

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

NA19008151

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 17/01/2019 17:59 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/LIP9001159/4 | SAS e-filing | | |
| Veh No: SLR 3022 Z | E-mail (w/dale 3hrs, AIC 2hrs) | | |
| D.O.A: 17/01/2019 17:15 | I-Motor Claim Form | | |
| OID: TP Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SHD 1433 L | 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 Reminders:

() 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 100% - 67886616) | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|-------------|
| NA1900512 | Invoice Particulars (Gross Bill) | Net (S) | Amount Paid |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30) | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$80) | | |
| Contact No: | 3) TP: 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 (ver 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idco DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD: | | |
| | *NS: Courtesy Car / Tpt Allowance \$3 | | |
| | *NG: Repair Co-ordination \$10 | | |
| | *NT: Post Repair Inspection \$25 | | |
| | *ND: DV / Collect Excess Coordination \$5 | | |
| | TP (Nil): TP (Nil) INC against INC \$20 | | |
| | 9) NI: Idco 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 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 | 17/01/2019 17:59 |
| Date Of Accident | 17/01/2019 17:15 |
| Exact Location Of Accident | TELOK BLANGAH ROAD TURNING TO HARBOUR FRONT WALK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SLE3022Z |
| Insured/Policyholder | |
| Name Of Registered Owner | CHOO KIM KIAN (ZHU JINJIAN) |
| NRIC No | S8618498B |
| Email Address | KIM_KIAN@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97832853 |
| Alternative Phone No | OTHERS-97832853 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | HARREIR |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SI18V07702/VPC/R02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | CHOO KIM KIAN (ZHU JINJIAN) |
| NRIC No | S8618498B |
| Date Of Birth | 15/07/1986 |
| Occupation | INDOOR |
| Date Of Driving Pass | 08/03/2006 |
| Driving Experience | 12 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97832853 |
| Fax Number | |
| Contact Number | OTHERS-97832853 |
| Email Address | KIM_KIAN@HOTMAIL.COM |

| | |
|---|--|
| Address | BLK 250 PASIR RIS STREET 21 #09-129 |
| Postcode | 510250 |
| 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 | COLLISION - HEAD TO REAR |
| Weather Conditions | RAINING |
| Road Surface | WET |

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 | SHD1433L |
| Vehicle Make/Model/Colour | HYUNDAI |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | WANG CHAI MENG |
| NRIC/Passport Number | S1573469H |
| Contact Number | 98248953 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 4 |

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

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: 17/1/19
15 17:54
CS.

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

via harbourfront wijk

I was turning into Vivo city from ~~EIP~~ MCE direction. (telok blangah Rd)

As I reach the filter lane, I slowed down to a stop gently to observe for any vehicles ^{turning} filtering from the other side.

after
Soon, I felt a knock on the back of my car.

I got down and saw a premier taxi knocked ~~at~~ into my rear.

DECLARATION

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

Policyholder's Signature _____

Date & Time: 17/1/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 01 / 2019) (DD/MM/YYYY). TIME: (17 : 15) (HH:MM)

LOCATION: VIVO CITY FILTER LANE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE30222
b) INSURANCE COMPANY: LIBERTY INSURANCE
c) POLICY NUMBER: SIRV07702
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HARRIER
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
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: CHOO KIM FIAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S86184968 CONTACT: 97832853
c) ADDRESS: BLK 250 PASIR RIS STREET 21 #04-129
S(510250)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHOO KIM FIAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (15 / 07 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 08/03/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) drizzle

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: SHD1433L MODEL: PREMIER TAXI
b) DRIVER'S NAME: WANG CHAI MENG
c) NRIC/FIN/PASSPORT: S1573469H CONTACT: 9824 8953

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
(1)

* No of passengers
(Including driver)
(4)

* No of passengers
(Including driver)
()

Email = kim-kian@hotmail.com

VIVEDO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8618498B



Name

CHOO KIM KIAN
(ZHU JINJIAN)

朱金建

Race

CHINESE

Date of birth

15-07-1986

Country/Place of birth

SINGAPORE

Sex

M

5640910



NRIC No. S8618498B



Date of issue

08-08-2016

Address

APT BLK 250 PASIR RIS STREET 21
#09-129
SINGAPORE 510250

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8618498B

Name

CHOO KIM KIAN
(ZHU JINJIAN)

Exp. Date: 15 Jul 1986

Issue Date: 08 Mar 2006

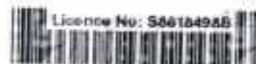


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3: Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 08 Mar 2006

NP 428A



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: CHOO KIM KIAN | | Certificate No.: SI18V07702/ VPC / R02 |
| Date of Issue: 23 Jul 2018 | Effective Date of Commencement: 15 Jul 2018 00:00 | Date of Expiry: 14 Jul 2019 23:59 |
| Registration No.: SLE3022Z | Chassis No.: ZSU600082298 | 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\$500, Section I - Unnamed Drivers S\$1000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 |
| Name of Finance Company: | MAYBANK |
| Name of Producer: | PRIME CARS CREDIT PTE LTD (A1410) |

SCES/B28AAMT/SI18V07702/18-Jan-2019/MotorCI/v1.0