

# NATIONAL Assessment Centre Services.

(wef 1 Jan'00)

MINA118164360

Date In: 21/12/2008 19:21	Job description	Date & Time Completed	Done by
Ref No: N/A/L1P80229474	SAS e-filing		
Veh No: FBN 5887C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/12/2008 11:10	I-Motor Claim Form		
OID (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: SHA 31442	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: ( )

Repairer: (INC) 010016 6788 6616	Completed by	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

<p>MINA11808405</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditor's Comments:</p> <p>Ref: 1:</p> <p>2 / 3:</p>	<p>Invoice/Repairation G/L</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*NS: Courtesy Car / Tpl Allowance \$5</p> <p>*NG: Repair Co-ordination \$10</p> <p>*NY: Post Repair Inspection \$25</p> <p>*NB: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-in INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p>	<p>Fee Charged</p> <p>Fee Charged</p>
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## 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	21/12/2018 19:21
Date Of Accident	21/12/2018 11:10
Exact Location Of Accident	ALONG SIN MING DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN5887C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOMOCO MOTORCYCLES PTE LTD
Co Reg No	-
Email Address	GERALDD@HARLEYSINGAPORE.COM
Mobile Phone No	(LOCAL) +65-88110666
Alternative Phone No	OFFICE-64750123

### Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	FLTRXS
Exact Purpose for which vehicle was being used at time of accident	GOING TO VICOM SIN MING
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V14809/VMC/R00
Cover Note Number	

### Driver

Name of Driver	SOH LENG HOCK GERALD DOMINIC
NRIC No	S1745978C
Date Of Birth	01/12/1966
Occupation	INDOOR
Date Of Driving Pass	14/04/1994
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88110666
Fax Number	
Contact Number	OFFICE-64750123
Email Address	GERALDD@HARLEYSINGAPORE.COM

Address	23 DAIRY FARM ROAD #01-03
Postcode	679046
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### 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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SHA3144Z
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOH JACKSON
NRIC/Passport Number	S0027358I
Contact Number	98625868
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 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)

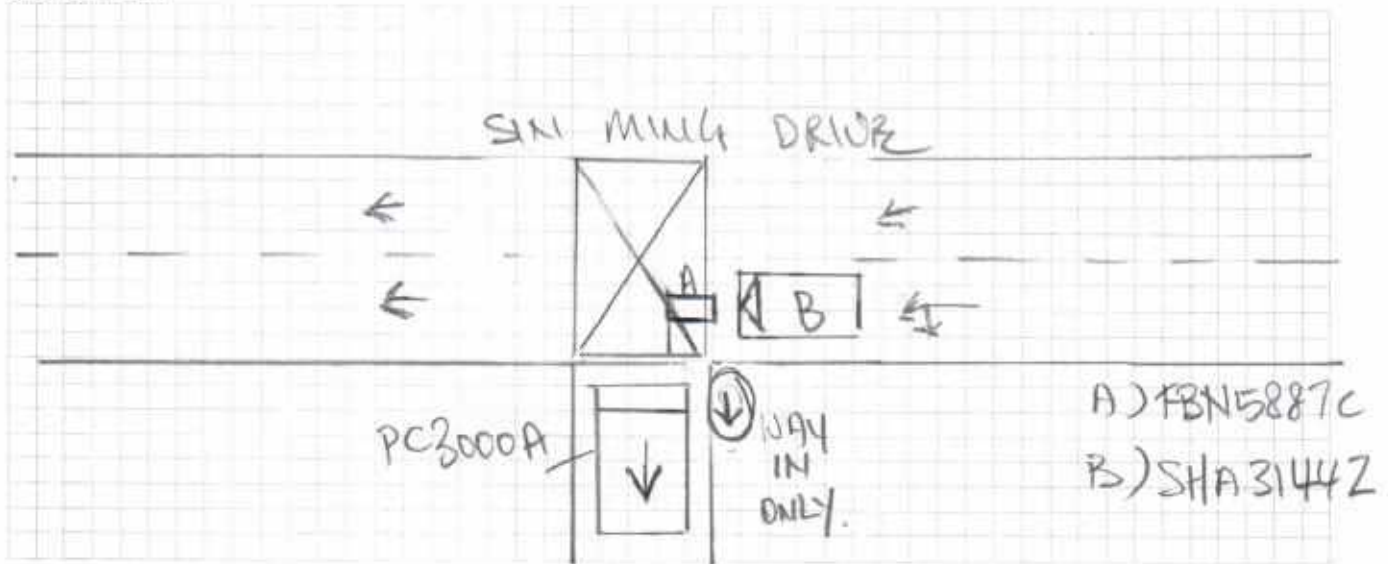
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going to turn into vicom at sin ming and I saw a Bus PC3000A coming out from the vicom in the wrong way.

As I slow down I got hit from the rear by SHA 3144Z.

## 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 Personnel's Signature  
Name:  
NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: 21/12/2018 (DD/MM/YYYY), TIME: 11:08 (HH:MM)

LOCATION: SIN MING ~~ROAD~~ DRIVE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 5887C  
b) INSURANCE COMPANY: LIBERTY  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HARLEY-DAVIDSON FLTRXS  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO VICOM SIN MING  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: KOMOCO MOTORCYCLES PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 64950123  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: SOH LIANG HOCK GORDON DOMINIC (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1745978/C CONTACT: 88110666  
c) ADDRESS: 23 DUNEY FARM ROAD # 01-03 (679046)

\*d) DATE OF BIRTH: 01/12/1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14/4/94

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 31442 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: SOH JACKSON  
c) NRIC/FIN/PASSPORT: 500273581 CONTACT: 98625868


### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = [gerald@harley-singapore.com](mailto:gerald@harley-singapore.com)

VIDEO

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S17459780



SOH LENG HOCK GERALD  
 DOMINIC

Race  
 CHINESE  
 Date of Birth  
 01-12-1966 M  
 Country of Birth  
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

SOH LENG HOCK GERALD  
 DOMINIC

Birth Date: 01 Dec 1966  
 Issue Date: 05 Feb 2003

S17459780



2700035



NRIC No. S17459780



Blood Group: B+ Date of issue: 26-12-1995

23 DAIRY FARM ROAD #01-03  
 SINGAPORE 679046  
 NRIC No. S17459780 Date: 11/05/2012 No. 8081500

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	18 Jan 1996
Class 2A	Motorcycles between 201 CC and 400 CC	19 Jan 1996
Class 2	Motorcycles > 400 CC	14 Apr 1994
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver's and motor tractors/vehicles <= 2500 kg	19 Mar 2008


S17459780 S / No. 9000070547

License No. S17459780



## 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)

<b>Certificate No</b>	SD18V14809 /VMC /R00										
<b>Form</b>	MY100										
<b>Date Of Issue</b>	21-DEC-2018										
<b>1.Index Mark and Registration No. of Vehicle:</b>	FBN5887C										
<b>2.Chassis number of Vehicle:</b>	5HD1KTPC4KB601376										
<b>3.Name of Policyholder:</b>	KOMOCO MOTORCYCLES PTE LTD										
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	01-NOV-2018 00:00 AM										
<b>5.Date of Expiry of Insurance:</b>	31-OCT-2019 23:59 PM										
<b>6.Persons or Classes of Persons entitled to drive*:</b>	<p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>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.</p> <p>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>										
<b>7.Limitations as to use*:</b>	<p>A) Use only for the Policyholder's business or profession.</p> <p>B) Use for social, domestic and pleasure purposes by any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p>										
<b>8.The Policy does not cover:</b>	<p>A) Use for the carriage of passengers for hire or reward.</p> <p>B) Use for racing, pace-making, reliability trials or speed-testing.</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 (Malaysia) 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 (Malaysia).</p>											
<p>For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>          Approved Insurers</p>  _____ Authorised Signature											
<p><b>For Information only:</b></p> <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive, Flood and Special Perils</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>Section I S\$1000, Theft (Outside Singapore) S\$2500</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td></td> </tr> <tr> <td>PRODUCER NAME:</td> <td>E TAY TRADING COMPANY</td> </tr> </table>		COVERAGE :	Comprehensive, Flood and Special Perils	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Section I S\$1000, Theft (Outside Singapore) S\$2500	FINANCE COMPANY:		PRODUCER NAME:	E TAY TRADING COMPANY
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PLVC/PLVC/21-DEC-18

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21-DEC-18