NATIONAL Assessment Ce.	ntre Services.	[wef 1 Jan'05]MN	0119090964		1	
Date In: 177 11-11:00	Jeb description		Date &Time Comp	leted	Don	e by
Ref No: 4/0/ LIP 19012392/24	SAS e-filing					
Vch No: 317 31874	E-mail (within	Shrs, AIC 2hrs)		T		
D.O.A: 11/2/19-17:15	i-Motor Clai			-		
OD : P Reporting Only	i-Motor W/C	(Within: OD 2hrs	TP 4hrs)			
OB . Wreporting Only	i-Photo Uplo		1			
TP Insurer:	Assessment/St	irvey Report				
	Ass't Report b	y Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax		
TP Particulars: Veh No: Jr	ES 164B	. INC()/Non-INC().		
Owner / Driver: (Tel:	,)	
Policy No: (Period: ()	Cover Type: (
Confirmed by : ((Queoc - 2) (A - 2) - 2 -	Date:	Time:			
Insured/Driver Liability: (%	(V) [Note-Est. Status (V	VO): N: 0-20	% P-21-79% P	80-100	0/-1	
Year of Registration: ()		2 2		50-100	70]	
Excess: (\$) Loading: \$)			
General Remarks:	31,000 ()/\$2,000	()				
A STATE OF THE PROPERTY OF THE				23340		200
() Walk-In Customer: Customers i	information strictly Cor	fidential & Stri	ctly NO refer of repo	licar	S-10020	
() Total Loss Case : to e-mail Ins	mrer LIDGENTI V					
77 Towed-III (); Invo	pice: YES () / N	O(); To	wing Co: (*)
Remarks: (INC hotline: 6788 6616	Y-1		1	w78E74	100000000000000000000000000000000000000	ČP P
		E CONTRACTOR	Date&Time Comple	30	Done	by
The second secon	/ Courtesy Car ()			NE 25-10 100	
2) QC Check / Post Repair Inspection	()					
 Upload Resurvey Photo [Repair Cost > 	\$3000] ()		1 4	_		
Injury:		Emilia Emilia	· · · · · · · · · · · · · · · · · · ·			
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Date/Time Actions				VI (50 (41) (51)	1875 S.W	114, 66,
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Alabass .		Invoice Prepa	ration Checklist		fit Bill	Add E
timant's Particulars :-		1) AR : Accident R	porting (\$30);	47.10000	THE DITE.	. 24001.2
		2) DA : Damage As	THE RESERVE TO SERVE THE PARTY OF THE PARTY	C (\$80)		
river/Owner:		3) TF : Towing Fee	-16	\$40/\$45		
ntact No:		FT : Follow-Thre	ugh Survey ugh Survey (Resurvey)	\$120 \$30		
			nst JNC Only (wef 10 Jan			
maged Portion:) TR : Re-inspectio	n	\$75		
		NI : Idac DA + S	CONTRACTOR OF THE PARTY OF THE	\$160		
Checked by (E Y. C.	1	OD*	Services:-	3450 I C-		-
Checked by (Engr-In-Charge):	4	*NS: Courtesy Ca	r/Tpt Allowanus	\$5	P. Janes	
N. S.		*N6: Repair Co-o	rdination	310		
ditors' Comments :-		*N7: Fost Repair	Inspection	\$25		
1:	2007年1000年1000年1	The state of the s	Excess Coordination	23		-
	9) N12: Idae Mobile	on INC) against INC	\$20 30		
2/3;		nvaice dated	Fee Char			artist 7

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 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.
- Any false reporting may be referred to the Police for investigation.
 Any false reporting may be referred to the Police for investigation.
 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	12/07/2019 11:20
Date Of Accident	11/07/2019 12:15
Exact Location Of Accident	JALAN SEH CHUAN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ3287A
Insured/Policyholder	
Name Of Registered Owner	TAN BENG HOON
NRIC No	S1816241E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96756859
Alternative Phone No	OFFICE-96756859
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	SD18V13696/VPC2/R01
Cover Note Number	
Driver	
Name of Driver	TAN PENGUICON

Name of Driver	TAN BENG HOON		
NRIC No	S1816241E		
Date Of Birth	24/03/1967		
Occupation	OUTDOOR		
Date Of Driving Pass	12/11/1992		
Driving Experience	26 YEARS AND 7 MONTHS		
Gender	FEMALE		
Mobile Number	(LOCAL) +65-96756859		
Fax Number	(LOCAL) +65-96756859		
Contact Number	OFFICE-96756859		
EMail Address	NOEMAIL		

Address 45 TOH TUCK ROAD #03-04 SINGAPORE

Postcode 596720

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

i

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

40

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE STATEMENT ATTACHED.

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 SFS169B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LYNN

NRIC/Passport Number

Contact Number 97595183

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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)
 - (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
- 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.
- 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No .:

JALAN SEH CHUAN TRUSLE
7 7
< < \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
A:SIJ3287A
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT AR PARK
On 11/2/2019 @ aburt 1215 pm, 9 was on Jalan Sen
come road. My car was stationary, waiting for the
oncoming traffic to be cleared before 9 turn into the
carpark. After ancoming traffic cleared 9 started to
turn, all swanening and B transaction and aret of
the carpark exit without stopping to give way to me. I tried to warn car B by history but car B
I think to warn car is by harbing but car is
accentact the cresult the
from portion hit my my car front night portion.
This refused that my that aver cannot be unever
MS 9 cm a salesperson & needed the use of my
car, therefore 9 nented a cor for my business
during this interim.
Attached is my car comera video fintage for
your injures.

DECLARATION

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

Policyholder's Signature

Date & Time: 12/7/19 1/30+124 (If driver is not the policyholder)
Date & Time:

Driver's Signature

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Information

email

ACCIDENT REPORTING CENTRE
& AUTHORISED WORKSHOP:
HUP MOTOR TRADING & SERVICE
BLK 9004 TAMPINES STREET 93
#01-120 SINGAPORE 528838
TEL: 67840039 (24 hrs) HP: 98154655
Email: hupmotor@gmail.com

2. Tall Hapmotor@gmail.com
1 Date of Accident : 11/7/19 Time(base on 24hrs): 12/5+121
2 Location: JAKAN REH CHUAN
3 Weather condition : Clear / Rain Road Surface : Dry / Wet
4 Claiming under : Own Damage Third Party VES Reporting Only
5 Injuries : Yes/No Type Of Collision : THIRD PARTY FRANT HIT ONTO
6 Witness Name / Hp :
7 Police Report : Yos/No Which Station :
<u>VEHICLE A</u>
Vehicle No .: SLJ 3287A Model: HONDA CIVIC
Policy Holder Name: TAN BENG HOW -
Policy I/C No. : 518162418 Contact: 96756859
Policy Address: 45, 704 740K D # 03-06. 2(596720)
Policy No. : QD /8V/3696/VPCZ/PO/ Cover: Comp/3rd pty/Fire n Theft
Insurance Company: K/BZRTY JNJ No Of Pax / (including Driver)
1)Sex(Male / Female)
2)Sex(Male / Female)
CAR VIDEO FOOTAGE (YES)
Driver Particulars
Name: INSURED DRIVING NIRC S1816Z41Z DOB: Z4/3/67
Address: AS ABOVE
Pass Date: 12/11/92 Gender: Male / Female Occupation: Indoor/Outdoor
Contact :HP 96756859 Office Home
Email Relationship: Spouse/Children/Friend/Relative Employee/ Hirer/Parent/Sibling
VEHICLE B : SZS 1698 Model: VOKVO Insurance : 419
Driver Name: Kynn (Ms) L/C No.:
Contact No. : 97595183

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1816241E



TAN BENG HOON

陳銘芬

Pace CHINESE Date of Bath Se 24-03-1967 F

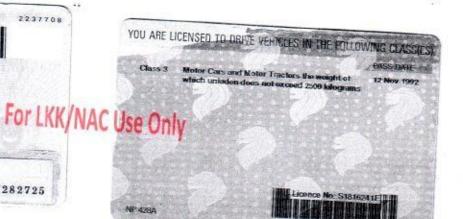
SINGAPORE

For LKK/NAC









THEORED 4 DRIVER OF SKT3287A





Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6226 3360

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)

Certificate No

SD18V13696 /VPC2 /R01

Form

MX1

Date of Issue

28-NOV-2018

1.Index Mark and Registration No. of Vehicle: *

SLJ3287A

2.Chassis number of Vehicle:

00002017

944

MRHFC5650GT000598

3.Name of Policyholder:

TAN BENG HOON

4. Effective date of Commencement of Insurance

for the purposes of the Act.

05-DEC-2018 00:00 AM

5.Date of Expiry of Insurance:

04-DEC-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.

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 I/V of the Road Transport Act, 1987 (Malaysia).

For and on behalf of

LIBERTY INSURANCE PTE LTD

Approved Insurers

Bond

Authorised Signature

For Information only: COVERAGE:

COVERAGE: SUM INSURED:

EXCESS: FINANCE COMPANY: PRODUCER NAME: Comprehensive, Unlimited Windscreen, NCD Protection

MARKET VALUE AT THE TIME OF LOSS

Section | \$\$600, Young & Inexperienced Drivers \$\$3000, Windscreen Excess \$\$100

OVERSEA-CHINESE BANKING CORPORATION LTD

KAH MOTOR COMPANY SDN BERHAD