

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MAIAU9158679

Date In: 07/12/2009 14:03	Job description	Date & Time Completed	Done by
Ref No: NBA/21919021284, F	SAS e-filing		
Veh No: FBM 4817S	E-mail (5 jobs 2hrs, AIC 2hrs)		
DOA: 28/11/2009 20:30	I-Motor Claim Form		
OW: (TP) Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars:	Veh No: SME 60668	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 ()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of rapair.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: _____

Date/Time: _____

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Ward's Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
2nd 1:	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	9) NI: Idea Mobile	
	10) NS: Courtesy Car / Tpt Allowance \$3	
	11) Not Repair Co-ordination \$10	
	12) Not Post Repair Inspection \$25	
	13) ND: DV / Collect Excess Coordination \$3	
	14) TP (Nil) / TP (Non INC) against INC \$20	
	15) NI: Idea 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	02/12/2019 14:03
Date Of Accident	28/11/2019 20:30
Exact Location Of Accident	SELETAR WEST LINK CTE L/P 46
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4817S
Insured/Policyholder	
Name Of Registered Owner	LOVIE ELIZABETH LAU LE YI (LIU LEYI)
NRIC No	S8935743H
Email Address	LVZ.NINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96971029
Alternative Phone No	OFFICE-96971029

Vehicle Particulars

Manufacturer	DUCATI
Model	SCRAMBLER CAFE RACER
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	THIRD PARTY
Fleet Policy	NO
Policy Number	SI19V05692/VMS/R01
Cover Note Number	

Driver

Name of Driver	LOVIE ELIZABETH LAU LE YI (LIU LEYI)
NRIC No	S8935743H
Date Of Birth	09/10/1989
Occupation	INDOOR
Date Of Driving Pass	20/01/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96971029
Fax Number	
Contact Number	OFFICE-96971029
Email Address	LVZ.NINE@GMAIL.COM

Address	BLK 467 ADMIRALTY DRIVE #12-203
Postcode	750467
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 - HEAD TO REAR
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?	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 STATEMENT.

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 Witness 1

Name	AHMAD SUFIANDI BIN JUMADI
Phone Number	90693467
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME6066R
Vehicle Make/Model/Colour	LEXUS IS300H
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHONG GUAN
NRIC/Passport Number	S0232298F
Contact Number	96624858

- Address
- Postcode
- Insurance Company Name
- Nature Of Damage
- No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LOVIE ELIZABETH LAU LE YI
Approximate Age	
Injuries Sustain	LEG AND HAND
Injured person in which vehicle?	FBM4817S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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)

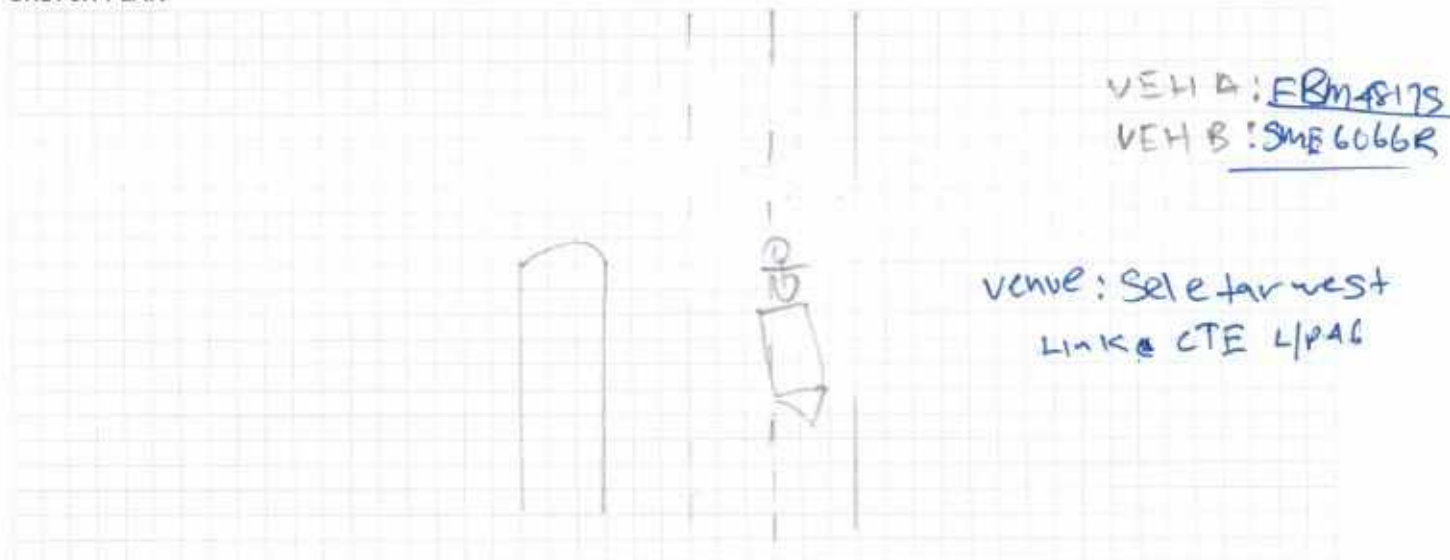
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police statement

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.:



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

Report No. T/20191129/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2019 11:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOVIE ELIZABETH LAU LE YI			Address: APT BLK 467 ADMIRALTY DRIVE #12-203 SINGAPORE 750467		
ID Type / ID No.: NRIC NO / S8935743H			Contact No.: Home/Office:		Mobile: 96971029
Nationality: SINGAPORE CITIZEN			Email: lovie.lau@gmail.com		
Sex: Female	Age: 30	Date of Birth: 09/10/1989	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: CUSTOMER RELATIONS OFFICER		Driving Licence Information: Class: 2		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2019 20:30	Type of Location: Straight Road
Location: SELETAR WEST LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4817S	Motorcycle	DUCATI	DUCATI SCRAMBLE R CAFE RACER	Black	Slightly Damaged	0
SME6066R	Car	LEXUS		Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM4817S	LIBERTY INSURANCE PTE LTD	SI19V05692	08/05/2019	15/05/2020



**SINGAPORE
POLICE FORCE**



T/20191129/7005

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

3 of 3

Report No. T/20191129/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
PHUA TIAK YEE
Contact No.: 65472077

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

Date/Time:
29/11/2019 11:21

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 28/11/2019 (DD/MM/YYYY), TIME: 20:30 (HH:MM)

LOCATION: SELETAR WEST LINK, CTE L/P 46

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM48175
 b) INSURANCE COMPANY: LIBERTY INSURANCE
 c) POLICY NUMBER: 5119V05692
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: DUCATI SCRIBBLER CAFE RACER
 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: LOUIE ELIZABETH LAU KEYI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 58935743H CONTACT: 96971029
 c) ADDRESS: 467 ADMIRALTY DRIVE #12-203
57450467

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
 (including driver)
()

- DRIVER
 a) NAME: LOUIE ELIZABETH LAU KEYI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 58935743H CONTACT: 96971029
 c) ADDRESS: 467 ADMIRALTY DRIVE #12-203
57450467

* d) DATE OF BIRTH: 09/10/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) TRAFFIC POLICE
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
 (including driver)
(2)

- a) VEHICLE NUMBER: 5ME6066R MODEL: LEXUS IS300h
 b) DRIVER'S NAME: TAN CHONG GUAN
 c) NRIC/FIN/PASSPORT: 50232298F CONTACT: 96624858

9. THIRD PARTY VEHICLE

No of passenger
 (including driver)
()


- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

WITNESS: SUF
 AHAMAD HANDI BIN JUMADI
 90693467

Email =
 VIDEO

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	SI19V05692 /VMS /R01
Form	MY1
Date of Issue:	08-May-2019
1. Index Mark and Registration No. of Vehicle:	FBM4817S
2. Chassis number of Vehicle:	ZDMKC02AAJB004503
3. Name of Policyholder:	LOVIE ELIZABETH LAU LE YI (LIU LEYI)
4. Effective date of Commencement of Insurance for the purposes of the Act:	15-MAY-2019 00:01
5. Date of Expiry of Insurance:	15-MAY-2020 00:00
6. Persons or Classes of Persons entitled to drive*:	LOVIE ELIZABETH LAU LE YI (LIU LEYI)
<p>The Policyholder only.</p> <p>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.</p> <p>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.</p>	
7. Limitations as to use*: <p>Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession.</p>	
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.	
<p>*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.</p>	
<p>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).</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  Authorised Signature	

For Information only:

COVERAGE:	Comprehensive, Flood and Special Perils
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I \$700.00, Theft (Outside Singapore) \$2,500.00
FINANCE COMPANY:	SIN HENG CREDIT PTE LTD
PRODUCER NAME:	WEARNES AUTOMOTIVE SERVICES PTE LTD



**Khoo Teck Puat
Hospital**

National Healthcare Group

Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KHANE191718128

NAME : LOVIE ELIZABETH LAU LE YI
NRIC : S8935743H

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 28 Nov 2019 21:19 to 28 Nov 2019 23:42

The above named is unfit for duty for a period of 7 day(s), from 29 Nov 2019 to 05 Dec 2019 inclusive.

The Certificate is not valid for absence from court attendance.

Remarks :

28 Nov 2019

Dr Koh, Juexi Casey (13894J)

A&E

Date

Issuing Doctor

Location

Doctor's Signature

Reg No: 200717564H

----- Tear Along Here -----



**Khoo Teck Puat
Hospital**

National Healthcare Group

Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KHANE191718128

NAME : LOVIE ELIZABETH LAU LE YI
NRIC : S8935743H

Type of Medical Leave granted : HOSPITALIZATION LEAVE

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Remarks :

28 Nov 2019

Dr Koh, Juexi Casey (13894J)

A&E

Date

Issuing Doctor

Location

Doctor's Signature

Reg No: 200717564H

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNAH9158679 Vehicle Registration No: FAM Y817S
Name (as shown in NRIC): LOUIE ELIZABETH LOH LA YI (LIU LA YI) NRIC/FIN/Passport No: SP935743H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____
Contact (Tel): _____ Singapore ()
Mobile No.: 96871029
Email Address: _____
Date of Accident: 28/10/19 Time of Accident: 20:30
Place of Accident: SUNAR WEST LANE CTR L/P 46
Insurance Company: LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To IMPART WITNESS PARTICULAR : AHMAD SUFIANDI BIN ZUMADI
U/P NO: 9693467

Policyholder / Driver's Signature
Date:

 03/12/2019
Reporting Centre Personnel's Signature
Name: Bar 2
NRIC/FIN No.: MAH9158679
Date: