR
IN FRONT OF ME. PARTICULARS OF DRIVERS BEING EXCHANGED.

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:

Reporting Centre Person's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180524/2129

1 of 4

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20180524/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2018 16:03	Vide Report No.:	Station Diary No.: 41
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Informant's Particulars			
Name of Informant: PANG CHEE WAI		Address: APT BLK 690E WOODLANDS DRIVE 75 #09-202 SINGAPORE 735690	
ID Type / ID No.: NRIC NO / S7304568A		Contact No.: Home/Office: Mobile: 93682523	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 27/01/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Facility Manager		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/05/2018 19:00	Type of Location: Y-Junction
Location: Along Road 1 FORT ROAD Along MCE, Slip Road to Fort Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGB1178X	Car	TOYOTA	Vios	Silver	Slightly Damaged	1
SKP979L	Car	TOYOTA	Altis	Grey	Slightly Damaged	0
SLF7347E	Car	TOYOTA	Altis	Grey	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180524/2129

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

2 of 4

Report No. T/20180524/2129

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	Jiang Hong Hai	ID No.	G7766173K
Related Vehicle	SGB1178X (Car)	Contact No.	91368646
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	Cha Kwang Sik	ID No.	G3460363X
Related Vehicle	SKP979L (Car)	Contact No.	88666280
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	PANG CHEE WAI	ID No.	S7304568A
Related Vehicle	SLF7347E (Car)	Contact No.	93682523
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/05/2018	Date Discharge	23/05/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 23/05/2018 at around 7pm I was travelling along MCE, slip road exiting to Fort road. There was heavy traffic ahead so vehicles start slowing and eventually came to a halt, my vehicle also came to a halt behind vehicle SGB1178X, however out of a sudden a vehicle SKP979L came from the rear and collided right into the rear of my vehicle. The impact was so great that it causes my vehicle to move forward and collided with the stationary vehicle in front.

No one was injured in the accident, all the driver exchanged particular and left scene. I later felt pain in my neck area went to see a doctor, I was given 2 days of MC by the doctor.



**SINGAPORE
POLICE FORCE**



T/20180524/2129

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

3 of 4

Report No: T/20180524/2129

CONTINUATION OF REPORT

I am lodging this report as advice by my car rental company.



**SINGAPORE
POLICE FORCE**



T/20180524/2129

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

4 of 4

Report No. T/20180524/2129

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sr Staff Sgt LEE SHUWEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/05/2018 16:03

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200

Classification Of Case:

Authentication Stamp
NP168

 SINGAPORE POLICE FORCE	
SIGNATURE	



Parkway East Hospital

PANG CHEE WAI

PANG CHEE WAI
BLK/HSE 690E #09-202
WOODLANDS DRIVE 75
SINGAPORE 735690

Accident and Emergency TAX INVOICE

Page 1 of 2
GST Reg No 20-0409811-2
Business Reg No 53029034X
Print Date/Time 23.05.2018/23:02:48
Bill Date 23.05.2018
Customer No 6052847
Case No 3018022409
Bill Document No 8205089588
Visit Type A&E WALK-IN
Visit Date 23.05.2018
Attending Doctor DR CHEW SZE MUN

Date	Code	Service Description	Qty	Amount(S\$)
23.05.2018	3501010016	XR-THORACIC SPINE	1	102.93
23.05.2018	3501012178	XR-CERVICAL SPINE 3 VIEWS	1	99.60
23.05.2018	3501080001	^ XR-AFTER OFF RGER I	1	100.55
23.05.2018	7108000002	CONSULTATION - AFTER HOUR	1	116.82
23.05.2018	ARCO2	ARCOXIA 120MG TABLETS	10	59.90
23.05.2018	BENG7	BENGAY ULTRA STRENGTH 4OZ (113G) CR	1	39.05
23.05.2018	NORG1	NORGESIC TABLETS	30	37.80
Subtotal				556.65
Hospital Charges				556.65
GST @ 7%				38.97
Hospital Charges Subtotal				595.62
Total Bill				595.62
Total Hospital Charges				595.62

Note: (^)-non discountable items (*)-A&E charges

Customer No./Name: 6052847 PANG CHEE WAI
Case Number: 3018022409 Balance Due(S\$): 0.00
Cheque Amount: Cheque Number: Bank:
Cheque should be crossed and made payable to "Parkway Hospitals Singapore Pte Ltd".
Please detach and return this section with your payment.



PANG CHEE WAI

PANG CHEE WAI
BLK/HSE 690E #09-202
WOODLANDS DRIVE 75
SINGAPORE 735690

Accident and Emergency
TAX INVOICE

Page 2 of 2
GST Reg No 20-0409811-Z
Business Reg No 53029034X
Print Date/Time 23.05.2018/23:02:48
Bill Date 23.05.2018
Customer No 6052847
Case No 3018022409
Bill Document No 8205089588
Visit Type A&E WALK-IN
Visit Date 23.05.2018
Attending Doctor DR CHEW SZE MUN

Date	Code	Service Description	Qty	Amount (S\$)
Payment				
23.05.2018	Visa/Master Cd (PEH)	5520380001665583		595.62-
Balance				
PANG CHEE WAI : Balance				0.00

Every \$50
spent
overseas

MILES
2.4

on major
airlines & hotels

Miles
0

Parkway East Hospital

OFFICIAL RECEIPT

A registered business of
Parkway Hospitals Singapore Pte Ltd
321 Joo Chiat Place, Singapore 427990
Tel : 6344 7588
GST No. : 20-0409811-Z
Business Reg. No. : 5309034X

Date/Time : 23.05.2018 23:00:35
Cashier : Siti Salbiah Bte Yusop
Cashier ID : 218
Machine No : 831
Receipt No : 196177

Patient : PANG CHEE WAI
Case No : 3018022409 A1
Cust No : 0006052847 595.62
Patient Bill : 595.62

DUE 595.62
RECEIVED

VISA/MASTER SGD 595.62
Approval Code = 001767
Card Number = *****5583

(GST Inclusive)
Thank You

For cheque payment, validity of
receipt is subject to cheque clearance

ital



Parkway East Hospital

24HR WALK-IN CLINIC AND ACCIDENT & EMERGENCY

321 Joo Chiat Place #01-00 Singapore 427990

Tel: 63408666 Fax: 63408660 Co Reg No: 19-9509118-D

MEDICAL CERTIFICATE

This is to certify that:

MC No: PEH3018022409001

Name: **PANG CHEE WAI**

NRIC: S7304568A

Medical leave for 2 day/s from 24.05.2018 to 25.05.2018 inclusive

Date: 23.05.2018

DR CHEW SZE MUN

THIS CERTIFICATE IS NOT VALID FOR ABSENCE FROM COURT OR OTHER
JUDICIAL PROCEEDINGS UNLESS SPECIFICALLY STATED OTHERWISE

Parkway East Hospital Radiology Department

(Business Reg. No. 53029034X)
www.parkwayhealthradiology.com.sg

DR ROBERT KWOK
DR CHIN WAH SENG
DR CHOW MON BEN
DR JEFFREY GOH
DR GOH YU-TANG PETER

DR JOHN HOE
DR HWANG CHENG YANG
DR KOH WAN LIN
DR LAI HEE KIT
DR LAU TE NENG

DR EUGENE LIU
DR LOW CHEN HOONG
DR LOW KAH BOON
DR LU SUAT JIN
DR SAMUEL NG
DR NG YUEN LI

DR ONG CHENG KANG
DR EUGENE ONG MUN WAI
DR ONG SENG CHUAN
DR POH FENG
DR ESTHER TAN
DR JUDY TAN

DR TERENCE TEO
DR THAM SENG CHOE
DR THOO FEI LING
DR TOH KOK HONG
DR IAN TSOU
DR JENNIFER YAP

Date: 23 May 2018 / Parkway East Hospital
Name: PANG CHEE WAI
ID / Case: S7304568A / 3018022409
DOB/Gender: 27 Jan 1973 / M MRN: 6052847
Ref. Doctor: DR CHEW SZE MUN
Examination: 4044977 XR CERVICAL SPINE 3 VIEWS
4044976 XR THORACIC SPINE

CERVICAL SPINE: FRONTAL, LATERAL AND OPEN MOUTH VIEWS

Spondylitic changes are noted. Osteophytes protrude from the articular margins of the vertebral bodies. These are more pronounced at C4, C5, C6 and C7, bridging the disc spaces anteriorly. There are hypertrophic degenerative changes at the uncovertebral joints at C4/5, C5/6 and C6/7.

The C3/4 and C5/6 disc spaces are narrowed. There is suggestion of a marginal backward slip of C6 upon C7.

No cervical ribs are seen.

THORACIC SPINE: FRONTAL AND LATERAL VIEWS

The vertebral bodies maintain normal height. Minimal osteophytic lipping is observed there articular margins. The pedicles are not eroded.

There is a mild curvature of the spine concave to the left. Alignment otherwise appears satisfactory. No paravertebral masses are demonstrated.

The trachea appears deviated to the left at the thoracic inlet: Is any clinical evidence of a neck or thyroid mass?

Reported by: DR ESTHER TAN / NBM
Approved by: DR ESTHER TAN
Approved Date: 24 May 2018 10:58 AM
This report has been approved electronically.

Parkway East Hospital
321 Joo Chiat Place
Singapore 427000
Tel: +65 6386 4333
Fax: +65 6340 8070

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorized Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorized Driver.
4. 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.
5. The insurance and acceptance of this Form by insurance companies is not an admission of the policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 23 RD MAY '18	Time: ~ 1900 hrs
Exact Location of Accident	SLIP ROAD TOWARDS FORT RD IN MILE (TOWARDS CHANGI)	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLF 7347E	
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)		
Personal Identification - NRIC (Singaporean/PR)	S7304568A	
- FIN/Passport Number		
- Not Applicable		
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model	Manufacturer: TOYOTA	Model: ALTIS
Type of Vehicle	☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ M/cycle ☐ Others	
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME AFTER WORK	
Are you claiming under own insurance policy for repair to your vehicle?	☐ Yes ☐ No (If No, Pls select ☐ Third Party ☐ Reporting)	
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company		
Type of Policy	☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only	
Fleet Policy	☐ Yes ☐ No	
Policy Number		
Motor CI		
DRIVER		
Name of Driver	☐ Same as Insured above	
Personal Identification - NRIC (Singaporean/PR)	PANG CHEE WA1	
- FIN/Passport Number	S7304568A	
Date of Birth		
Driving Date Pass	27 /dd 01 /mm 1973 /yy	
Year of Driving Experience	01 /dd 08 /mm 2003 /yy	
Occupation	15 Year(s) Month(s) Month(s)	
Gender	☒ Male ☐ Female	
Contact Number / Mobile Phone / Fax No.	93682523	

Address of Driver	690B WOODLANDS DR 75
Email Address	#09-282, S (735690)
Was Driver An Employee of the Insured's Company?	☐ Yes ☐ No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	☐ Yes ☐ No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	CHAIN COLLISION
Weather Conditions	☒ Clear ☐ Raining ☐ Others
Road Surface	☒ Dry ☐ Wet ☐ Others
OTHER INFORMATION	
a. Was anybody injured in the accident?	☐ Yes ☐ No
b. Was any other vehicle or property damaged? (Including Witness)	☐ Yes ☐ No
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	☒ Yes ☐ No (if Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	
Was notice of intended Prosecution given?	☐ Yes ☐ No (if Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	SGB 1178X SKP 929 L
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- PIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles)	

DETAILS OF OTHER VEHICLE / PROPERTY 2

Vehicle Registration Number	8KP9792 8GB 1178x
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 3

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 4

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	





272511

67304568A

26-10-1973

APT 814 BODE MOULANDS DRIVE 15 F08-202
SINGAPORE 730000

67304568A

22-08-2002

No. 1000101



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S):

Class 1 Motor Cars and Motor Tractors the weight of which includes does not exceed 2200 kilograms

PASS DATE

30 Aug 1998

NP 428A



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No

SD18V00034 /VPZ /R03

Form

MZ406

Date Of Issue

26-DEC-2017

1. Index Mark and Registration No. of Vehicle:

SLF7347E

2. Chassis number of Vehicle:

MR053REH104554755

3. Name of Policyholder:

GOLDBELL CAR RENTAL PTE LTD

4. Effective date of Commencement of Insurance for the purpose of the Act:

01-JAN-2018 00:00 AM

5. Date of Expiry of Insurance:

31-DEC-2018 23:59 PM

6. Persons or Classes of Persons entitled to drive*:

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.
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.

7. Limitations as to use*:

A) Use for carriage of passengers or goods in connection with the Policyholder's business.
B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.

8. Policy does not cover:

A) Use for racing, pace-making, reliability trial or speed-testing.
B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

*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 (Malaysia) are not to be included under these headings.

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 (Malaysia).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

Authorised Signature

For information only:

COVERAGE:

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabcar Extension
MARKET VALUE AT THE TIME OF LOSS
Section I - Singapore S\$850 / Outside Singapore S\$1350, Additional Excess for Young & Inexperienced Drivers S\$1500, Windscreen Excess S\$100
DBS BANK LTD
ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/02-JAN-18

S1_CI_T1_T3_OE_Template2-Ver1

02-JAN-18

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MIA18067646 Vehicle Registration No: BLF 7347E
Name (as shown in NRIC): Pong Chee Wai (Falls ATUAL) NRIC/FIN/Passport No: _____
(*Vehicle Driver / Vehicle Owner*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 93682523
Email Address: _____
Date of Accident: 23/05/2018 Time of Accident: 19:00
Place of Accident: Along MCH, Slip Road To Fort Road
Insurance Company: Liberty

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insure Police Report & Medical Bill.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Pong Chee Wai
NRIC/FIN No: _____
Date: 25/05/2018