

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MAA19068582

Date In: 27/05/2009 15:26	Job description	Date & Time Completed	Done by
Ref No: MAA19068582	SAS e-filing		
Veh No: 84B 8080Y	E-mail (3 days, AIC 2hrs)		
DOA: 23/05/2009 08:10	1-Motor Claim Form		
OID: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-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:

FW 4375A

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:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time:

MAA1903866

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

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1) AR: Accident Reporting (330)	
2) DA: Damage Assessment (\$100)	INC (\$80)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: IDAO DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpt Allowance	\$3
*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$5
TP (Nil): TP (Nil INC) against INC	\$20
9) N12: Idao Mobile	\$0
Invoice dated	
Invoice dated	

Fee Charged

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	27/05/2019 15:29
Date Of Accident	23/05/2019 08:10
Exact Location Of Accident	CTE BEFORE BALESTIER EXIT LAMP POST NUMBER:407
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB8080Y
Insured/Policyholder	
Name Of Registered Owner	TOH LEONG SAN
NRIC No	S1827856A
Email Address	RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-97808483
Alternative Phone No	OTHERS-97808483

Vehicle Particulars

Manufacturer	LAMBORGHINI
Model	URUS
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	SD19V04615/VPS/R00
Cover Note Number	

Driver

Name of Driver	TOH LEONG SAN
NRIC No	S1827856A
Date Of Birth	09/06/1967
Occupation	INDOOR
Date Of Driving Pass	17/05/1995
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97808483
Fax Number	
Contact Number	OTHERS-97808483
Email Address	RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG

Address	25 LI HWAN VIEW
Postcode	556914
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	3
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)	2
Passenger 1	NAME: : SON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 51 SERANGOON GARDEN WAY , POSTCODE: 555947 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2879999 - FAX NO: 62815969
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190523/2144

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FW4375A
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLK6775H
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)

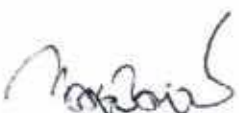
SKETCH PLAN

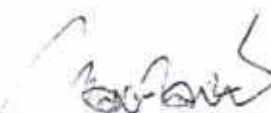
IMPORTANT NOTICE

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.

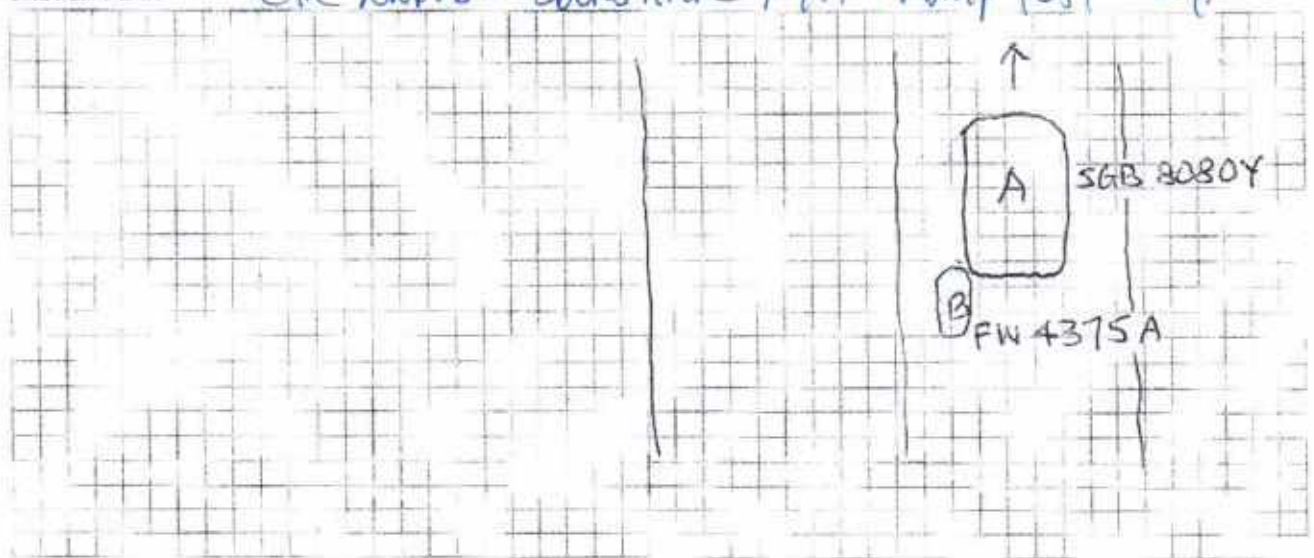

Policyholder's Signature
Date & Time: 23/05/19


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


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

SKETCH PLAN

CTE TOWARDS BALESTIER EXIT Lamp Post 407.



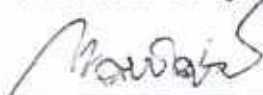
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/05/2019 at about 0800 hrs, I was driving my vehicle SGB 8080Y along CTE toward City. I was driving at the right most lane, while at Balestier exit near to Lamp post 407 I suddenly felt an impact on my rear. As such, I stopped and noticed that a motorcycle (FW 4375A) had hit onto the back of my vehicle.

POLICE REPORT 7/20190523/2144

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/20190523/2144

1 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20190523/2144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2019 18:56		Vide Report No.: A/20190523/0036		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: TOH LEONG SAN			Address: 25 LI HWAN VIEW SINGAPORE 556914		
ID Type / ID No.: NRIC NO / S1827856A			Contact No.: Home/Office: Mobile: 97808483		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 09/06/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Stock Dealer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/05/2019 08:10	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY CTE before Balestier exit Lamp Post Number: 407				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW4375A	Motorcycle					0
SGB8080Y	Car					1
SLK6775H	Car					0



**SINGAPORE
POLICE FORCE**



T/20190523/2144

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

2 of 3

Report No. T/20190523/2144

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH LEONG SAN	ID No.	S1827856A
Related Vehicle	SGB8080Y (Car)	Contact No.	97808483
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 23/5/2019 at about 0800hrs, I was driving my vehicle SGB8080Y and was travelling along CTE going city. I was driving at the right most lane, while at Balestier exit near to lamp post 407 I suddenly felt an impact on my rear. As such, I stopped my vehicle and noticed that a motorcycle (FW4375A) had hit onto the back of my vehicle.

Subsequently, Traffic police and ambulance came. The traffic police then took my SD card from my vehicle as it was the only vehicle that has an in car camera. After which we were instructed to lodge a traffic accident report.

I am lodging this report as per instructed by traffic police.



**SINGAPORE
POLICE FORCE**



T/20190523/2144

3 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20190523/2144

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:

F /

Sgt 2 CHO JUN XIONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MDI 64
YUSOF

Contact No.: 65476358

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

23/05/2019 18:56

Classification Of Case:

Accident Report Form:

Date of Report: 27th May 2019 Date & Time of Accident: 23rd May 2019
Exact Location of Accident: Along Road I, Central Expressway
Vehicle Reg. No. SG6880804
Name of Reg. Owner: Toh Leong San NRIC No. S1827856A
Mobile No. 97808483 Email Addr. jack25toh@gmail.com
Vehicle Make and Model Lamborghini Hur Private Use or Commercial
Choose one: Reporting Only / Own Damage Claim / Third Party Claim
Insurance Company Liberty Insurance Pte Ltd Comprehensive / Third Party / Fire & Theft
Policy / Cover Note No. SD19V04615/VPS/R00
Name Of DRIVER Toh Leong San NRIC No. / Male/Female S1827856A
Date Of Birth. 09/06/1967 Date of Driving Pass 17th May 1995
Mobile No. 97808483 Address.
Employee of Insured ? / Relationship with veh. Owner

Type of Accident. Side to Side Weather / Road Condition Dry
Any Foreign Veh.? No Any Body Injured? Where. Yes
Number of Passenger + Drv Owner and his son Any photo or video? Yes
Name of 3rd Party Driver
Other Party Veh. Reg No. FW4375A NRIC / Phone No.

Need:

- Driver NRIC / Passport and Driving License (Copy front and back)
- Copy of Insurance Certificate
- Take photo of Vehicle Damages, Mileage, Chassis number
- Fill out the accident statement and draw sketch or diagram
- Sign all forms

RICHARDHARGANT@EUROSPORTSAUTO.COM.SG

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1827856A

NAME
TOH LEONG SAN

平 龙 山

Sex
MALE

Date of Birth
09-08-1987

Country of Birth
SINGAPORE

2087188

2087188

IDENTITY CARD NO. S1827856A

2087188

09-08-1987

2087188

URUS - LA 2853 (Jack Toh Leong San) (WT)

REPUBLIC OF SINGAPORE

DRIVER



License Number: S182755

Name:

TOH LEONG SAN

Birth Date: 09 Jun 1957

Valid Until: 04 Jun 2013



000542987J

PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:

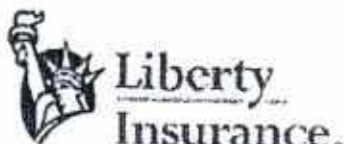
- Motorcycles not exceeding 200 cc
- Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

February

License No: S182755



NP 428A



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, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

Certificate No	SD19V04615/VRS/R00
Form	MX1
Date of Issue	11-APR-2019
1. Index Mark and Registration No. of Vehicle:	SGB8080Y
2. Chassis number of Vehicle:	ZPBEA1ZL6KLA02853
3. Name of Policyholder:	TOH LEONG SAN
4. Effective date of Commencement of Insurance for the purposes of the Act:	15-MAR-2019 00:00 AM
5. Date of Expiry of Insurance:	14-MAR-2020 23:59 PM
6. 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.	
7. Limitations as to use*:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8. 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).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers	
 Authorised Signature	
For information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, NCD Protection, Valet Extension
SUM INSURED:	S\$878960
EXCESS:	Section I - Named Drivers - Singapore S\$15000 / Outside Singapore S\$30000, Section I - Unnamed Drivers (Between 25 To 70 Years Old With At Least 36 Months Driving Experience & No Claim Record For Past 3 Years) - Singapore S\$20000 / Outside Singapore S\$40000, Windscreen Excess S\$1000
FINANCE COMPANY:	
PRODUCER NAME:	ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD

PLAS/PLPY/15-APR-19

S1_CI_T1_T3_OE_Template2-Ver1.

15-APR-19