

NATIONAL Assessment Centre Services. [wef 1 Jan'00]

NA19143998

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 31/10/2019 09:52 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/L1/1901/192/1 | SAS e-filing | | |
| Veh No: 512135E | E-mail (w/da 2hrs, AIC 2hrs) | | |
| UOA 05/01/2019 00:00 | I-Motor Claim Form | | |
| OID TP Reporting Only | I-Motor W/O (withda: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: () | 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% 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 repair.

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

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

Remarks:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

| Date/Time | Activity | Remarks |
|-----------|----------|---------|
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| | | |

NA1908194

| | | |
|---------------------------------|---|-------------|
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30) | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$10) | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | |
| Damaged Portion: | 4) PT: 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) | |
| Date: | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idas DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | ON: | |
| | *NS: Courtesy Car / Tpl Allowance \$3 | |
| | *N6: Repair Co-ordination \$10 | |
| | *N7: Post Repair Inspection \$25 | |
| | *N8: DV / Collect Excess Coordination \$3 | |
| | TP (Nil) / TP (Non INC) against AIC \$20 | |
| | 9) NI: Idas 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 | 31/10/2019 09:52 |
| Date Of Accident | 05/07/2019 00:00 |
| Exact Location Of Accident | MARINA BAY SANDS NORTH CARPARK ENTRANCE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJZ1315E |
| Insured/Policyholder | |
| Name Of Registered Owner | WEE TIONG BOH |
| NRIC No | S2550329E |
| Email Address | WEETIONGBOH@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90692771 |
| Alternative Phone No | OTHERS-90692771 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | LEXUS |
| Model | RX270-2.7 (A) |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SI18V13246/VPE/R01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | WEE TIONG BOH |
| NRIC No | S2550329E |
| Date Of Birth | 30/07/1957 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/05/1976 |
| Driving Experience | 43 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90692771 |
| Fax Number | |
| Contact Number | OTHERS-90692771 |
| Email Address | WEETIONGBOH@GMAIL.COM |

| | |
|---|----------------------------------|
| Address | BLK 18D HOLLAND DRIVE #33-427 |
| Postcode | 275018 |
| 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 | NO COLLISION |
| 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 | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

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: 30/10/19

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

UNKNOWN ABOUT THE
INCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was not aware of the accident until I receive
the letter from Mrs [signature] on 24/10/2019

DECLARATION

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

[signature]
Policyholder's Signature

Date & Time: 30/10/19

wee tang Beh
Driver's Signature

(If driver is not the policyholder)

Date & Time:

[signature] 31/10/2019
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Acknowledgement Letter

| | | | |
|---------------------|--|---------------|---------------|
| Date | : 24 Oct, 2019 | Liberty Ref | : IVS19/1648 |
| Your Vehicle | : SJZ1315E | Policy No | : SI18V13246 |
| Third Party Vehicle | : CARPARK BARRIER | Accident Date | : 05-JUL-2019 |
| Accident Location | : MARINA BAY SANDS NORTH CARPARK ENTRANCE | | |
| To Insured | : WEE TIONG BOH 18D HOLLAND DRIVE #33-427 BUONA VISTA COURT SINGAPORE 275018 | | |

Copy to Agent/Broker/Ins: PERLE AGENCY

() We acknowledge receipt of your accident report.
All writ of summons, letters/correspondence from claimant/third party must be handed to us immediately without reply.

(X) We have received Third Party claim(s) against your policy.
If you have any additional information (photos/videos/witness) which would assist us in the handling of the claim, please revert within the next 5 working days. Should we not hear from you, we will proceed to handle the claim accordingly.

In the meantime, please forward any letters or court documents from third parties to our office.
Kindly note that your No Claims Discount (NCD) may be affected as a result of this claim.

Please provide us with the following information where applicable.

If you are submitting a claim against the third party insurer, and/or if any of your passenger(s) has made a claim against the third party insurer:

- Traffic Police Investigation Report and any action taken against you or any other party including the final outcome.

(X) Please file an accident report at any of our Preferred Workshops or Reporting Centres urgently.
Kindly ignore this letter if you have already submitted the report.

Yours faithfully

Claims Department

This is a computer print out. No signature is required.

ACCIDENT STATEMENT

ACCIDENT DATE: 05/07/2019 (DD/MM/YYYY), TIME: 00:00 (HH:MM)

LOCATION: Marina Bay Sands North car park entrance

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S521315E
 b) INSURANCE COMPANY: LIBERTY
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: LEXUS RX270
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: WEE TIONG BOA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S25503236 CONTACT: 90692771
 c) ADDRESS: BLK 180 #33-427 Holland Drive
S275018

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 30/07/1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19/13/26

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear

b) ROAD SURFACE: (DRY / WET / OTHERS) dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: NA

B. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
 (including driver)
 ()

No of passengers
 (including driver)
 ()

No of passengers
 (including driver)
 ()

Email: weetiongboh@gmail.com

VIDEO

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: WEE TIONG BOH | | Certificate No.: SI18V13246/ VPE / R01 |
| Date of Issue: 23 Oct 2018 | Effective Date of Commencement: 28 Oct 2018 00:00 | Date of Expiry: 27 Oct 2019 23:59 |
| Registration No.: SJZ1315E | Chassis No.: JTJZA11A502000997 | 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 |
| Sum Insured: | MARKET VALUE AT THE TIME OF LOSS |
| Excess: | Section I - Named Drivers S\$900, Section I - Unnamed Drivers S\$1400, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 |
| Name of Finance Company: | OVERSEA-CHINESE BANKING CORPORATION LTD |
| Name of Producer: | PERLE AGENCY (A1404-2) |