

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MHA1814898**

Date In: 16/11/08 - 17/11	Job description	Date & Time Completed	Done by
Ref No: NA/1818020816/24	SAS e-filing		
Veh No: 5X3226B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 13/11/08-on 95	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:	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% P: 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

NA1807567	Invoice Preparation Checklist:	Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	Est Bill	Add Bill
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)		
Ref 1:	6) TR : Re-inspection \$75		
Ref 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile		
	9) N12: Idac Mobile		
	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 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. 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	16/11/2018 17:14
Date Of Accident	13/11/2018 02:45
Exact Location Of Accident	PIE ENTERING KPE (TPE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3226B
Insured/Policyholder	
Name Of Registered Owner	KOH WAN LIN VALERIE
NRIC No	S8728493Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91598753
Alternative Phone No	OFFICE-91598753

Vehicle Particulars

Manufacturer	MINI
Model	COOPER 1.6 AT ABS D/AB 2WD 2DR
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V07302/VPE/R01
Cover Note Number	

Driver

Name of Driver	KOH WAN LIN, VALERIE
NRIC No	S8728493Z
Date Of Birth	13/09/1987
Occupation	INDOOR
Date Of Driving Pass	04/06/2012
Driving Experience	6 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91598753
Fax Number	
Contact Number	OFFICE-91598753
EMail Address	NOEMAIL

Address	BLK 265B PUNGGOL WAY #09-332
Postcode	822265
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181114/2124.

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 INJURED PERSON 1

Name	KOH WAN LIN, VALERIE
Approximate Age	
Injuries Sustain	SHOULDER, HAND & RIBCAGE
Injured person in which vehicle?	SJX3226B
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 reputate 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:

16 NOV 2018

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

16 NOV 2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report:
T/20181114/2124

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: 16 NOV 2018

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	13/11/18	(DD/MM/YY)
Time of accident	0245 AM	(HH:MM)
Exact location of accident	PJE Entering KPE (TPE)	

DETAILS OF VEHICLE

Vehicle registration number	SJX3226B		
Vehicle make and model	Mini Cooper		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	Liberty		
Policy number	S118Y07302/VPE/ROI		
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Koh Wan Lin Valerie	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S8728493Z		
Contact	91598753		
Address	Blk 265B Punggol way #09-332 S(822065)		

DRIVER

SAME AS INSURED ABOVE ☒ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth	13/09/1987		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	04/06/12		

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	1 (Inclusive of driver)

PASSENGER 1

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Senggang NPK

WITNESS 1

Name	
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WITNESS 2

Name	
------	--

INJURED PERSON 1	
Name	Koh wan zin Valerie
Injuries sustained	Shoulder & hand & Rib cage area
Which vehicle person in?	SJX 3226B
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**SINGAPORE
POLICE FORCE**



T/20181114/2124

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20181114/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2018 16:43	Vide Report No.:	Station Diary No.: 162
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Informant's Particulars

Name of Informant: KOH WAN LIN, VALERIE			Address: APT BLK 265B PUNGGOL WAY #09-332 SINGAPORE 822265		
ID Type / ID No.: NRIC NO / S8728493Z			Contact No.: Home/Office: Mobile: 91598753		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 31	Date of Birth: 13/09/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FREELANCE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/11/2018 02:45	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
Towards TPE				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit: 70 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Moving Vehicle Against - Others	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX3226B	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX3226B	LIBERTY INSURANCE PTE LTD			



**SINGAPORE
POLICE FORCE**



T/20181114/2124

2 of 3

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

Report No. T/20181114/2124

CONTINUATION OF REPORT

Brief Details.

On the 13/11/2018 at about 0230hrs, I was driving my car bearing P/N : SJX3226B from Toa Payoh on my way back home that is located at Punggol. The route that I took is at Toa Payoh, PIE (Changi), KPE/TPE tunnel. The weather at that point of time was raining and the road surface was wet.

On the same day at about 0245hrs, I drove my vehicle and entered the left bend of the tunnel of KPE. I was driving at a moderate speed when suddenly I felt that my car was swerving/skidding to the left as such, I counter the collision by turning my steering wheel to the right. I manage to avoid to hit side wall of the KPE tunnel however the car skidded to the right instead and my car collided on the right wall of the said KPE tunnel wall. Both of my car airbag was deployed during the collision.

I was still conscious, and immediately I applied my foot break and stopped my vehicle at the said tunnel. I came to realize that my there was some visible smoke that appear on my dashboard area/steering wheel area. It was impossible for me to exit from my driver side door as the impact was against the said wall. As such I force myself to exit on the front passenger door area. The moment I manage to exit the vehicle, I called my male friend to assist me as I felt breathless and pain on my right back area. He came few minutes later and I was admitted in the Sengkang General Hospital.

Doctor decided to admit me in the hospital for a day for observation. On the 14/11/2018 at about 1450hrs, I was discharge from the hospital and doctor inform that due to the accident I suffer from soft tissue injury and some abrasion (ribcage area). Traffic police IO called and inform that my vehicle is currently at the traffic HQ compound.



**SINGAPORE
POLICE FORCE**



T/20181114/2124

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20181114/2124

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:
F/
Staff Sgt MUHAMMAD FADHLULLAH BIN
SHARIFFUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP7 AEIT7
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/11/2018 16:43

Classification Of Case:

IDENTITY CARD NO. 88728493Z



KOH WAN LIN, VALERIE

许婉霖

Race

CHINESE

Date of birth

13-09-1987

Country/Place of birth

SINGAPORE

Sex

F

88728493Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number 88728493Z

KOH WAN LIN, VALERIE

Birth Date: 13 Sep 1987

Issue Date: 04 Jun 2012



002074405E

5970824



88728493Z



Date of issue

03-07-2018

Address

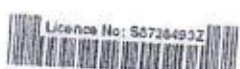
APT BLK 265B PUNGGOL WAY
#09-332
SINGAPORE 822265

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 04 Jun 2012

NP 828A



License No: 88728493Z

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 (Malaysia); Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Name of Policyholder:

KOH WAN LIN VALERIE

Date of Issue:

05 Jun 2018

Effective Date of Commencement:

18 Jun 2018 00:00

Registration No.:

SJX3226B

Chassis No.:

WMWSU32010TY90466

Certificate No.:

SI18V07302/ VPE / R01

Date of Expiry:

17 Jun 2019 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 (Malaysia) 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 (Malaysia).



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\$1500, Section I - Unnamed Drivers S\$2000, Additional - Young, Elderly & Inexperienced S\$3000, Windscreen Excess S\$100

Name of Finance Company:

HERITAGE AUTO ENTERPRISE PTE. LTD.

Name of Producer:

KWEK YEE GEK (A0126-2)