

Date In: 15 16 119 11:41	Job description	Date & Time Completed	Done by
P-1111 NAIA ZIP 1901062614.	SAS e-filing		
SLN 2401Y	E-mail (within 3hrs, AIC 2hrs)		
13 16 119 18:00	I-Motor Claim Form		
<input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSR		

Preferred Wisp / IRC Assign Wisp / OW: (

Tel:

Fax: (

IP Particulars:

Veh No:

SLT 7646.T.

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 &amp; Strictly NO refer of reprior.

) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: PLANE TOOTH GROUNDING

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

Injury:

Date/Time: Actions:

NA1904442

Comments/Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

PCL 1:

1) ALT: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100); INC (\$50)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) IPT: Follow-Through Survey (Resurvey) \$30

Verifying status ONG Only (Yes/No Jan 2003)

6) TR: Re-inspection \$75

7) NI: Idea DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

\* NS: Courtesy Car / Tpt Allowance \$5

\* NG: Repair Coordination \$10

\* IN: Post Repair Inspection \$25

\* ND: DV / Collect Excess Coordination \$5

TP: (N11) : TP (IS-n INC) against INC \$20

9) NI2: Idea Mobile \$0

Invoice dated Fee Charged

Invoice dated Fee Charged

30.00

INC (\$50)

\$40/\$45

\$120

\$30

Yes/No Jan 2003

\$75

\$160

\$5

\$10

\$25

\$5

\$20

\$0

Fee Charged

Fee Charged

MMA 119.7804P.



## 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	15/06/2019 11:41
Date Of Accident	13/06/2019 18:00
Exact Location Of Accident	KING GEORGE'S AVE TWDS KITCHENER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN2401Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BEW
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97568787

### Vehicle Particulars

Manufacturer	RENAULT
Model	MEGANE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	SD19V04838/VPL/R00
Cover Note Number	-

### Driver

Name of Driver	PHUAH MENG FONG
NRIC No	S8714989G
Date Of Birth	27/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	01/08/2005
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97568787
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 116B JALAN TENTERAM #05-541
Postcode	322116
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE PROPRIETOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

#### 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?	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: : UNKNOWN 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

PLEASE REFER TO ATTACHED STATEMENT.

#### 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	SLT7646T
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	PHUAH MENG FONG
Approximate Age	
Injuries Sustain	NECH N LEFT HAND PAIN
Injured person in which vehicle?	SLN2401Y
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.

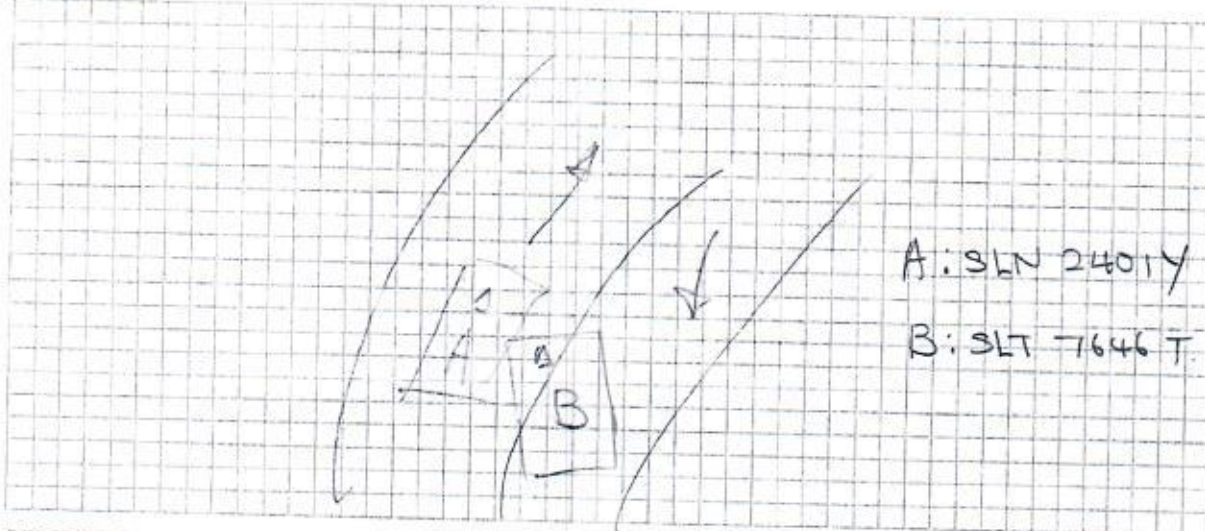


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/06/17 at about 6 pm. I was travelling  
along King George's Ave towards Mitchener road. vehicle  
B overtake using the next lane (for opposite direction.)  
and hit my left vehicle. He drove off.  
without stopping using the the opposite direction lane.  
After I almost dropped my passenger. I saw the  
vehicle again, he speeded off and skidded  
hitting the kerb at moulmen rd entrance to CTE  
causing AMK which causes but his front right tyre  
to burst and sit finally stopped at the T-junction.  
Mark of CTE & AMK

## 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.:



Date of Accident : 13/06/19 Accident Time: 6:PM. (24-HR-Format)  
 Accident Place : King George's Ave towards Kitchener Road.  
 Vehicle No. (Car Plate No.) : SLN 2401Y Make/Model: Renault Megane  
 Insurance Company : Lloyds Policy No: SD19V04838  
 Owner or Company Name /IC No. : S 53344824K BEW  
 Owner or Company Contact No. : 97568887 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : S 87149896 Phuan Heng Fong  
 DRIVER'S Date Of Birth : 27/05/1987  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Sole Proprietor  
 DRIVER'S Address : Blk 116B Javan Teretam 105-541  
 DRIVER'S Contact No./ Alt No. : 1) 5322116 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): Driver 2 1 Passenger.  
 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): YES Driver: Neck Pain  
 1st hand to hand

**Other Party Driver's Particular (if any)**

Vehicle No: SLT 7646T  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_

Vehicle No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_

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

Go & Jett  
 Grab passenger (female).



*[Signature]*

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8714989G



Name  
PHUAH MENG FONG  
潘明峯

Race  
CHINESE

Date of birth  
27-05-1987

Country/Place of birth  
SINGAPORE

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8714989G

Name  
PHUAH MENG FONG

Birth Date 27 May 1987

Valid Date 16 May 2016

002567550C



5611511



NRIC No. S8714989G



Date of issue  
26-05-2016

Address  
APT BLK 116B JALAN TENTERAM  
#05-541  
SINGAPORE 322116

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

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg

EFFECTIVE DATE  
01 Aug 2005

NP 428A


Licence No: S8714989G





Land Transport Authority

PDVL/TDVL  
33 668 8888  
262797



**VOCATIONAL LICENCE**  
Licence No : 88714989G  
Name : PHUAH MENG FONG

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

*For LKY/NAC Use Only*

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	17/05/2018



## 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)

<b>Certificate No</b>	SD19V04838 /VPL/R00
<b>From</b>	MZ400B
<b>Date Of Issue</b>	16-APR-2019
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLN2401Y
<b>2.Chassis number of Vehicle:</b>	VF1RFB00357030995
<b>3.Name of Policyholder:</b>	BEW
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	27-APR-2019 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	26-APR-2020 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
<b>For Private Hire Vehicle (PHV) Usage :</b>	PHUAH MENG FONG
<b>For Social, domestic &amp; pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.</b>	
<p>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.</p> <p>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.</p>	
<b>7.Limitations as to use*:</b>	
A) Use for carriage of passengers or goods in connection with the Policyholder's business.	
B) Use for social, domestic and pleasure purposes.	
<b>8.Policy does not cover:</b>	
A) Use for racing, pace-making, reliability trials 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.	
<p>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).</p>	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p>  <p>Authorised Signature</p>	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	MAYBANK SINGAPORE LTD
<b>PRODUCER NAME:</b>	CHUAN LEE ENTERPRISES PTE LTD

PLFM-/16-APR-19

S1\_CI\_T1\_T3\_OE\_Template6-Ver1, 16-APR-19

Apr 16, 2019, 1:19 PM

**全利企業私人有限公司**  
**CHUAN LEE ENTERPRISES PTE LTD**  
1 Bukit Batok Crescent #04-62  
Wega Plaza Singapore 658064  
Tel: 6469 0002 Fax: 6463 2777