

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA119167211

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 16/12/19-17:31 | Job description | Date & Time Completed | Done by |
| Ref No: WA/MP 190 2250/24 | SAS e-filing | | |
| Veh No: J6X42722 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 16/12/19-16:10 | 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: Vch No: J6X42722 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

| Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3: | Invoice Preparation Checklist | | Ant (\$) 1st Bill | Ant (\$) Add Bill |
|---|---|-------------|----------------------|----------------------|
| | 1) AR: Accident Reporting (\$30); | | | |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TP: Towing Fee \$40/\$45 | | | |
| | 4) FT: Follow-Through Survey \$120 | | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| | 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:- | | | |
| OD: | | | | |
| *N5: Courtesy Car / Tpl 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 | 19/12/2019 17:31 |
| Date Of Accident | 16/12/2019 16:10 |
| Exact Location Of Accident | TEMPLE ST |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLX4277Z |
| Insured/Policyholder | |
| Name Of Registered Owner | KOH KOON HUAT |
| NRIC No | S1610802B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81393971 |
| Alternative Phone No | OFFICE-81393971 |

Vehicle Particulars

| | |
|--|--|
| Manufacturer | CITROEN |
| Model | C4 PICASSO 1.6I EHDI ETG6 (NON P.ROOF) |
| 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 | SI19V13879/VPE/R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | KOH HAN JIE |
| NRIC No | S9317429A |
| Date Of Birth | 19/05/1993 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/10/2013 |
| Driving Experience | 6 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81393971 |
| Fax Number | |
| Contact Number | OFFICE-81393971 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 557 WOODLANDS DRIVE 53 #11-65 |
| Postcode | 730557 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | DRIZZLING |
| Road Surface | WET |

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? | 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 | 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/20191217/7000.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMM5760J |
| 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)

1

31

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:



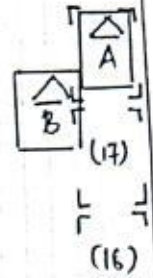
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SLX 4277Z

Vehicle B: SUM 5760J

Temple Street



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:

Patricia A

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

[Signature]

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

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 12 / 2019 (DD/MM/YYYY), TIME: 16 : 10 (HH:MM)

LOCATION: Along temple street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX42777
 b) INSURANCE COMPANY: Liberty
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Citroen C4
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Koh Koon Huat (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1610802B CONTACT: _____
 c) ADDRESS: 557 Woodlands Dr 53 #1F65 S(730557)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
 (including driver)
(01) female

DRIVER

- a) NAME: Koh Han Jie (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9317429A CONTACT: 81393971
 c) ADDRESS: 557 Woodlands Dr 53 #1F65 S(730557)

* d) DATE OF BIRTH: 19 / 05 / 1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

* No of passenger
 (including driver)
(01) female

- a) VEHICLE NUMBER: Smm 5760J MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

* No of passenger
 (including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =

video = ☒



SINGAPORE POLICE FORCE



T/20191217/7000

1 of 4

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

Report No. T/20191217/7000

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 17/12/2019 01:02 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant: KOH HAN JIE | | | Address: 557 WOODLANDS DRIVE 53 #11-65 SINGAPORE 730557 | |
| ID Type / ID No.: NRIC NO / S9317429A | | | Contact No.: Home/Office: | Mobile: 81393971 |
| Nationality: SINGAPORE CITIZEN | | | Email: hanjie.khj@hotmail.com | |
| Sex: Male | Age: 26 | Date of Birth: 19/05/1993 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: Chef | | | Driving Licence Information: Class: 2B,2A,2,3 | Date of Expiry: |

General Information of the Accident

| | | | | | |
|---|------------------------|---------------------------------|---|----------------------------------|-------------------|
| General Information of the Accident | | | | | Type of Location: |
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 16/12/2019 16:10 | Straight Road | |
| Location: | | | | | |
| TEMPLE STREET | | | | | |
| Weather: Drizzling | | Road Surface: Dry | | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|------------|-------|------------------|-----------------|
| SLX4277Z | Car | CITROEN | C4 Picasso | | Slightly Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---------------------------|--------------|------------|-------------|
| SLX4277Z | LIBERTY INSURANCE PTE LTD | | 21/11/2019 | 20/11/2020 |



**SINGAPORE
POLICE FORCE**



T/20191217/7000

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

Report No. T/20191217/7000

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------|--|---|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | MAGDELINE NG SHI QI | ID No. | S9310754C |
| Related Vehicle | SLX4277Z (Car) | Contact No. | 96232903 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | KOH HAN JIE | ID No. | S9317429A |
| Related Vehicle | SLX4277Z (Car) | Contact No. | 81393971 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

I parked my car beside Lau Choy Seng (one of the shop along temple street in chinatown). I was packing my things that I bought from the shop. I was arranging it at the back of my car's boot. My girlfriend was inside the car waiting for me. While I was packing, I could hear car horn sound as the road was quite congested with a lot of cars. Suddenly, I felt a knock on my car left hand rear wheel while I was packing my things. A toyota corolla altis (SMM5760J) knocked onto my car left rear wheel. It was a female driver, she came down and have a look at her car and mine. We had a short conversation and she keep insisting that she did not knock onto my car. We had conversation arguing for about 10mins. As the road was quite congested, I asked the driver to drive infront of my car so that other car behind could pass. She then proceed to drive infront of me and we later had a conversation there. I asked her how does she want to resolve this accident, she did not replied to my question and keep insisting that I was ridiculous. I was ver frustrated with the way she replied and I told her that I will report to the traffic police on this accident. I asked her for her particulars, she did not comply and give it to me. She then come down and took pictures of her car, my rear wheel and proceed to drive off. When the accident happened, I was right beside my car when she knocked onto my car's rear wheel. I immediately took photos of the damage on my car and her car. When she proceed to drive off, I took a picture of her car plate. I had 2 camera inside my car with front and rear view. I have then retrieve the video footage of the whole incident. I am driving my father's car (SLX4277Z), the female driver that knocked onto me was (SMM5760J). The incident happend on monday 19/12/2019 at 4pm.



**SINGAPORE
POLICE FORCE**

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



T/20191217/7000

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Report No. T/20191217/7000

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20191217/7000

4 of 4

Report No. T/20191217/7000

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 /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

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

Date/Time:
17/12/2019 01:02

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; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder:

KOH KOON HUAT

Date of Issue:

14 Nov 2019

Effective Date of Commencement:

21 Nov 2019 00:00

Certificate No.:

SI19V13879/ VPE / R00

Date of Expiry:

20 Nov 2020 23:59

Registration No.:

SLX4277Z

Chassis No.:

VF73D9HC8FJ603410

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 are not to be included under these headings.

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.



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\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

DICKSON CAPITAL PTE LTD

Name of Producer:

D&S AUTO AGENCY (A1661-2)

A1661-2/2023/NAANT/SI19V13879/14-Nov-2019/Motor/CI-v1.0