

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **HA119 28377**

| | | | |
|--------------------------------|--|-----------------------|---------|
| Date In: 28/9/12 09:21 | Job description | Date & Time Completed | Done by |
| Ref No: HA119 28377 | SAS e-filing | | |
| Veh No: FAW 72785 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 28/9/12 10:35 | i-Motor Claim Form | | |
| OD / TP: Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | 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: FAW 72785 | 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 & Strictly NO refer of repairer. | |
| () 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|-------------------|-------------------|
| HA 122854 | Invoice Preparation Checklist | | Amt (\$) for Bill | Amt (\$) Add Bill |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| Auditors' Comments: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | QD* | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| | TP (N11): TP (Non INC) against INC \$20 | | | |
| | 9) N12: Idac Mobile 30 | | | |
| | Invoice dated | Fee Charged | | |
| | Invoice dated | Fee Charged | | |

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 | 28/09/2019 09:21 |
| Date Of Accident | 27/09/2019 10:35 |
| Exact Location Of Accident | WOODLANDS CHECKPOINT TWDS CITY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBM7778B |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN BOON KHUNG |
| NRIC No | S1510190C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96738613 |
| Alternative Phone No | OFFICE-96738613 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | BMW |
| Model | R1200GS |
| 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 | REPORTING ONLY |
| Vehicle Category | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SD19V00036/VMS/R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------------|
| Name of Driver | DOUGLAS TAN AIK SAN (CHEN YISHAN) |
| NRIC No | S9045095F |
| Date Of Birth | 22/11/1990 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/12/2018 |
| Driving Experience | 0 YEAR AND 9 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87429413 |
| Fax Number | |
| Contact Number | OFFICE-87429413 |
| EEmail Address | NOEMAIL |

| | |
|---|---------------|
| Address | 32 VERDE VIEW |
| Postcode | 688670 |
| 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 | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----------------------|
| Was any foreign vehicle involved in this accident? | YES |
| Foreign Vehicle Registration Number | JRR8035 (PRIVATE CAR) |
| 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 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 | JURONG POLICE DIVISIONAL HQ ('J' DIVISION) |
| Police Station Address | ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7910000 - FAX NO: 68965649 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - J/20190927/7022. I WISH TO STATE THAT I DID NOT FALL FROM MY VEHICLE.

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 | JRR8035 |
| 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)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

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:

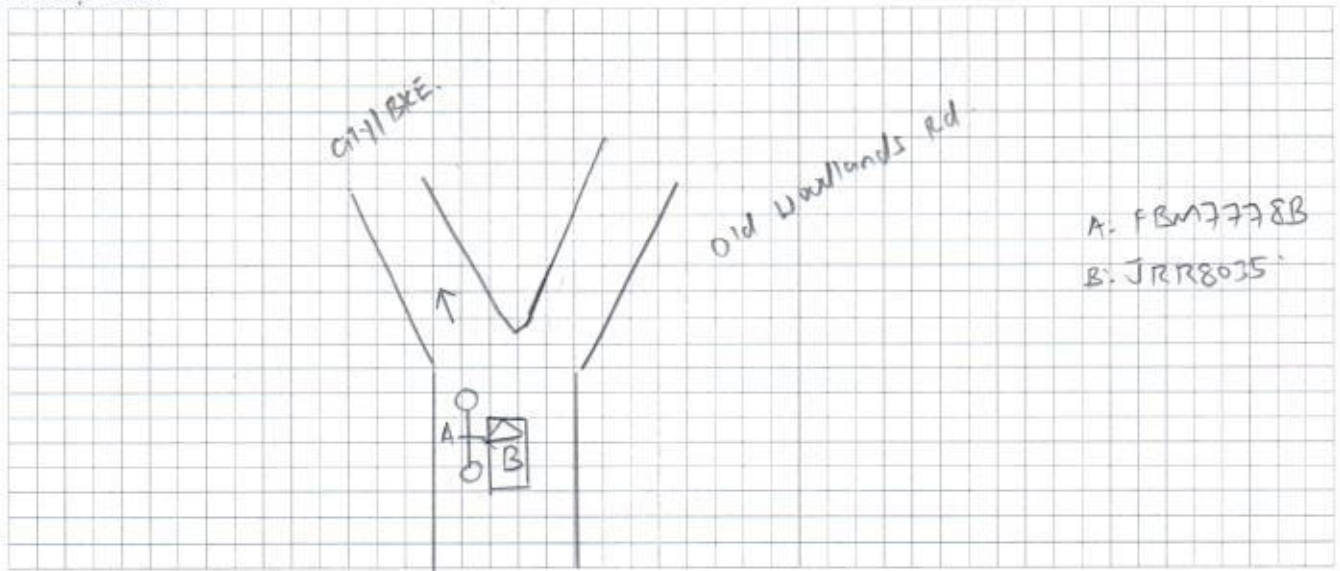


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 5/20190927/7022.

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.:



SINGAPORE POLICE FORCE



J/20190927/7022

1 of 2

POLICE REPORT (NP299)

Report No. J/20190927/7022

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

| | | |
|--|--|---------------------|
| Date/Time Report Made 27/09/2019 14:08 | Vide Report No. | Station Diary No. |
| Name Of Informant DOUGLAS TAN AIK SAN | Address 32 VERDE VIEW SINGAPORE 688670 | |
| ID Type / ID No. NRIC NO / S9045095F | Contact No. Home/Office: | Mobile: 87429413 |
| Nationality SINGAPORE CITIZEN | Email Address doug.las@live.com | |
| Occupation Freelance filmmaker | Sex Male | Age 28 |
| Institution/School Name | Date of Birth 22/11/1990 | Race Chinese |
| Date/Time Of Incident 27/09/2019 10:35 - 27/09/2019 11:00 | Location Of Incident 32 VERDE VIEW SINGAPORE 688670 | |

Brief details.

Hi, I am reporting an incident that has happened on 27 September around 1035am at Woodlands Checkpoint Exit towards City. I was navigating across the yellow humps when a malaysia-registered White Lexus JRR 8035 came tad close to the left which led to a minor collision with my BMW R1200GS FBM7778B right pannier. As we cannot stop at the checkpoint, we proceeded to stop at the bus-stop along Woodlands road to survey the damage. The driver of the white Lexus Mr. Bryan and 2 of his passengers came out and take some pictures. I would like to point out that the front seat passenger took a video of me on my bike as we were commuting to the nearest bus-stop in the event I attempted to run away which I didn't. We did not exchange particulars but we had word that we would proceed with private

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 27/09/2019 14:08 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp



SINGAPORE POLICE FORCE



J/20190927/7022

2 of 2

POLICE REPORT (NP299)

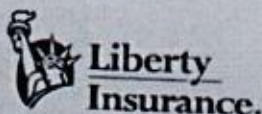
CONTINUATION OF REPORT

Report No. J/20190927/7022

settlement and he will give me a quote for the damages once he send his car to a workshop in Malaysia. I took pictures of the damages sustained by the White Lexus and then we move off shortly.

| Subjects Involved | | | |
|---------------------------|-----------------------------------|--------------|-----------|
| Victim | | | |
| Person Name | DOUGLAS TAN AIK SAN | | |
| ID Type | NRIC NO | ID No | S9045095F |
| Gender | Male | Age | 28 |
| Race | Chinese | Language | English |
| Occupation | Freelance filmmaker | Address Type | |
| Address | 32 VERDE VIEW SINGAPORE 688670 | Mobile No | 87429413 |
| Is Informant A Victim? | Yes | | |
| | | | |
| Person Name | DOUGLAS TAN AIK SAN (Informant) | | |
| | | | |

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 27/09/2019 14:08 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |



Liberty Insurance
Registration no. 19900279
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

Certificate No SD19V00036 /VMS /R00
Form MY3
Date of Issue 27-DEC-2018
1. Index Mark and Registration No. of Vehicle: FBM7778B
2. Chassis number of Vehicle: WB10A5100JZ648795
3. Name of Policyholder: TAN BOON KHUNG
4. Effective date of Commencement of Insurance for the purposes of the Act: 21-DEC-2018 00:00 AM
5. Date of Expiry of Insurance: 20-DEC-2019 23:59 PM
6. Persons or Classes of Persons entitled to drive*: TAN BOON KHUNG, DOUGLAS TAN AIK SAN

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 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 time of the accident loss or damage.

7. Limitations as to use*:

- A) Use only for the Policyholder's business or profession.
B) Use only for social, domestic and pleasure purposes by:
TAN BOON KHUNG, DOUGLAS TAN AIK SAN

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

Authorized Signatory

For Information only:

COVERAGE:

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Flood and Special Perils
MARKET VALUE AT THE TIME OF LOSS
Section 1: \$500,000 (Outside Singapore) \$2500
DMS BANK LTD
SD CONTEGO SERVICES

PLMJ 20181227

Ver. 1.260