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I-Motor W/O (within: OD Dat; TP 4km)   I-Photo Uploaded				1		-
I-Photo Uploaded   Assessment/Survey Report   Fax:   Tol:   Fax:   Tol:   Fax:   Tol:     Tol:	0	i-Motor V	V/O (Within: OD 2hrs	TP 4hrs)		
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Ass't Report by   Eax / Hand to   Owner/Wksp	TP Incurer:	Assessment	t/Survey Report			
TP Particulars:	11 msurer.			Owner/Wksp	<u> </u>	
Owner / Driver: (   Tel:   )	Preferred Wksp / INC Assign Wksp / QW: (			Tel: F	ax:	
Dower / Driver: (	TP Particulars: Veh No: M	1086370	INC (			
Confirmed by : (	Owner / Driver: (				)	
Insured/Driver Liability:   %   Note-Est Status (WO): N: 0-20%; P: 21-79% P: 20-100%     Year of Registration:   Warranty: YES ( ) / NO ( )   Excess: (S	Policy No: ( )	Period: (	)	Cover Type: (	· · · · · · · · · · · · · · · · · · ·	
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 rafer of repairer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-in ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )  Remarks: (ING hotline: 6788 6616) Dute-Kirrie Conjugated 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  Actions  Invoice Preparation Checklin Actions  Invoice Preparation Checklin Actions  Jan Price Preparation Checklin Actions  Actions  Invoice Preparation Checklin Actions  Invoice Preparation Checklin Actions  Invoice Preparation Checklin Actions  Actions  Invoice Preparation Checklin Actions  Invoice Preparation Checklin Actions  Invoice Preparation Checklin Actions  Actions  Invoice Preparation Checklin Actions  Actions  Actions  Actions  Invoice Preparation Checklin Actions  Invoice Preparation Checklin Actions  Invoice Preparation Checklin Actions  Actions  Actions  Actions  Actions  Actions  Actions  Invoice Preparation Checklin Actions  Invoice Preparation Checklin Actions  Invoice Preparation Checklin Actions  Actions	Confirmed by: (		Date:			
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Taged Portion:   6) TR: Re-inspection   \$75	Algorations Particulars:	Courtesy Car (	Invoice Prepa	ration Checklist.  porting (\$30); essment (\$100); INC (\$80) \$40/5	Ant (S)	Amu
7) N1 : Idae DA + SMRT Survey \$160  8) NTUC Additional Services:-  Checked by (Engr-In-Charge):  *N5: Courtesy Car / Tpt Allowance \$5  *N6: Repair Co-ordination \$10  *N7: Fost Repair Inspection \$25  *N8: DV / Collect Excess Coordination \$5  : TP (N11): TP (N11 INC) against INC \$20  9) N12: Idae Mobile \$30  Involve dated Fee Charged	Algorax  Algorax  Limant's Particulars:	Courtesy Car (	Invoice Prepared in AR: Accident Re  2) DA: Damege Ass 3) TF: Towing Fee 4) FT: Follow-Three	ration Checklist  porting (\$30); essment (\$100); INC (\$80)  \$40/\$  agh Survey \$1	### (\$)   fst.Bill   45   20	Amu
S   NTUC Additional Services:-   Checked by (Engr-In-Charge):   OII*     *N5: Courtesy Car / Tpt Allowance   S5     *N6: Repair Co-ordination   S10     *N7: Fost Repair Inspection   S25     *N8: DV / Collect Excess Coordination   S5     *TP (N11): TP (N12 INC) against INC   S20     *S1   S1   S2   S2   S3     *S2   S3   S4   S4   S4   S4   S4   S4     *S3   S4   S4   S4   S4   S4   S4   S4     *S4   S4   S4   S4   S4   S4   S4     *S5   S6   S6   S6   S6   S6     *S6   S6   S6   S6   S6   S6     *S6   S6   S6   S6   S6     *S7   S6   S6   S6   S6   S6     *S6   S6   S6   S6   S6     *S7   S6   S6   S6   S6     *S6   S6   S6   S6   S6     *S6   S6   S6   S6   S6     *S6   S6   S6   S6   S6     *S7   S6   S6   S6   S6     *S6   S6   S6     *S6   S6   S6   S6     *S6   S6   S6   S6     *S6	Algorations  Algoraticulars:  Limant's Particulars:  Little No:	Courtesy Car (	Invoice Prepared in Art : Follow-Three For claiming again	ration Checklist porting (\$30); essment (\$100); INC (\$80) \$40/5 egh Survey \$1 egh Survey (Resurvey) \$ stINC Only (wef 10 Jan 2005)	Ant (5) (\$1.Bill 45 20 30	Amu
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Date Of Driving Pass

**Driving Experience** 

Mobile Number

Contact Number EMail Address

Fax Number

Gender

- 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.
- 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.
- 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	01/10/2019 13:50
Date Of Accident	16/09/2019 22:15
Exact Location Of Accident	UPPER BUKIT TIMAH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN4845E
Insured/Policyholder	
Name Of Registered Owner	WONG JIN WEI SAMUEL
NRIC No	S9442528Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97706701
Alternative Phone No	OFFICE-97706701
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF190WH
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V12927/VMS/R00
Cover Note Number	
Driver	
Name of Driver	WONG JIN WEI, SAMUEL
NRIC No	S9442528Z
Date Of Birth	03/11/1994
Occupation	INDOOR

18/09/2018

MALE

NOEMAIL

0 YEAR AND 11 MONTH

(LOCAL) +65-97706701

OFFICE-97706701

Address

BLK 104 CLEMENTI STREET 14

#01-109

Postcode

120104

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 - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

2

Number of vehicles (including own vehicle)

involved in the accident

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

REFER TO POLICE REPORT - T/20190917/7015

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

SHC8637A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

1

## **DETAILS OF INJURED PERSON 1**

Name

WONG JIN WEI, SAMUEL

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBN4845E

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

## 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.
- 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:

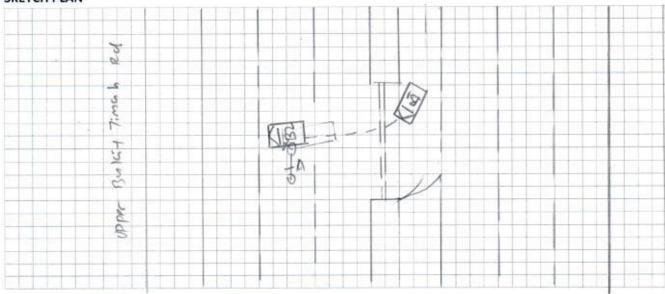
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - 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

heles to	notice	MARTH	- 7/20/900	117/2015.		
	1					
			/			
			/			

## 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.:





1 of 3

Report No. T/20190917/7015

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

#### REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 17/09/2019 16:23		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	· 阿尔思斯 在 · · · · · · · · · · · · · · · · · ·	AND SHEET BEING THE	
	Informant: JIN WEI, SA		Address: APT BLK 104 CLEMENTI STI 120104	REET 14 #01-109 SINGAPORE	
ID Type / ID No.: NRIC NO / S9442528Z		28Z	Contact No.: Home/Office: Mobile: 97706701		
National SINGAP	ity: ORE CITIZ	'EN	Email: eliteforcenator@gmail.com		
Sex: Male	Age: 24	Date of Birth: 03/11/1994	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Singapore Armed Forces personnel		orces personnel	Driving Licence Information: Class: 2B,3	Date of Expiry:	

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/09/2019 22:15	Type of Location Straight Road	
Location: UPPER BUK Weather: Clear	IT TIMAH ROAD	Road Surface:		Road Speed Limit: 70 Km/h	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	sion: ring Vehicles - Head To S	ide		Anyone conveyed by ambulance: Yes	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBN4845E	ALCOHOL: NAME OF TAXABLE PARTY.					0
SHC8637A	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20190917/7015

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

#### CONTINUATION OF REPORT

Rider		400 6 100	Andrew Marian		- STATE	
Name	WONG JIN WEI, SAMUEL			ID No		S9442528Z
Related Vehicle	FBN4845E (Motorcycle)			Conta	ct No.	97706701
Hospital/Clinic	NG TENG FONG G	ENERAL H	HOSPITAL	Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/09/2019 Date Disc			scharge	17/09	9/2019
No. of Days gran	ted Medical Leave	05	Degree	of Injury	Serio	us

#### Brief Details.

On 16 Sep 2019 around 10:15pm, I was traveling on my motorcycle FBN4845E along Upper Bukit Timah Road (between Hume Ave and Hinhede Road) in the direction of Clementi Rd in the 2nd lane from the right while commuting back from work. I saw a U-turn site in front on the right hand side, I slowed down and observed that there were vehicles at the stop line waiting to make a U-turn. I flashed my high beam twice to warn the vehicles of my approach while still maintaining a speed of between 50-55km/h. The first vehicle at the U-turn site was a taxi SHC8637A. As I approached the U-turn site, the taxi proceeded to perform a U-turn maneuver, and instead of turning into the rightmost lane, he went horizontally across the 2nd lane right into my path.

As I was less than 5 meters away at the time, I performed emergency braking but the taxi crossing my path caused me to collide into the side of the left front passenger door. The impact caused me to fall from my motorcycle and slide to the bus bay of bus stop Southaven II (42119).

I saw the taxi moving off after the accident.

However, the taxi was signalled to stop by a McDelivery rider who then rendered assistance to me. The first responder Traffic Policeman at the scene took my statement as I was being treated in the ambulance.

The witnesses to the accident were present when the Traffic Policeman arrived. I was unable to get the details of the taxi driver and the witnesses as I was being treated in the ambulance.

I was then transported by ambulance to Ng Teng Fong General Hospital for treatment of my injuries. I suffered multiple abrasions on both arms and hands, bruises and contusions on both arms and legs, and great pain in my right hip joint, right shoulder, and pain and stiffness of the neck.





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

3 of 3 Report No. T/20190917/7015

## CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

NP168

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: 17/09/2019 16:23
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp	





## 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	SD18V12927 /VMS /R00	
Form	MY1	
Date Of Issue	00 NOV 2040	

1. Index Mark and Registration No. of Vehicle: FBN4845E

2. Chassis number of Vehicle:

3.Name of Policyholder:

4. Effective date of Commencement of Insurance

for the purposes of the Act. 5.Date of Expiry of Insurance:

6.Persons or Classes of Persons

entitled to drive":

09-NOV-2018

LWBMC4695J1307803

WONG JIN WEI SAMUEL

09-OCT-2018 00:00 AM

08-OCT-2019 23:59 PM

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.

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.
- 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

SUM INSURED: EXCESS

FINANCE COMPANY: PRODUCER NAME:

Comprehensive

MARKET VALUE AT THE TIME OF LOSS

Section I (Singapore) S\$600, Section I (Outside Singapore) S\$2500

BOON SIEW SINGAPORE PTE LTD

20191001

Ver.1.260705