

Date/Time	29/10/19 17:07	Job description	Date & Time Completed	Done by
Ref No	MA1 LIP19019091/64	SAS e-filing		
Veh No	SMD 2899K	E-mail (e-filing this, AIC this)		
DATE	24/10/19 16:25	I-Motor Claim Form		
010	Reporting Only	I-Motor W/O (within: OD this, TP this)		
		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW:	Tel:	Fax:
TP Particulars:	Veh No:	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 repeler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	(INC) (e-filing: 6/88/6616)	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	Action

MA1908084	Invoice Generation Checklist:	Am (S)	Am (I)
Client's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/145		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Eng-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Amplifiers Comments:	Verifying against INC Only (w/c 10 Jan 2002)		
	6) TR: Re-inspection \$75		
	7) NI: Max DA + SMRT Survey \$140		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NP: Post Repair Inspection \$25		
	*ND: DV / Collect Excess Coordination \$5		
	TE (Nil): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	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	29/10/2019 17:07
Date Of Accident	24/10/2019 16:25
Exact Location Of Accident	BLK 54 KENT RD #24-01 (S) 210054
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2899K
Insured/Policyholder	
Name Of Registered Owner	JKKHO
Co Reg No	53310341W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81111002
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA45 AMG COUPE 4MATIC AUTO
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	SD19V11103/VPE/R00
Cover Note Number	

Driver

Name of Driver	HO TZE KIAM (HE ZHIQIAN)
NRIC No	S7730230A
Date Of Birth	11/10/1977
Occupation	INDOOR
Date Of Driving Pass	18/09/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81111002
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 54 KENT RD #24-01
Postcode	210054
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
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?	NO
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)	2
Passenger 1	NAME: : CELESTE HO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT E/20191025/7000

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG4746U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HO TZE KIAM (HE ZHIQIAN)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMD2899K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CELESTE HO

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMD2899K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 Information 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.

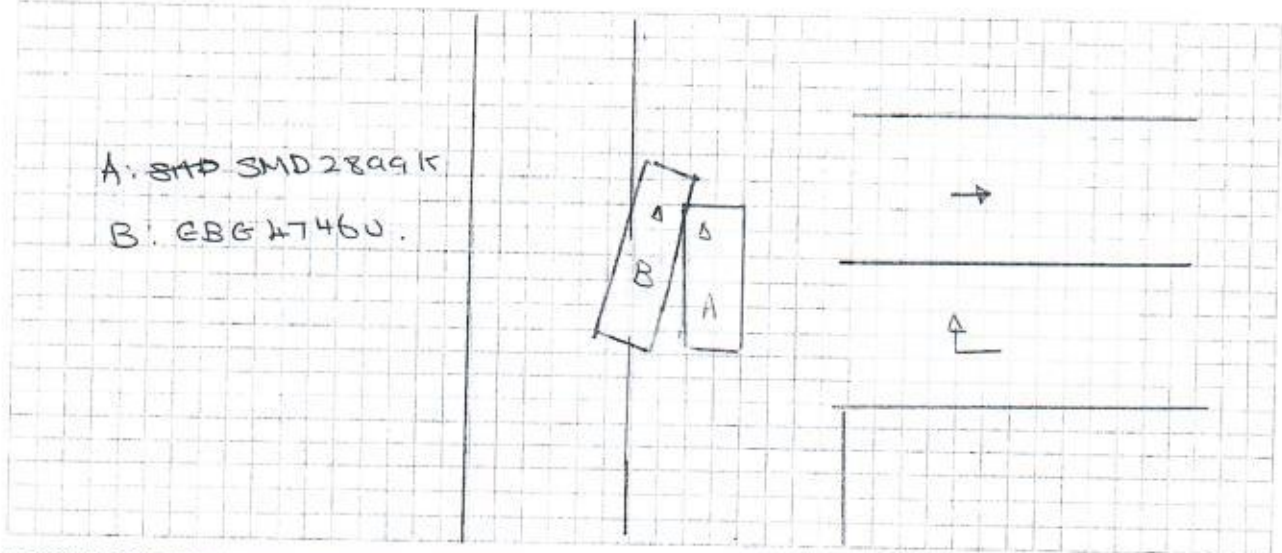


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



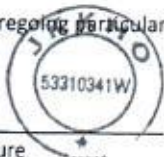
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police Report.

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.:

Date of Accident : 24/10/19 Accident Time: 16:25 (24-HR-Format)
Accident Place : Blk 54 Kent Road #24-01 3210054
Vehicle No. (Car Plate No.) : SHD2899K Make/Model: Mercedes CLA 45 AMG
Insurance Company : Liberty Policy No: SD19V111031VPE / R00
Owner or Company Name / IC No. : JKKHO
Owner or Company Contact No. : 533103440 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : HO Tze Kiam 51730230A
DRIVER'S Date Of Birth : 11/10/1977 DRIVER'S License Pass Date : 18/09/1995
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 54 Kent Rd #24-01 3210054
DRIVER'S Contact No. / Alt No. : (1) 8111 1002 (2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): Driver 1 (Passenger 0)
Was there any video Captured by car camera? YES \ NO (with police)
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes Both Driver & 1 Passenger

Other Party Driver's Particular (if any)

Vehicle No: <u>GBG 4746 U</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Celeste HO Female (15yr old)





**SINGAPORE
POLICE FORCE**



E/20191025/7000

1 of 2

POLICE REPORT (NP299)

Report No. E/20191025/7000

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 25/10/2019 00:17	Vide Report No.	Station Diary No.
Name Of Informant HO TZE KIAM	Address APT BLK 54 KENT ROAD #24-01 SINGAPORE 210054	
ID Type / ID No. NRIC NO / S7730230A	Contact No. Home/Office:	Mobile: 81111002
Nationality SINGAPORE CITIZEN	Email Address keankeanho77@gmail.com	
Occupation Shop sales assistant	Sex Male	Age 42
Institution/School Name	Date of Birth 11/10/1977	Race Chinese
Date/Time Of Incident 24/10/2019 16:20 - 24/10/2019 16:25	Language English	
	Location Of Incident APT BLK 54 KENT ROAD #24-01 SINGAPORE 210054	

Brief details.

While I was travelling along kent road with my niece on our way home at block 54 kent road, I was on the right lane of a 2 lane road (one way traffic), one white van VRN GBG4746U suddenly cut in from left lane and hit onto my car while I was in lane. The impact propelled me to lost control and mount onto the kerb on my right and my car hit into block 53 wall. I wish to highlight that I have applied brake and there are no way I can avoid this accident as the van driver did such a dangerous driving. After the accident, me and my niece were both injured and we went to A&E at Farrer Park hospital A&E to seek medical help. Traffic police also arrived and have given a incident card number E/20191024/0097. Both of us were given 5 days mc

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: 25/10/2019 00:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20191025/7000

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20191025/7000

Subjects Involved			
Victim			
Person Name	HO TZE KIAM		
ID Type	NRIC NO	ID No	S7730230A
Gender	Male	Age	42
Race	Chinese	Language	English
Occupation	Shop sales assistant		Address Type
Address	APT BLK 54 KENT ROAD #24-01 SINGAPORE 210054		Mobile No
			81111002
Is Informant A Victim?	Yes		
Person Name	Celeste Ho		
ID Type	NRIC NO	ID No	T0434450I
Gender	Female	Age	15
Race	Chinese	Language	English
Occupation	Student	Address	11 Pasir Ris rise #10-21 SINGAPORE 518085
Mobile No	96980988	Relation To Informant	Niece
Person Name	HO TZE KIAM (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

25/10/2019 00:17

Classification Of Case:

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)

Name of Policyholder:

JKKHQ

Date of Issue:

04 Sep 2019

Registration No.:

SMD2899K

Effective Date of Commencement:

01 Sep 2019 00:00

Chassis No.:

WDD1173522N468867

Certificate No.:

SD19V11103/ VPE / R00

Date of Expiry:

31 Aug 2020 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\$1200, Section I - Unnamed Drivers (Between 27 to 65 Years Old With At Least 24 Months' Driving Experience And No Claims For The Past 2 Years) S\$1700, Windscreen Excess S\$100

Name of Finance Company:

Name of Producer:

I-N-S MANAGEMENT (A1333)

PLAS/SD19V11103/04-Sep-2019/MotorC/v1.0