

NATIONAL Assessment Centre Services [wef 1 Jan'05] **NA119039989**

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 27/3/19-14:01 | Job description | Date & Time Completed | Done by |
| Ref No: NA/UP19005454/24 | SAS e-filing | | |
| Veh No: SUPM16L | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A : 27/3/19-07:15 | 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: Vch No: 9B617342 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|------------------------|------------------------|
| NA 1190 39989 | Invoice Preparation Checklist | Am't (\$) Est. Bill | Am't (\$) Add. Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| 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) | | |
| Dat. 1: | 6) TR: Re-inspection \$75 | | |
| Dat. 2 / 3: | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *N5: Courtesy Car / Tpl Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac 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 | 27/03/2019 14:01 |
| Date Of Accident | 27/03/2019 07:15 |
| Exact Location Of Accident | SENGKANG E AVE TWDS SENGKANG E DR |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLP1216L |
| Insured/Policyholder | |
| Name Of Registered Owner | SIN TAT TOYS IMPORT & EXPORT TRADING |
| Co Reg No | 52819617X |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-63393693 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | WISH 1.8 CVT |
| 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 | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SI18V06241/VPC/R00 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SOH HOCK WAH |
| NRIC No | S6905938D |
| Date Of Birth | 01/02/1969 |
| Occupation | INDOOR |
| Date Of Driving Pass | 31/10/1989 |
| Driving Experience | 29 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93887785 |
| Fax Number | |
| Contact Number | OFFICE-93887785 |
| EEmail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 311B ANCHORVALE LANE #04-16 |
| Postcode | 542311 |
| 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 | CHAIN COLLISION |
| 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 | 3 |
| 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) | 2 |
| Passenger 1 | NAME: : WENDY LEE WAN BEE GENDER: : FEMALE |

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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBG1734Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM7985B
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

Name SOH HOCK WAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLP1216L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name WENDY LEE WAN BEE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLP1216L
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 **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:



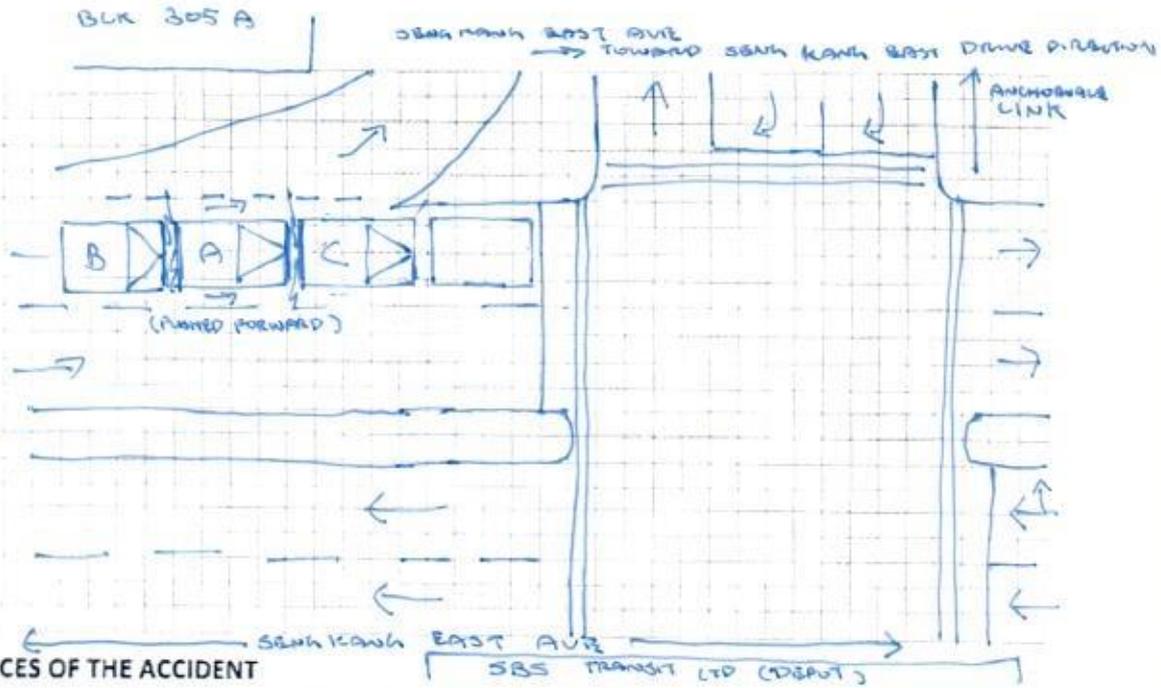
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

- VEHICLE A
- SLP 1216L
- VEHICLE B
- GBG 1734Z
- VEHICLE C
- SLM 7985B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG SANGKANG EAST AVE, TOWARD SANGKANG EAST DRIVE DIRECTION, I WAS ON THE LEFT LANE.

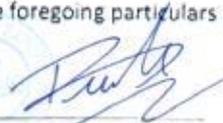
WHILE COMING TO THE JUNCTION OF ANCHORAGE LINK (INFRONT BLOCK 305A) AND SANGKANG EAST AVE. DUE TO THE VEHICLE INFRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE, WITH IT'S IMPACT PUSHED ME FORWARD AND HIT INTO THE VEHICLE INFRONT.

AUGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (GBG 1734Z) THAT COLLIDED TO THE REAR OF MY VEHICLE AND PUSHED ME FORWARD AND HIT ONTO (SLM 7985B) WHICH WAS INFRONT OF ME. IT WAS A CHAIN COLLISION INVOLVING 3 VEHICLES.

VEHICLE A - SLP 1216L
 VEHICLE B - GBG 1734Z
 VEHICLE C - SLM 7985B

DECLARATION

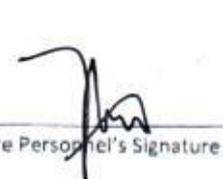
I/We declare the foregoing particulars are true in every respect


 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.:

| | | | |
|--|--|---------------------------|----------------------------|
| Vehicle No. | SLP 1216 L | Model / Make | TOYOTA WISH |
| Date of Accident | 27 / 03 / 2019 | | |
| Time of Accident | 0715 | HRS | |
| Location of Accident | SENKANG E AVE TOWARD SENKANG E DRIVE | | |
| Exact purpose use during accident | PRIVATE USE | | |
| Name of Owner | SIN TAT TOYS IMPORT & EXPORT TRADING | | |
| Telephone No. | H/P : | Home : | Office : 6339 3693 |
| NRIC | 5291967 X | | |
| Address | 163 ROCHOR ROAD S (189438) | | |
| Claim type | OD | THIRD PARTY | REPORTING ONLY |
| Insurance Company | LIBERTY | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | S18V06241 / VPC / R00 | | |
| Name of Driver | As Above If (No), SOH HOCK WAH | | |
| NRIC | 56905938 D | Any Passengers : 1 (WIFE) | |
| Date of birth | 01 FEB 1969 | | |
| Occupation | Outdoor | / | Indoor |
| Driving License Pass Date | 31 OCT 1989 | | |
| Gender | Male / Female | | |
| Contact No. | H/P : 9388 7785 | Home : | Office : |
| Address | BLK 318 ANCHORVALE LANE #04-16 S(542311) | | |
| Driver have any own vehicle | No, | If yes, Reg No. | |
| Relationship | Employee, | If no, state | |
| Weather condition | Clear | Raining | Other |
| Road Surface | Dry | Wet | Other |
| Any Injuries | No, | If Yes, Who? MONITORING | |
| Name And Contact No. | SOH HOCK WAH, 9388 7785 (DRIVER) | | |
| Name And Contact No. | WENDY LEE WAN BEE, 9736 6636 (WIFE) | | |
| Police Report | No | If Yes, Where? | |
| Vehicle B No. | CGG 1734 Z | Any Passengers : | |
| Name of Driver | | Contact No. : | |
| Vehicle C No. | SLM 795 B | Any Passengers : | |
| Vehicle D No. | | Any Passengers : | |
| Vehicle E no. | | Any Passengers : | |
| Vehicle F No. | | Any Passengers : | |
| Vehicle G No. | | Any Passengers : | |
| Witness Name | | Witness Contact : | |
| Accident Portion | FRONT / REAR | | |
| Camera Recorder | Yes / No | | |
| Email Address | | | |
| PARTICULAR WORKSHOP | TWINCAR AUTOMOTIVE PTE LTD | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | IAN | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n5i.com.sg | | |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6905938D



Name: SOH HOCK WAH
苏福华
Race: CHINESE
Date of Birth: 01-02-1969 Sex: M
Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6905938D
Name: SOH HOCK WAH
Birth Date: 01 Feb 1969
Issue Date: 02 Oct 2003




0894052



NRIC No. S6905938D



Blood Group: O+ Date of Issue: 15-04-1993

APT BLK 311B ANCHORVALE LANE #04-16
SINGAPORE 542311
NRIC No: S6905938D Date: 01-10-2002 No: 1378178

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

| | | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 31 Oct 1989 |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms | 26 Jun 2000 |

NP 428A

Licence No. S6905938D





Certificate of Insurance

www.libertyinsurance.com.sg

SLP1216L

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:

SIN TAT TOYS IMPORT & EXPORT TRADING

Certificate No.:

SI18V06241/ VPC / R00

Date of Issue:

15 May 2018

Effective Date of Commencement:

26 May 2018 00:00

Date of Expiry:

25 May 2019 23:59

Registration No.:

SLP1216L

Chassis No.:

JTDGG20W30J006816

Type of Certificate:

MX4

Persons or Classes of Persons entitled to drive*:

Any person who is driving on the Policyholder's order or with their 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 - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 |
| Name of Finance Company: | DBS BANK LTD |
| Name of Producer: | PERLE AGENCY (A1404-2) |