	the content of the co		5.00(370)/410			
NATIONAL Assessmen	nt Centre Services	(set tidados)				
Date In 19/08/19 Job descr			Date &Time Completed	Done	by	
Rei No NA/1/P190144	15/13 SAS e-filin	g				
Veh No 58937375	E-mail (w.e	un Mas, AIC 2hrs,				
DOA 17/08/19	//oO i-Motor Cl	aim Form				
	i-Motor W	O (Within: OD 2hr	s. TP 4hrs)			
OD (1P)' Reporting Only	i-Photo Up	loaded			460 S	
TP Insurer:	Assessment/	Survey Report				
Thousand the second sec	Ass't Repor	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wks	p/QW:( PRECISE	AUTO	Tel: F	ax:	)	
TP Particulars: Vel	1 No: SMA3476	inc (	)/Non-INC ( )	20		
Owner / Driver: (		- 32.1	Tel:	)		
Policy No: (	)	Cover Type: (	)			
Confirmed by : (		Date:	Time:	)		
Insured/Driver Liability: (			0%; P: 21-79%. F: 80-1	00%]		
Year of Registration: (	) Warranty: YES (		)			
	ading: \$1,000 ( ) / \$2,00	00( )				
General Remarks:-	formate information and the	2-51-4-1-0		- 0		
( ) Walk-In Customer : Cus		ACTION CONTRACTOR IN	nctly NO rater of repairer.			
Drive In ( ) / Toward In (	STATE OF THE PROPERTY OF THE P		Service Co. (			
Drive-In ( )/ Towed-In (	); Invoice: YES ( ) /	NO( );T	owing Co. (			
Remarks:- (INC horline: 67			Date&Time Completed	Done	by	
1) Apply for Transport Allowance	e ( ) / Courtesy Car (	)				
2) QC Check / Post Repair Inspe-	The state of the s	)				
3) Upload Resurvey Photo [Repa	ir Cost > \$3000] (	)				
Injury:						
Date/Time Actions						
, retions					Alice Common and	
NAIRO	6137	Invoice Pre	paration Checklist	Anıt (\$)	Amt (\$) Add Bill	
laimant's Particulars :-		1) AR : Acciden			rest Offi	
		2) DA : Damage 3) TF : Towing I	Assessment (\$100); INC (\$8	0) /\$45		
river/Owner:		4) FT : Follow-T		\$120 \$30		
ontact No:		For claiming a	gainst INC Only (wef 10 Jan 2005	)	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
amaged Portion:		6) TR : Re-inspe 7) N1 : Idac DA		\$75 \$160		
	*	8) NTUC Additi	and the same of th			
C Checked by (Engr-In-Charg	*N5: Courtes	Car / Tpt Allowance	\$5			
	*N6: Repair C *N7: Fost Rep		\$10 \$25			
uditors' Comments :-	*N8: DV / Co	llect Excess Coordination	\$5			
1. 1:	TP (N11): TI 9) N12: Idae Me	(Non INC) against INC	30	1.		
at. 2 / 3;		Invoice dated	Fee Charged		West Took	
		Involve dated	Fee Charged	11:3		

#### 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.

5. 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	19/08/2019 12:13	
Date Of Accident	17/08/2019 11:00	
Exact Location Of Accident	OPEN CARPARK @ WEST COAST CRESCENT LOT 191 & 192	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBA3737J	
Insured/Policyholder		
Name Of Registered Owner	GOH YEW GEE	
NRIC No	S0034322F	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91019383	
Alternative Phone No	OTHERS-91019383	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	E300	
Exact Purpose for which vehicle was being used at time of accident	STATIONARY VEH	
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	SI18V11604/VPE/R00	
Cover Note Number		
Driver		
Name of Driver	GOH GENG MING, GORDON	

 NRIC No
 S9312868J

 Date Of Birth
 15/04/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 26/01/2012

Driving Experience 7 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81337730

Fax Number

Contact Number

EMail Address NOEMAIL

Address 21 WEST COAST CRESCENT

#16-01

Postcode 128045

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

2

NO

NO

1

NO

NO

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

d? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SMA3476G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE HIRE

Name of Driver LEE YONG CHOON

NRIC/Passport Number

S1310564B

Contact Number

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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: Report of Centre Personnel's Signature

19/08/19

Name: NRIC/FIN No.:

SKETCH PLAN	(multi-Storey Car Ark).		
		(A) SBA 3737J	
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	→.  (B) SMA 3476G.  [L] Open cor parks Areas of west cost crescent.  (Lot 191 & 192).	
	efer to the attached	( Statement.	
DECLARATION			
I/We declare the foregoing particulars	3	fyn 19/08/19	
Policyholder's Signature Date & Time: 19   08   2019	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:	

Statement of the Car Accident By Goh Geng Ming Gordon (S9312868J)

In the morning of Saturday, August 17, 2019 at around 11:00am, I (Goh Geng Ming, Gordon) was in my vehicle (License Plate: SBA3737J) in the carpark of my condominium. The car was stationary in a carpark with consecutive empty parking lots on either side of my car. A private hire car, later understood to be a Grab Car (License Plate: SMA3476G) driven by Mr. Lee Yong Choon (NRIC: S1310564B), entered my condominium to pick up a passenger. Mr. Lee tried to reverse into the parking lot to the left of my car and, in the process of doing so, had reversed into the front left corner of my car. The accident was video-recorded by the dashboard camera in my car. Mr. Lee and I got down from our cars to photograph the damage as well as exchange contact and driver's license details. There were visible scratches along with the white paint from his car on my vehicle. We left on the understanding that I will contact Mr. Lee via mobile once I have visited the workshop.

GORDON GOH

VIHICLE NO: SBA 37377 MAKE & MODEL: M BEAZ EZO AMG. 17 /08/2019 Date of Accident Time of Accident 11:00 (AM / PM Location of Accident open Car Park Areas at West Coast Crescent (Lot no: 1910/192) Exact Purpose Usage Personal / Private Hire (Uber / Grab) / Commercial NAME OF OWNER: Goh Yew Gree Contact No. 91019383 S0034322F. Nric No Type Of Claim Third Party / Own Damage / Reporting only liberty Insurance. Insurance Co. Type of Coverage Comprehensive / Third Party / Third Party Fire & Theft S118 V 11 604/ YPE/ ROD. Policy No As above / It No : Goh Geng Ming, NAME OF DRIVER: Gordon. DRIVER 59312868J. Nric No Any Passenger: Date Of Birth 15 / ox / 1993. Occupation Outdoor / Indoor Date Of Driving Pass 26/01/2012. Gender (Male ) / Female Contact no 8|33 7730 Office: - Home: 21 west coast Crescent #16-01 SI 1280457 Address Driver Have Any Own Vehicle NO / If Yes (Reg no): Lather & Son. Relationship Employee Af No. Weather Condition Clear Raining / Other: Road Surface Dry Wet / Other: Any Injuries NO / If Yes Who? Name Contact: Name Contact: Police Report No / If Yes: Where? Vehicle B No: SMA 34766 Any Passenger: Name Of Driver Lee Your Choon S1310564 R) Contact No: Vehicle C No: Any Passenger: Vehicle D No: Any Passenger: Vehicle E No: Any Passenger: Vehicle F No: Any Passenger: Any Witness Witness Contact No Have you been approach by unknow person soliciting (s) / offering accident claims assistance? YES / NO PARTICULAR WORKSHOP PRECISE AUTO SERVICE Address 1 Kaki Bukit Ave 6 #02-34 Kaki Bukit @ Auto Bay Singapore 417883 Email: Tel: 6745 7367 Fax: 6841 3390

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0034322F





GOH YEW GEE

NAC Use Only

CHINESE

Date of Birth 27-07-1951 SINGAPORE

Owner



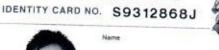


S9312868J

GOH GENG MING, GORDON

Date: 15 Apr 1993 Date 26 Jan 2012

REPUBLIC OF SINGAPORE



GOH GENG MING, GORDON

ANAC Use Only

CHINESE

15-04-1993

SINGAPORE

59312068J

Driver



For LKK/NAC Use Only

21 WEST COAST CRESCENT #16-01 SINGAPORE 128045

NRIC No: S0034322F

Date: 18-08-2005 No: 5232294

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

Motor Cars=< 3000kg with =<7 passengers, exclusive 26 Jan 2012 of the driver; and other motor vehicles =< 2500kg

For LKK/NAC Use Only





For LKK/NAC Use Only

15-04-2008

15 BALMEG HILL #01-25 SINGAPORE 119918

S9312868J NRIC No:

Date: 26/08/2018

4205334

NP 428A







# Certificate of Insurance

www.libertyinsurance.com.sq

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)

Name of Policyholder:

GOH YEW GEE

Date of Issue:

11 Sep 2018

Registration No.:

SBA3737J

Effective Date of Commencement:

13 Sep 2018 00:00

Chassis No.:

WDD2130482A127776

SI18V11604/ VPE / R00 Date of Expiry:

Certificate No.:

12 Sep 2019 23:59

Type of Certificate:

MX1

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.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

### 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

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

Name of Producer:

MBM WHEELPOWER PTE LTD (A1780-2)

41780-1/B2BAAMT/SH8V11604/11-Sep-2018/MotorCJ/v1.0