

NATIONAL Assessment Centre Services			
Date In: 15/07/2009 17:55	Job description	Date & Time Completed	Done by
Ref No: N/A 119012497/4	SAS e-filing		
Veh No: AY 1212E	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 12/07/2009 28:00	I-Motor Claim Form		
OD: TP 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/Wksp		

Preferred Wksp / HNC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: 2D 26097	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%; F: 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 repair.	
() Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks: (INC Hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cal. J: Cal. 2/3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		Inc. Bill	Add. Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) VT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idnu DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
1211				
* N3: Courtesy Car / Tpl Allowance \$5				
* N6: Repair Co-ordination \$10				
* N7: Post Repair Inspection \$25				
* N8: DV / Collect Excess Coordination \$5				
* N11: TP (N-in INC) against INC \$20				
* N12: Idnu Mobils \$0				

Invoice dated	For Charged
Invoice Ref	For Charged

07-MAY-2019 18:19

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	15/07/2019 19:55
Date Of Accident	12/07/2019 23:00
Exact Location Of Accident	ALONG OLD CHOA CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AY1212E
Insured/Policyholder	
Name Of Registered Owner	ANG JOWEN
NRIC No	S9621290I
Email Address	ANG_JOWEN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93673637
Alternative Phone No	OTHERS-93673637

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-09-847CC
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V07996/VMS/R00
Cover Note Number	

Driver

Name of Driver	ANG JOWEN
NRIC No	S9621290I
Date Of Birth	25/06/1996
Occupation	INDOOR
Date Of Driving Pass	18/04/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93673637
Fax Number	
Contact Number	OTHERS-93673637
Email Address	ANG_JOWEN@HOTMAIL.COM

Address	BLK 701 CHOA CHU KANG STREET 53 #07-32
Postcode	680701
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	COLLISION - U-TURN
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	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?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190715/2039

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	SLD2609T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAMARUDIN BIN MOHAMED BAKIR
NRIC/Passport Number	S1373125Z
Contact Number	81272917
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name ANG JOWEN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? AY1212E

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)

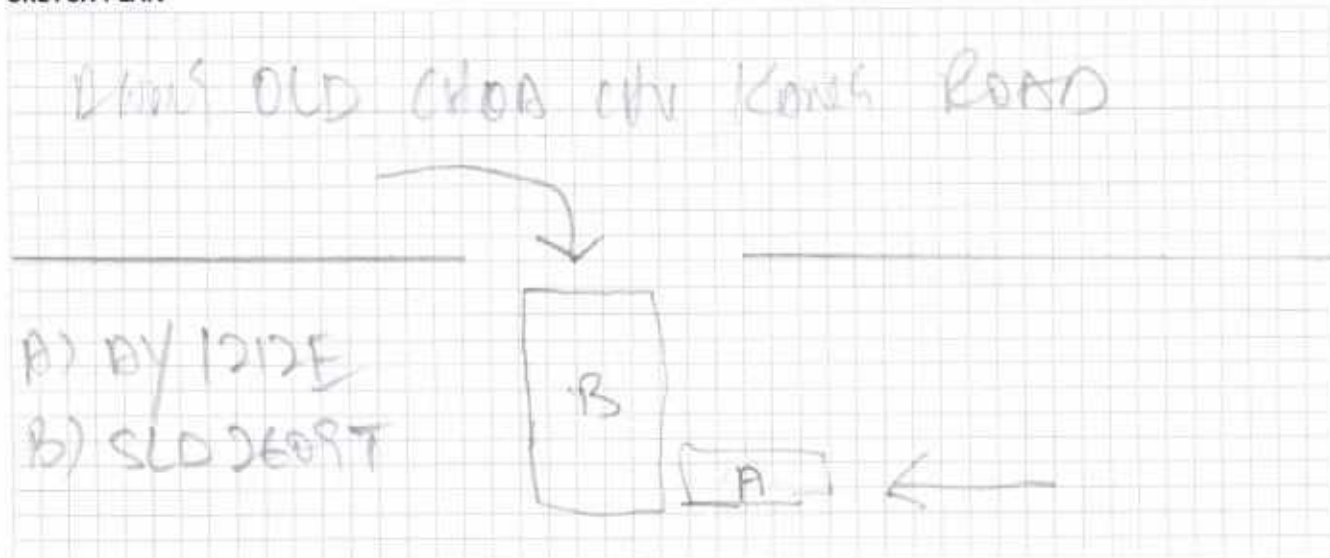
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Q18 Refused to Police Report
7/2019 0715/2039

DECLARATION

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


Policyholder's Signature
Date & Time: 150719

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


Reporting Centre Personnel's Signature
Name: 15/07/2019
NRIC/FIN No.: Koo Loo Hui B



SINGAPORE POLICE FORCE



T/20190715/2039

1 of 3

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

Report No. T/20190715/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2019 12:08		Vide Report No.: J/20190712/0144		Station Diary No.:	
Informant's Particulars					
Name of Informant: ANG JOWEN			Address: APT BLK 701 CHOA CHU KANG STREET 53 #07-32 SINGAPORE 680701		
ID Type / ID No.: NRIC NO / S96212901			Contact No.: Home/Office: Mobile: 93673637		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 25/06/1996	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SAF REGULAR			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/07/2019 23:00	Type of Location: Straight Road
Location: Along Road 1 OLD CHOA CHU KANG ROAD SUNGEI TENGAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AY1212E	Motorcycle				Seriously Damaged	0
SLD2609T	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190715/2039

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20190715/2039

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location I was travelling along the said location. Whilst riding straight, the involved vehicle which was on the opposite site, made a U-turn. Point to note that while I was riding, I already descried his vehicle stationed at the u-turning point, however, when I was approaching closer, he suddenly inched outwards. This resulted in a head to side collision. I was conveyed NTFH and was granted 7 days mc.



**SINGAPORE
POLICE FORCE**



T/20190715/2039

3 of 3

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

Report No. T/20190715/2039

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 /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/07/2019 12:08

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:
SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature: _____

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 07 / 2019) (DD/MM/YYYY), TIME: (23 : 00) (HH:MM)

LOCATION: OLD CHOA CHU KANG ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: MY 1212F
 b) INSURANCE COMPANY:
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MT1093 & TRACER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Carrying Mac Horik
 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: DICK JOWEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 9093
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLD 1609T MODEL:
 b) DRIVER'S NAME: KAMARUDIN BIN MOHAMMED BAKIR
 c) NRIC/FIN/PASSPORT: 51373125Z CONTACT: 81272917

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)
 (1)

* No of passenger
 (including driver)
 ()

email = ANG - JOWEN @ HOTMAIL.COM

VIDEO

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
ANG JOWEN

For LKK/NAC Use Only

NRIC No
S96212901

A9603

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

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S96212901**

Name
ANG JOWEN

For LKK/NAC Use Only

Birth Date: **25 Jun 1996**
Test Date: **13 Oct 2015**

002482818C

SG 50

For LKK/NAC Use Only

NRIC No/Colour
S96212901/ PINK

Race
CHINESE

Date Of Birth
25/06/1996

Service Status
REGULAR

Address
**Blk 701 CHOA CHU KANG STREET 53
#07-32 SINGAPORE 680701**

Blood Group
O (+)

Country Of Birth
SINGAPORE

Sex
M

00000000187808

00000000187808

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

	EFFECTIVE DATE
Class 1B Motorcycles <= 200 CC	13 Oct 2015
Class 1A Motorcycles between 201 CC and 400 CC	25 Nov 2016
Class 2 Motorcycles > 400 CC	18 Apr 2018

For LKK/NAC Use Only

S / No.9000313971

S96212901

NP 4C8A

Licence No. **S96212901**



**Liberty
Insurance.**



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 RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD18V07996 /VMS /R00
Form	MY1
Date Of Issue	31-JUL-2018
1.Index Mark and Registration No. of Vehicle:	AY1212E
2.Chassis number of Vehicle:	JYARN575000004808
3.Name of Policyholder:	ANG JOWEN
4.Effective date of Commencement of Insurance for the purposes of the Act:	30-JUL-2018 00:00 AM
5.Date of Expiry of Insurance:	29-JUL-2019 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
The Policyholder only	
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 in connection with the Policyholder's business or profession.	
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 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
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$1250 Section I (Outside Singapore) S\$2500
FINANCE COMPANY:	SPEEDWAY MOTOR PTE LTD
PRODUCER NAME:	AXIS LINK PTE LTD

PLVC/PLVC/31-JUL-18

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31-JUL-18