

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MMA 119014389.

Date In: 30/1/19 15:20	Job description	Date & Time Completed	Done by
Ref No: MA/LIP19001978/64.	SAS e-filing		
Veh No: SMF 1965 Z	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/1/19 18:00.	I-Motor Claim Form		
OD: (P) 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: FBE 201 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 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

MA 1900836	Invoice Preparation Checklist	Am (\$)	Payable (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
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		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
Auditors' Comments:	TP (N11): TP (Non INC) against INC \$20		
Ref. 1:	9) N12: Idao Mobile 30		
Ref. 2/3:	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	30/01/2019 15:20
Date Of Accident	29/01/2019 18:00
Exact Location Of Accident	ALONG ADAM RD TWDS MARYMOUNT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF1965Z
Insured/Policyholder	
Name Of Registered Owner	LOKE WEI LI (LU WEILI)
NRIC No	S8021030B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98269918
Alternative Phone No	OFFICE-98269918

Vehicle Particulars

Manufacturer	BMW
Model	520I LED NAV MSPT
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	SD18V12496/VPC/R00
Cover Note Number	-

Driver

Name of Driver	LOKE WEI LI (LU WEILI)
NRIC No	S8021030B
Date Of Birth	15/07/1980
Occupation	INDOOR
Date Of Driving Pass	29/10/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98269918
Fax Number	
Contact Number	OFFICE-98269918
Email Address	NOEMAIL

Address	BLK 289 BISHAN ST 24 #02-15
Postcode	570289
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	SIDE SWIPE
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?	
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)	2
Passenger 1	NAME: : TAN CHUEN CHIE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE201L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

30/1/2019, 1pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

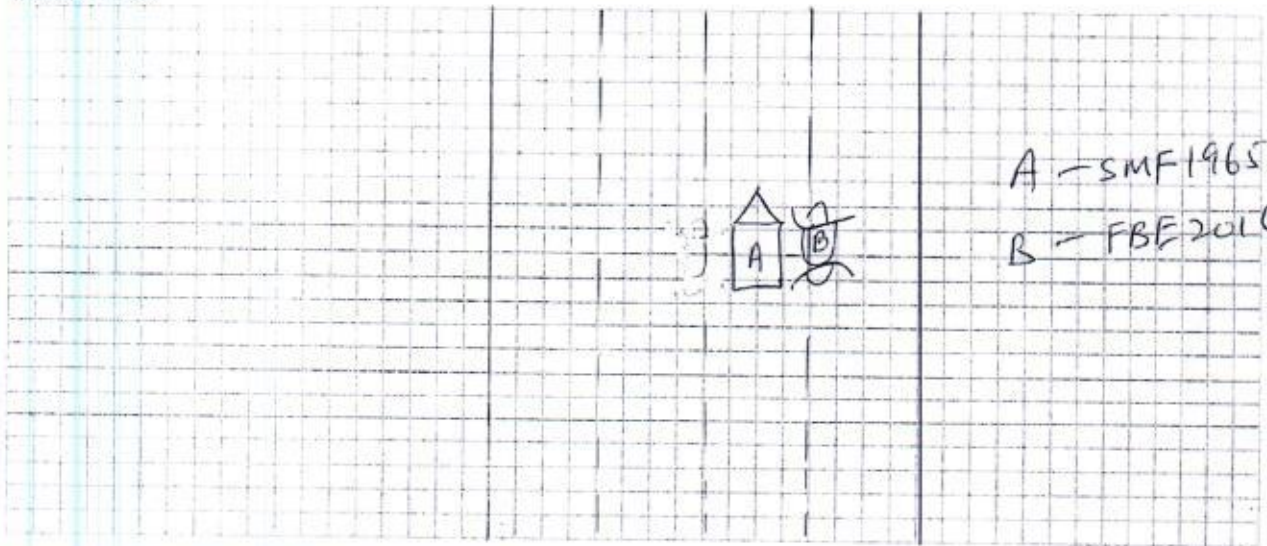
30/1/2019, 1pm.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to the police Report

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 30/1/2019, 1pm.

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/1/2019, 1pm.

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 29/01/19 Accident Time: 18:00 (24-HR-Format)
Accident Place : Along Adam Road towards Mangmunt
Vehicle No. (Car Plate No.) : SME1965Z Make/Model: BMW 520I
Insurance Company : Liberty Policy No: SD18V12496
Owner or Company Name /IC No. : Loke Wei Li / 58021030B
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 15/7/1980 DRIVER'S License Pass Date 29/10/2004
Relationship of Owner & Driver : ☒ Spouse \ ☐ Parents \ ☐ Children \ ☐ Sibling \ ☐ Employee \ ☐ Others: _____
DRIVER'S Address : BLK 289 Bishan St 24 #02-15 5570289
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : ☒ INDOOR \ ☐ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : ☒ CLEAR & DRY \ ☐ RAINING & WET \ ☐ AFTER RAIN & WET
Reporting Type : ☐ Reporting Only \ ☒ Claim Other Party \ ☐ Claim Own Insurance
Number of Passengers (Including Driver): 2 person
Was there any video Captured by car camera: ☒ YES \ ☐ NO
Exact purpose for which vehicle was being used at the time of accident: ☐ Private use \ ☐ Work purpose
Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: <u>FBE 201L (Direct Asia)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

TAN CHUEN CHIE (M)



**SINGAPORE
POLICE FORCE**



T/20190129/2143

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20190129/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2019 18:46		Vide Report No.:		Station Diary No.: 143	
Informant's Particulars					
Name of Informant: LOKE WEI LI			Address: APT BLK 289 BISHAN STREET 24 #02-15 SINGAPORE 570289		
ID Type / ID No.: NRIC NO / S8021030B			Contact No.: Home/Office: Mobile: 98269918		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 38	Date of Birth: 15/07/1980	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: FACILITIES MANAGEMENT		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/01/2019 18:00	Type of Location: Straight Road
Location: Along Road 1 ADAM ROAD towards Marymount Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Stationary Vehicle - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE201L	Motorcycle	HONDA	CB400	Blue		0
SMF1965Z	Car	BMW	520i LED NAV MSPT	White	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190129/2143

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20190129/2143

CONTINUATION OF REPORT

Driver			
Name	LOKE WEI LI	ID No.	S8021030B
Related Vehicle	SMF1965Z (Car)	Contact No.	98269918
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/01/2019 at about 1759hrs, I was driving my vehicle along Adam Road towards Marymount Rd. At one point, we were stationary at a red traffic junction. I was on the 2nd lane of the 4 lane road. When suddenly a motorcycle (FBE201L) came from the rear to overtake us from the side. The motorist hit onto my front bumper right area and fled off. Upon the impact, the motorist was seen losing his balance, however managed to control it and rode off. I have tried signalling the motorist to alert him of the impact, however he ignored.

I have an in car camera which captured the incident. However, the CCTV footage did not reveal the impact.

Due to the impact, my front bumper dislodged. There is also a sensor installed at the bumper area, however I am unsure if it is still working.

No one was injured, no Traffic Police or Ambulance at scene.



SINGAPORE
POLICE FORCE



T/20190129/2143

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20190129/2143

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:

E /

Sgt 3 SITI NUR 'AFINA BINTE ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/01/2019 18:46

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 061

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8021030B



Name
LOKE WEI LI
(LU WEILI)
陆玮莉

Race
CHINESE

Date of birth
15-07-1980

Sex
F

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8021030B

Name
LOKE WEI LI
(LU WEILI)

Birth Date 15 Jul 1980

Issue Date 29 Oct 2004





4613216



NRIC No. S8021030B



Date of issue
06-08-2010

APT BLK 289 BISHAN STREET 24 #02-15
SINGAPORE 570289

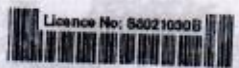
NRIC No: S8021030B Date: 08/10/2018

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

Class	Description	PASS DATE
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg	29 Oct 2004

NP 428A

Licence No: S8021030B



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:

LOKE WEI LI (LU WEILI)

Date of Issue:

02 Nov 2018

Registration No.:

SMF1965Z

Effective Date of Commencement:

30 Oct 2018 00:00

Chassis No.:

WBAJA12060WE60412

Certificate No.:

SD18V12496/ VPC / R00

Date of Expiry:

29 Oct 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, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I S\$900, Additional Excess for Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0

Name of Finance Company:

DBS BANK LTD

Name of Producer:

SD CONTEGO SERVICES (A1429-5)

ROB01/P1/MESD18V12496/05-Nov-2018/MotorCvt1.n