

NATIONAL Assessment Centre Services.

(wrt 1 Jan 05)

MA 190 46828

Date In: 10/04/2018 16:37	Job description	Date & Time Completed	Done by
Ref No: N/A/LIPI9006391/4	SAS e-filing		
Veh No: SKW 9763X	E-mail (w/da 3hrs, A/C 2hrs)		
D.O.A: 10/04/2018 09:25	I-Motor Claim Form		
OID: TP - Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBA 1687E	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 ()	

() 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: ()
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()
Damage: ()
Other: ()

MA 190 2660	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: IDA+DA+SMRT Survey \$160	
	8) NIUC Additional Services:	
	9) NIUC: Courtesy Car / Transport Allowance \$1	
	10) NIUC: Repair Coordination / PDR \$25	
	11) NIUC: Post Repair Inspection \$1	
	12) NIUC: DV / Collect Excess Coordination \$30	
	13) NIUC: TP (Non-INC) \$30	
	14) NIUC: 1800 Mobile	
	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	10/04/2019 16:27
Date Of Accident	10/04/2019 09:25
Exact Location Of Accident	ALONG TAMPINES AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW9763X
Insured/Policyholder	
Name Of Registered Owner	LIM BENG HUAT
NRIC No	S1195758G
Email Address	CHINYANG@AIRCRAFTMAIL.COM
Mobile Phone No	(LOCAL) +65-98353298
Alternative Phone No	OTHERS-97575038

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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	SI18V14123/VPE/R01
Cover Note Number	

Driver

Name of Driver	LIM CHIN YANG
NRIC No	S9145665F
Date Of Birth	06/12/1991
Occupation	INDOOR
Date Of Driving Pass	27/09/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98353298
Fax Number	
Contact Number	OTHERS-97575038
Email Address	CHINYANG@AIRCRAFTMAIL.COM

Address	BLK 916 HOUGANG AVENUE 9 #16-02
Postcode	530916
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190410/2120

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	FBN1647E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIDDIQUE ABDUL HAMID
NRIC/Passport Number	S1752165I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

SIDDIQUE ABDUL HAMID

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBN1647E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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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:

Driver's Signature

(If driver is not the policyholder)

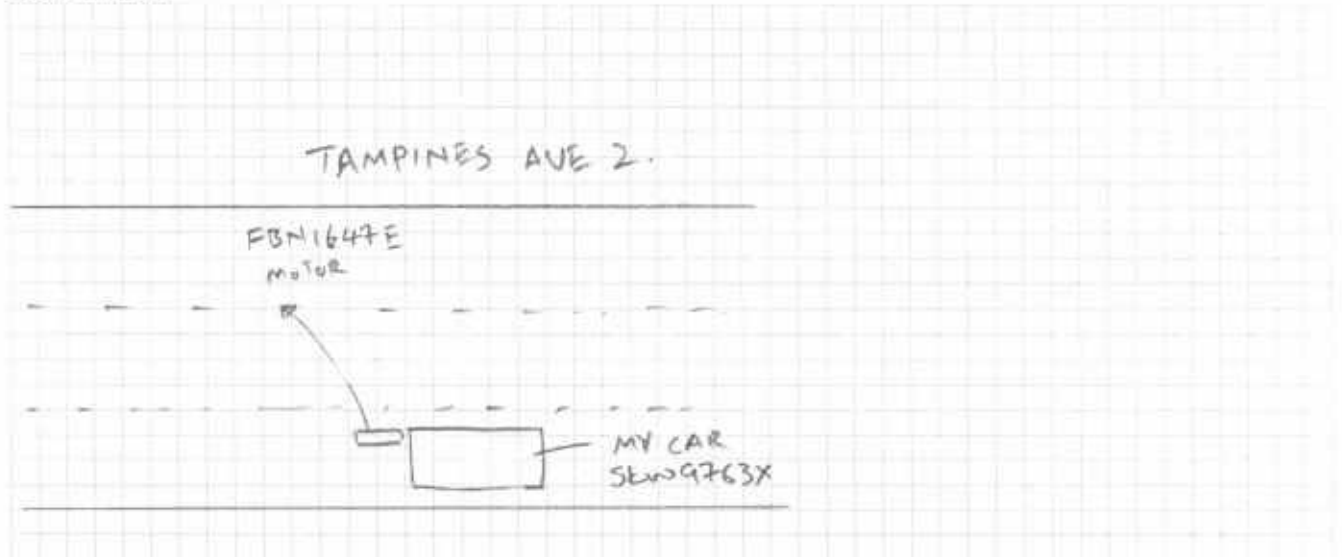
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
 7/20/2018/2120

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.:



SINGAPORE POLICE FORCE



T/20190410/2120

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20190410/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2019 14:26		Vide Report No.: G/20190410/0060		Station Diary No. 19	
Informant's Particulars					
Name of Informant: LIM CHIN YANG			Address: APT BLK 916 HOUGANG AVENUE 9 #16-02 SINGAPORE 530916		
ID Type / ID No.: NRIC NO / S9145665F			Contact No.: Home/Office: Mobile: 97575038		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 06/12/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/04/2019 09:25	Type of Location:
Location: Along Road 1 TAMPINES AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FBN1647E	Motorcycle				Slightly Damaged	0
SKW9763X	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

Driver			
Name	LIM CHIN YANG		ID No. S9145665F
Related Vehicle	NIL		Contact No. 97575038
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
Rider			
Name	SIDDIQUE ABDUL HAMID		ID No. S1752165I
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/04/2019 at about 0925hrs after I completed filtering to the right lane, I felt an impact from the rear of my vehicle (SKW9763X) a few seconds after, I immediately stopped my vehicle and thought that I was hit by the car behind but after looking through my rear view mirror, the car was quite a distance away. I went out of my vehicle to check and saw the motorcycle that hit my vehicle was down.

There are 3 members of public then went to assist him. Shortly after, the Ambulance and Traffic Police was at the accident. There is a dent on the rear left of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190410/2120

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20190410/2120

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:

G /
Sgt 2 SHAHIZWAN BIN SHAH BUDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/04/2019 14:26

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD SHAHRIL BIN ABDULLAH
Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 04 / 19) (DD/MM/YYYY). TIME: (09 : 25) (HH:MM)
LOCATION: TAMPINES AVE 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SEW 9763X
b) INSURANCE COMPANY: LIBERTY INSURANCE
c) POLICY NUMBER: SI18VH123 / VPE / P01 / E00
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: MAZDA3 / WHITE
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO WORK
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: LIM BENGE HUAT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1195458CF CONTACT: 96553298
c) ADDRESS: BLK 916 HOUSANG AVE 9 #16-02 S 530916

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM CHIN YANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1145665F CONTACT: 9252 3053
c) ADDRESS: BLK 916 HOUSANG AVE 9 #16-02 S 530916

* d) DATE OF BIRTH: (06 / 12 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 27 SEP 2014

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

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: CHANGKAT POLICE POST

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBH 1647E MODEL: MOTORCYCLE
b) DRIVER'S NAME: SIDDIQUE ABDEL HAMID
c) NRIC/FIN/PASSPORT: S1752165I CONTACT: -

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()


Email = CHINYANG @ AIRCRAFT MAIL . COM

VIDEO

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
LIM CHIN YANG

NRIC No
S9145665F




This card is the property of the Singapore Armed Forces. Any person holding this card is required to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S9145665F**
Name
LIM CHIN YANG

Birth Date **06 Dec 1991**
Issue Date **27 Sep 2014**

GENERAL INFORMATION

NRIC No / Colour
S9145665F / PINK

Race
CHINESE

Date Of Birth
06/12/1991

Service Status
NSF

Address
**Blk 916 HOUGANG AVENUE 9
#16-02 SINGAPORE 530916**

Blood Group
B (*)

Country Of Birth
SINGAPORE

Military Rank Status
OFFICER

Sex
M

90000060120212



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


EFFECTIVE DATE

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

27 Sep 2014

NP 428A

Licence No: S9145665F



Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1980; Road Transport Act, 1987 (Malaysia); Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

Name of Policyholder:

LIM BENG HUAT

Date of Issue:

19 Nov 2018

Registration No.:

SKW9753X

Effective Date of Commencement:

23 Nov 2018 00:00

Chassis No.:

JM6BM42A8G0324399

Certificate No.:

S118V14123/ VPE / R01

Date of Expiry:

22 Nov 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

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).

新時代汽車保險代理私人有限公司
NEW TIMES MOTOR & INSURANCE AGENCY PTE LTD
04-1037, D'Almeida Ave 3
#02-03, Singapore 409348
Tel: 6747 0705/08 Fax: 6744 1072
E-mail: newtimes@singnet.com.sg



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\$1500, Section I - Unnamed Drivers: S\$2000, Additional - Young, Elderly & Inexperienced: S\$3000 Windscreen Excess: S\$100

Name of Finance Company:

HONG LEONG FINANCE LTD

Name of Producer:

NEW TIMES MOTOR & INSURANCE AGENCY P/L (A1234-3)