NATIO	ONAL Assessment Contr	e Services	(well 1 Jan 195)	pract	1 1	
Date In	08/02/19	Job descript		Date &Time Completed	Dor	ne by
Ref No	NA/LIP19002291/13	SAS e-filir	ıg	1 1 1		
Veh No	SLRFFOYH	E-mail (with	hin 8hrs, AIC 2hrs)			the same
DOA	02/02/19 1910		laim Form			-
00 6	P Reporting Only	i-Motor W	O (Within: OD 2hrs	TP 4hrs)		
	y reporting only	i-Photo Up				74.6
TP Insur	er:	Assessment	Survey Report			7/5/20
		Ass't Repor	t by <u>Fax / Hand</u> to	Owner/Wksp		
-	Wksp / INC Assign Wksp / QW: (	N-51	Antesite di Ovalis 18.	Tel: F	ax:	
TP Partic		MA6389	€ INC(	)/Non-INC( )		
	Driver: (			Tel:	)	
Policy N		iod: (	)	Cover Type: (	)	
	Confirmed by: (		Date:	Time:	)	
	Driver Liability: ( %) [N	ote-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: 80-10	00%]	V 145
		arranty: YES (	)/NO(	)		
Excess:	9.01,00	0()/\$2,00	00()	The second secon		
General R	emarks:-	E exercise per	envillar interes	PARAMETER STATE	1	Submire Control
2) QC Che	or Transport Allowance ( )/Cock/Post Repair Inspection  Resurvey Photo [Repair Cost > \$30	ourtesy Car (	)			
Injury :	Resulvey Photo [Repair Cost > \$30	00] (	)			
Date/Time	Actions	36	Land St.		\$2 Taranta	
- 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 -	NAIGONGO		Invoice Prepa	ration Checklist	Anit (\$)	Amt (
laimant's F	articulars :-		1) AR : Accident Ro 2) DA : Damage As			
river/Owner:			3) TF : Towing Fee	\$40/\$		
ontact No:			4) FT : Follow-Thro		20 30	-
			For claiming agai	nst INC Only (wef 10 Jan 2005)		
imaged Por	tion:		6) TR : Re-inspection 7) N1 : Idae DA + S		60	
Charles 1	h. (1)		8) NTUC Additional	l Services:-		
- Checked	by (Engr-In-Charge):		*N5: Courtesy Ca		\$5	
nditore! C.		A Harrist House	*N6: Repair Co-6 *N7: Fost Repair		25	Acting 1989
unitors Co	omments :-	有権 の主要者	*N8: DV / Collec	t Excess Coordination	\$5	
			TP (N11): TP (N 9) N12: Idac Mobile		30	
2/3:			Invoice dated	Fee Charged		Mary 7
W 141			Invoice dated	Fee Charged	10 to	

### 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 witholding 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.

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
The second second second	ACCIDENT STATEMENT
Date Of Report	08/02/2019 19:26
Date Of Accident	02/02/2019 19:10
Exact Location Of Accident	DRIVEWAY OF C K TANG INTO SCOTTS RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR8804H
Insured/Policyholder	
Name Of Registered Owner	DARWIN-51 CAR RENTAL PTE LTD
Co Reg No	201407909C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88215151
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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 HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V07071/VPZ/R01
Cover Note Number	
Driver	

Name of Driver LIM SOON BENG(LIN SHUNMING)

NRIC No S7702605C Date Of Birth 14/02/1977 Occupation OUTDOOR Date Of Driving Pass 23/10/1997

Driving Experience 21 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90085875

Fax Number Contact Number

EMail Address STEVENLIM.SB@GMAIL.COM Address

BLK 246 YISHUN AVE 9

#08-249

Postcode

760246

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

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)

2

involved in the accident

YES

Was any body injured in the Accident? 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

PLS REFER TO THE ATTACHED STATEMENT.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SMA6389E

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** 

Page 2 of 18

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LIM SOON BENG(LIN SHUNMING)

SLIGHT

SLR8804H

YES

NO

# SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 aforesald.
- 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:
  - 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:
  - 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:

Report of Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKEICH PLAN	Scott.	Poac .	
	<u> </u>		
		V	
_ \		100 010	08041
	A 151		8804 H
0 4 2 0 1	K/   -	(B) 8mA	6389€
C. K. TANG.	1 4 4 1		
	1999		
DESCRIBE CIRCUMSTANCES OF TH			,
along the drawway	19 at @ 1910hrs,	1 stopped my v	elizele (3LR 8804H)
slower the Arreway	beide C. K. Tones	before the 3	top line waiting
1 has not a San	the Road on the	left lane. Sud	Jalde C
			1
		cut into my	path and
collided onto the	- front right	portion of	my vehtale.
	<i>y y</i>	M 50.55	
			l
		CTARTER CONTRACTOR OF THE STATE	
DECLARATION	contraction of version and the contract		
We declare the foregoing particulars ar	e true in every respect.	٨	
19 John Loud	1/2	$\mathcal{L}$	re las la

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

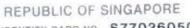
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Vehicle No.	SLR 8804 H. Model/Make Toyota Aius Alpha.
Date of Accident	02/02/19.
Time of Accident	1910 HRS
Location of Accident	Driveway of C. K. Tang into Scott Road.
Exact purpose use during acc	
Name of Owner	Darwen-51 Car Restal Pte Ltd.
Telephone No.	H/P: 8821_T/5 / Home: Office:
NRIC	201407909 C.
Address	2. Kaki Baket Ave 2 #01-17, Kaki Bukel Autoheeb & 41792
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	Liberty.
Type of Coverage <	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	20 14 VO7071  VP2 / ROI.
· oney ivo.	
Name of Driver	As Above If No, Lim Soon Beng
NRIC	S7702605C. Any Passengers: N.A.
Date of birth	14/02/1977.
Occupation '	Outdoor / Indoor
Driving License Pass Date	23/10/1997.
Gender	Male / Female
Contact No.	H/P: 900% (871) Home: Office:
Address	BLK 246, Yahun Ave 9 # 08-249 (8) 760246.
Driver have any own vehicle	
Relationship	Employee, If no, state fire
Weather condition	Clear Raining Other
	Dry Wet Other
Road Surface	No, If Yes, Who?
Any Injuries	Lim Soon Beng (4 P. 9008 5875).
Name And Contact No.  Name And Contact No.	Lime South Server
	No, If Yes, Where?
Police Report	SMA 6389 E. Any Passengers: N.A.
Vehicle B No.	Contact No. :
Name of Driver	Any Passengers :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	N-A Witness Contact: N-A
Witness Name	Vidios condition
Accident Portion	
Camera Recorder	Yes PNo
Email Address	steventim. 3b @gmacl-com.
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Huixin .
FAX NO	6741 0510
WORKSHOP EMAIL ADDRES	ss sales @ n51. com. sg





IDENTITY CARD NO. \$7702605C Name



4008214



LIM SOON BENG (LIN SHUNMING)

明 CHINESE

14-02-1977 Country of birth SINGAPORE

5770260sc





VOCATIONAL LICENCE Licence No: \$7702605C Name : LIM SOON BENG (LIM SHUNMING)

Card Issue Date : 27/02/2018

Please visit www.lta.gov.sg to check the status of this vocational licence

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

PASS DATE

NP 428A

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 killograms

23 Jun 1995 23 Oct 1997



No. S7702605C



28-02-2007

APT BLK 246 YISHUN AVENUE 9

#08-249 SINGAPORE 760246

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

27/02/2018







# Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Website: http://www.libertyinsurance.com.sg

## 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)

Certificate No	SD18V07071 /VPZ /R01		
Form	MZ406C		
Date Of Issue	10-JUL-2018		
1.Index Mark and Registration No. of Vehicle:	SLR8804H		
2.Chassis number of Vehicle:	ZVW400025766		
3.Name of Policyholder:	DARWIN-51 CAR RENTAL PTE LTD		
4.Effective date of Commencement of Insurance	28-JUL-2018 00:00 AM		
for the purpose of the Act:			
5.Date of Expiry of Insurance:	27-JUL-2019 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.

C) Use for the carriage of passengers for hire or reward under "Uber/Grabcar" by the 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.

\*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

Authorised Signature

For Information only:

COVERAGE :

Comprehensive, Unlimited Windscreen, Uber/Grabcar Extension

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I - Singapore S\$2000 / Outside Singapore S\$4000, Section II - Singapore S\$1500 / Outside Singapore S\$3000, Windscreen Excess S\$100

DBS BANK LTD

FINANCE COMPANY: PRODUCER NAME:

INSURE HOUSE

PLYW/PLYW/10-JUL-18

10-JUL-18



Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:

SLR8804H

Z11 - Private Hire

Vehicle Type:

(Chauffeur) Station Wagon

/Jeep/Land Rover

Vehicle

Attachment 1:

No Attachment

Vehicle

Attachment 2:

Vehicle Make:

Vehicle Attachment 3:

TOYOTA

Vehicle Model:

Vehicle Scheme:

PRIUS ALPHA HYBRID 1.8

S CVT

Normal

Chassis No.:

ZVW400025766

Engine No.:

2ZR1976138

Motor No.:

317E05911

Trailer Chassis No .: -

Propellant:

Petrol-Electric

Passenger Capacity: 6

Engine Capacity:

1797 cc

Power Rating:

60.0 kW

Maximum Power

Output:

100.0 kW (134 bhp)

Maximum Laden

Unladen Weight:

1460 kg

Weight:

1845 kg

Primary Colour:

Grey

Secondary Colour:

First Registration

Date:

30 Aug 2017

Original

30 Aug 2017

Manufacturing

Year:

Registration Date: Open Market Value: \$30,981.00

PARF Eligibility:

2017 Yes

Minimum PARF

\$2,687.00

Benefit:

Additional

No. of Transfers: 0

Registration Fee

First \$20,000.00 (100%), next \$10,981.00 (140%)

Rate:

Actual ARF Paid:

\$5,374.00

Owner Particulars

Owner Name:

DARWIN-51 CAR RENTAL

PTE LTD

Owner ID Type:

Company

Owner ID:

201407909C

Registered Address

Private Residential (Condo Apt or House) / Shopping /

Type:

Office Complexes

Registered Block

/House No.:

1

Registered Street

KAKI BUKIT ROAD 1

Name: Registered Unit

# 01 - 09

No.:

Registered Building Name:

ENTERPRICE ONE

Registered Postal

Code:

415934

COE No. / Expiry

2017050103001093G / 29

Date:

Aug 2027

COE Bid Category:

B - Car above 1600cc or

97kW (130bhp)

QP Paid:

\$54,405.00

Transaction Details

Business

Transaction Ref.

20170830095341958221

No.:

Business

30 Aug 2017

Transaction Date: Business

09:53:41

Transaction Time:

Message

The above vehicle has been successfully registered.

Please note that \$50,406.00 will be deducted from your GIRO account.