	-		1	
NATIONAL Assessment Ce	ntre Services wet Jamos Ma	14119087178		
Date In: 4/19- D: 15	Jeb description	Date & Time Completed	Done b	y
	SAS e-filing			
Veh No: shryw64	E-mail (within Shrs, AIC 2hrs)	101	18730	
D.O.A: 3/1/19-17:70	i-Motor Claim Form			0
Ref No. 30 LP 90 18 2 2 2 2 2 2 2 2 2				212 122
OD : IT Proporting Only	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: Veh No:	FBFGYGR . INC ()/Non-INC()	5	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
)	
		0%; P: 21-79%. F: 80-10	0%]	
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		W. Samera & 7.18 . 7.18 . 7.17 . 7.17	Very term	
General Remarks:-			APP TO THE	(4 T)
		rictly NO refer of repairer.		
() Total Loss Case : to e-mail In	isurer URGENTLY.			
Drive-In () / Towed-In (); Inv	voice: YES() / NO(); T	owing Co: ()
Remarks:- (INC hotline: 6788 661	6)	Date&Time Completed	Done b	y
	The state of the s		3714	
2) QC Check / Post Repair Inspection	()	1		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			(12145 AUC
Injury:				
			* 200° 5 '2' 1. 1. 100° '	
Date/Time Actions	2004- CO. 10 Co.	gen maneral are	Selonous.	
	and the second second			
	4			
7.2			Anit (S)	Amt (3)
44190496 ·			24 2 2 Sec. 14	Add Bill
laimant's Particulars :-				
river/Owner:	3) TF : Towing I	ree . \$40/\$	45	
ontact No:	For claiming a	gainst INC Only (wef 10 Jan 2005)		
maged Portion:			-	
	\$) NTUC Addition			
Checked by (Engr-In-Charge):		Car / Tpt Allowance	\$5	
NATE SAME AND ASSESSMENT OF THE AND ADDRESS.	*N6: Repair C	o-ordination 5		
aditors' Comments :-		lect Excess Coordination	55	
1:				
2/3:	9) N12: Idac Mo Invoice dated	Fee Charged	25	daja
Communication (Communication)	Invoice dated	Fee Charged	MACHINE.	

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.
- 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.
- 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.

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The State of the S	ACCIDENT STATEMENT
Date Of Report	04/07/2019 15:25
Date Of Accident	03/07/2019 17:30
Exact Location Of Accident	RAFFLES QUAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV4246H
Insured/Policyholder	
Name Of Registered Owner	X-SWIFT CARS
Co Reg No	53362990W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO

SD19V06195/VPL/R00

Cover	Note	Number
-------	------	--------

Policy Number

Driver	
Name of Driver	TAN CHUN HUI (CHEN JUNHUI)
NRIC No	S8206244J
Date Of Birth	17/02/1982
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93833933
Fax Number	
Contact Number	OFFICE-93833933
EMail Address	NOEMAIL

Address

BLK 509 SERANGOON NORTH AVENUE 4

#06-362

OWNER

Postcode

550509

Was driver an employee of the Insured's Company NO

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance?

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

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190704/2047.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBF929R

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

SML8298M

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 TAN CHUN HUI (CHEN JUNHUI)

Approximate Age

Injuries Sustain **NECK & BACK**

Injured person in which vehicle? SGV4246H

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

YES

SKETCH PLAN

IMPORTANT NOTICE

- 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 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:
 - (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")
- 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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to Pelia	Report

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:

نسان

Reporting Centre B Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

reisonal ratholists
Date of Accident: 3 7 19 Time of Accident: 5:30 pm
Exact Location of Accident: Raffles Over
Owner's Name: X-Swift Cars NRIC No: HP No:
Driver's Name: Tan Chun Hui NRIC No: 58206244 HP No: 9383393
Date of Birth: 17 2 1982 Driv ng Licence Passing Date: 14 (1 2006 Occupation: Indoor / Outdoor
Address: 509 Serungoon North Ave 4 # 06-362 (SSO509)
Relationship of Driver with Insured: Owner Email Address:
Vehicle No: SGV 4746H Make & Model: Toy to Wish
Insurance Co: Coverage: Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
SPANSELVE POR SERVICE CONTROL
*Weather Condition ? Clear / Raining / Others: Wet / Dry / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A:
"Was Anybody Injured ? (Yes/ No) If yes,
Name/NRIC/In Vehicle: TAN CHUN HUI Back & neck
*Was The Accident Reported To The Police ?
O No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle & No: FBF 929R Make & Model:
Driver's Name:NRIC No:HP No:
Vehicle C No: 50L 8298M Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name:: NRIC No: HP No:





Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Police Station Of Origin:

1 of 3 Report No. T/20190704/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 04/07/20	ne Report N 19 12:13	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
Name of TAN CH	Informant: UN HUI		Address: APT BLK 509 SERANGOON SINGAPORE 550509	NORTH AVENUE 4 #06-362
ID Type / NRIC NO	/ ID No.:) / S820624	44J	Contact No.: Home/Office:	Mobile: 93833933
Nationali SINGAP	ty: ORE CITIZ	EN	Email:	- All
Sex: Male	Age: 37	Date of Birth: 17/02/1982	Type of Informant: Driver	
Race: Chinese	- XI		Language:	Institution / School Name:
Occupati GRAB D			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Conveyed By A	mbulance	Drink Drive: No	Date/Time of Accident: 03/07/2019 17:30	Type of Location
Location: Along Road 1 RAFFLES QU RAFFLES QU	JAY				
Weather:	,,,,	Road	Surface:		Road Speed Limit:
		Traffic	Control:		Traffic Volume:
Traffic Flow:		1.13			Traine Tolamo.

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBF929R	Motorcycle	HONDA	CB400	Black		0
SGV4246H	Car	TOYOTA	WISH 1.8 A	Black		0
SML8298M	Car	ТОУОТА	NOAH HYBRID 1.8X CVT	Brown		0





1/20190/04/204/

2 of 3

Report No. T/20190704/2047

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso			TEST TO YOUR		The second second
Any Pedestrian I					
No. of Pedestriar	ns Injured: NIL	Use of F	Pedestriar	Cross	sing: NA
Rider				ll least	THE RESERVE OF THE PERSON
Name	MUHAMMAD FIRDAUS BIN Z	OLKIFLI	ID No		S9532025B
Related Vehicle	FBF929R (Motorcycle)		Conta	ct No.	94595957
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	scharge	NIL		
No. of Days gran	ted Medical Leave NIL		of Injury	NIL	
Driver		DATE VINE TO			
Name	TAN CHUN HUI		ID No	.23	S8206244J
Related Vehicle	SGV4246H (Car)		Conta	ct No.	93833933
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	03/07/2019	Date Di	scharge	03/07	/2019
No. of Days grant	ed Medical Leave 05		of Injury	Slight	

Brief Details.

ON THE STATED DATE, TIME AND LOCATION

I WAS WAITING IN MY CAR OF PLATE NUMBER SGV4246H AT RAFFLE PLACE WITH MY CAR HAZARD LIGHT ON. THE MOTORCYCLIST OF PLATE NUMBER FBF929R SLIDED AND HIT ONTO THE REAR OF MY CAR. I WAS SENT TO SINGAPORE GENERAL HOSPITAL AND WAS GIVEN 5 DAYS OF MC. THAT ALL.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190704/2047

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: TP / EUGENE AW WEI XUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/07/2019 12:13
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	SINGAPORE POLICE FORCE
Authentication Stamp NP168	Signature: Eugen

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8206244J





TAN CHUN HUI (CHEN JUNHUI)

or EKK/NAC Use Only

17-02-1982 Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: \$8206244J Name:

TAN CHUN HUI (CHEN JUNHUI)

For LKK/NAC Use Only

Birth Date: 17 Feb 1982

Issue Date: 14 Feb 2018





Date of Issue 19-04-2012

APT BLK 509 SERANGOON NORTH AVENUE 4 #06-362

NRIC No: \$8206244J

Date:26/09/2018

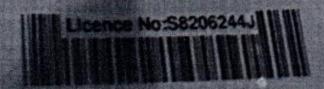
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

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

14 Nov 2008

For LKK/NAC Use Only







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 R

Certificate No	SD19V06195 /VPL /R00	E
From Date Of Issue	MZ400B 16-MAY-2019	
1.Index Mark and Registration No. of Vehicle:	SGV4246H	
2.Chassis number of Vehicle:	ZNE100367090	
3.Name of Policyholder:	X-SWIFT CARS	
4.Effective date of Commencement of Insurance for the purpose of the Act:	14-JUN-2019 00:00 AM	
5.Date of Expiry of Insurance: 13-JUN-2020 23:59 PM		
6.Persons or Classes of Persons entitled to drive*:	10 9011-2020 23.35 FW	
For Private Hire Vehicle (PHV) Usage :	TAN CHUN HUI	

For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the

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 and pleasure purposes.

8. Policy does not cover:

- 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 properled vehicle
- *Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 139) 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 :

SUM INSURED:

Third Party Fire & Theft, PHV Extension (Geographical Area: Singapore only)

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

All Claims (Singapore) S\$1500,All Claims (Outside Singapore) S\$3000

FINANCE DOMPANY PRODUCER NAME:

MDIVINE INSURANCE AGENCY

PLSL/PLSL/16-MAY-19

S1_CI_T1_T3_OE_Template6-Ver1. 16-MAY-19