

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MA11917201**

| | | | |
|---|--|-----------------------|---------|
| Date In: 21/1/19-11:16 | Job description | Date & Time Completed | Done by |
| Ref No: NA/MP/19022933/24 | SAS e-filing | | |
| Veh No: 564 6607K | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 22/1/19-10:25 | i-Motor Claim Form | | |
| <input checked="" type="radio"/> 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 <u>Fax / Hand</u> to <u>Owner/Wksp</u> | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: 564 76094 | 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: | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616) | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury : _____

| Date/Time | Actions |
|-----------|---------|
| | |
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| | | | |
|---------------------------------|---|------------------------------|------------------------------|
| NA 200079 | Invoice Preparation Checklist | Am't (\$) Est Bill | Am't (\$) Add Bill |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF : Towing Fee \$40/\$45 | | |
| Damaged Portion: | 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:- | | |
| QC Checked by (Engr-In-Charge): | Q1: | | |
| | * N5: Courtesy Car / Tpt Allowance \$5 | | |
| | * N6: Repair Co-ordination \$10 | | |
| | * N7: Post Repair Inspection \$25 | | |
| | * N8: DV / Collect Excess Coordination \$5 | | |
| Auditors' Comments :- | TP (N11) : TP (Non INC) against INC \$20 | | |
| Dat 1: | 9) N12: Idac Mobile 30 | | |
| Dat 2 / 3: | 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 | 31/12/2019 11:16 |
| Date Of Accident | 27/12/2019 10:25 |
| Exact Location Of Accident | ECP TWDS CITY OPP LAGUNA COUNTRY CLUB |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGH6607K |
| Insured/Policyholder | |
| Name Of Registered Owner | KOH KENG HIN VINCENT |
| NRIC No | SXXXX254G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96858875 |
| Alternative Phone No | OFFICE-96858875 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | BENTLEY |
| Model | CONTINENTAL GT V8 |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SI19V02737/VPS/R02 |
| Cover Note Number | |

Driver

| | |
|----------------------|--|
| Name of Driver | KOH KENG HIN, VINCENT (XU QINGXING, VINCENT) |
| NRIC No | SXXXX254G |
| Date Of Birth | 15/07/1973 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/05/2008 |
| Driving Experience | 11 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96858875 |
| Fax Number | |
| Contact Number | OFFICE-96858875 |
| Email Address | NOEMAIL |

| | |
|---|----------------------|
| Address | 65 PASIR RIS HEIGHTS |
| Postcode | 519272 |
| 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? | 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) | 1 |

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/20191227/7021.

Attachment(s)

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

Details of Witness 1

| | |
|---------------|----------|
| Name | THOMAS |
| Phone Number | 83881357 |
| Email Address | |

Details of Witness 2

| | |
|---------------|----------|
| Name | JEN |
| Phone Number | 85188108 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKW7609Y |
| 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)

NAME OF INJURED PERSON

DETAILS OF INJURED PERSON 1

Name

KOH KENG HIN, VINCENT (XU QINGXING, VINCENT)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGH6607K

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.
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.

X

Policyholder's Signature
Date & Time:

X

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

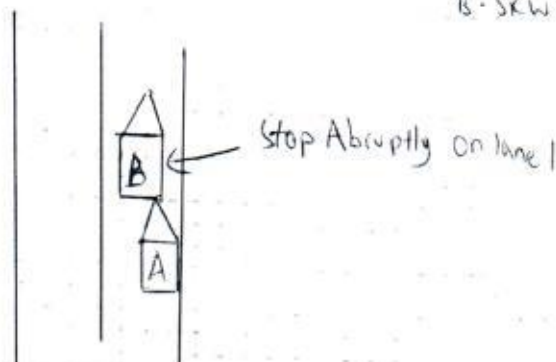
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

ELP TWDS CITY OPP LAGUNA COUNTRY CLUB

A-SGH 6607K

B-SKW 7604Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

KINDLY REFER TO POLICE RPEORT

DECLARATION

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

X

Policyholder's Signature
Date & Time:

X

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

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

VEHICLE NO: SGH6607K

Model: BENTLEY CONTINENTAL

| | |
|-----------------------------------|--|
| DATE OF ACCIDENT | 27/12/19 |
| TIME OF ACCIDENT | 1025 HRS AM / PM |
| LOCATION OF ACCIDENT | ECP TOWARDS CITY OPPOSITE LAGUNA COUNTRY CLUB |
| Exact Purpose use during accident | |
| NAME OF OWNER | KOH KENG HIN, VINCENT (XU QINGXING, VINCENT) |
| TELP NO | 96858875 |
| NRIC | S7325254G |
| CLAIM TYPE | OD / THIRD PARTY / Reporting Only OD |
| INSURANCE CO. | LIBERTY |
| TYPE OF COVERAGE | Comprehensive / Third Party / Third Party Fire & Theft |
| POLICY NO. | |
| NAME OF DRIVER | SAME AS ABOVE |
| NRIC | As above / If No: Any passengers: 0 |
| TE OF BIRTH | |
| OCCUPATION | Outdoor / Indoor |
| DATE OF DRIVING PASS | |
| GENDER | Male / Female |
| CONTACT NO. | 96858875 Office: Home: |
| ADDRESS | 65 PASIR RIS HEIGHTS S(519272) |
| DRIVER HAVE ANY OWN Vehicle | NO / If yes: Reg No: |
| RELATIONSHIP | Employee / If No: |
| WEATHER CONDITION | Clear / Raining / Other: CLEAR |
| ROAD SURFACE | Dry / Wet / Other: DRY |
| ANY INJURIES | No / If yes: Who? |
| CONTACT NO. | |
| POLICE REPORT | No / If yes: Where? |
| VEHICLE B NO. | SKW7609Y Any Passenger: |
| NAME | |
| CONTACT NO. | |
| VEHICLE C NO. | Any Passenger: |
| VEHICLE D NO. | Any Passenger: |
| VEHICLE E NO. | Any Passenger: |
| VEHICLE F NO. | Any Passenger: |
| ANY WITNESS | |
| WITNESS CONTACT NO. | |
| PARTICULAR WORKSHOP | Ryder Auto Pte Ltd |
| TELP NO | 2 Kaki Bukit Ave 2, #02-19 AutoHub @ Kaki Bukit, |
| CONTACT PERSON | Singapore 417921 |
| FAX NO. | ryderautoworkshop@gmail.com |



**SINGAPORE
POLICE FORCE**



E/201912277021

1 of 3

POLICE REPORT (NP299)

Report No. E/201912277021

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

| | | | | | |
|---|--|---|-----------|-----------------------------|-----------------|
| Date/Time Report Made 27/12/2019 15:19 | | Vide Report No. | | Station Diary No. | |
| Name Of Informant KOH KENG HIN, VINCENT | | Address 65 PASIR RIS HEIGHTS SINGAPORE 519272 | | | |
| ID Type / ID No. NRIC NO / S7325254G | | Contact No. Home/Office: Mobile: 96858875 | | | |
| Nationality SINGAPORE CITIZEN | | Email Address VINCENTKOH@AIAFA.COM.SG | | | |
| Occupation Other administrative and related associate professionals nec | | Sex Male | Age 46 | Date of Birth 15/07/1973 | Race Chinese |
| Institution/School Name | | Language English | | | |
| Date/Time Of Incident 27/12/2019 10:20 - 27/12/2019 10:25 | | Location Of Incident ECP towards City opposite Laguna Country Club | | | |

Brief details.

A traffic police was by the side of the expressway waving a mini bus to stop. My attention at that moment was naturally to look at the traffic police. By the time I turn back, a Honda with carplate SKW7609Y was suddenly come to a complete stop on the First lane of the traffic. My car was travelling at a constant speed of around 80KM/HR and not in time to react to the stationary car in front. I tried to sway to the right side to avoid the direct impact of the bang. Unfortunately, hitting the stationary car on his rear right side and also some of the plants along ECP. I have 2 witnesses in total. The first one is a driver behind me, who stopped and told me he can be my witness. He said that he saw the whole incident

| | |
|--|--|
| 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: 27/12/2019 15:19 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20191227/7021

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20191227/7021

whereby it's totally not my fault as the Honda driver stopped suddenly on the expressway. His name is Thomas and he is contactable at 8388 1357. The second witness is a passenger of the Honda GRAB Driver. Her name is called JEN and she is contactable at 8518 8108. She was sitting at the back left seat and she also can witness that her Honda Grab driver come to a complete halt suddenly. The next moment, the accident happened.

My front camera SD card had been handed to the police with report number #G/20191227/087. Can refer to the footage for more details.

| Subjects Involved | | | |
|--------------------------|---------------|-------------|-----------|
| Suspect | | | |
| Person Name | Choo Teck Lye | | |
| ID Type | NRIC NO | ID No | S0171637I |
| Gender | Male | Age | 66 |
| Race | Chinese | Language | English |
| Victim | | | |
| Person Name | JEN | | |
| Gender | Unknown | Age | 0 |
| Race | Chinese | Language | English |
| Mobile No | 85188108 | Relation To | stranger |
| | | Informant | |
| Person Name MEILI | | | |
| ID Type | NRIC NO | ID No | S8313186A |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

27/12/2019 15:19

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20191227/7021

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20191227/7021


| | | | |
|--------------------------|---|---------------------------|--|
| Gender | Unknown | Age | 36 |
| Race | Chinese | Language | English |
| Occupation | Other administrative and related associate professionals nec | Mobile No | 98261220 |
| Relation To Informant | friend | | |
| | | | |
| Person Name | KOH KENG HIN, VINCENT | | |
| ID Type | NRIC NO | ID No | S7325254G |
| Gender | Male | Age | 46 |
| Race | Chinese | Language | English |
| Occupation | Other administrative and related associate professionals nec | Address | 65 PASIR RIS HEIGHTS SINGAPORE 519272 |
| Mobile No | 96858875 | Is Informant A Victim? | Yes |
| | | | |
| Person Name | KOH KENG HIN, VINCENT (Informant) | | |

| | |
|--|--|
| 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: 27/12/2019 15:19 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

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 | SI19V02737 /VPS /R02 |
| Form | MX3 |
| Date of Issue: | 05-Mar-2019 |
| 1. Index Mark and Registration No. of Vehicle: | SGH6607K |
| 2. Chassis number of Vehicle: | SCBFJ63W5DC081823 |
| 3. Name of Policyholder: | KOH KENG HIN VINCENT |
| 4. Effective date of Commencement of Insurance for the purposes of the Act: | 01-MAY-2019 00:00 |
| 5. Date of Expiry of Insurance: | 30-APR-2020 23:59 |
| 6. Persons or Classes of Persons entitled to drive*: | KOH KENG HIN VINCENT |
| <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*: | Use only for social, domestic and pleasure purposes and for the Policyholder's business. |
| 8. The Policy does not cover: | <p>A) Use for hire or reward.</p> <p>B) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>C) Use for the carriage of goods (other than samples) in connection with any trade or business.</p> <p>D) Use for any purpose in connection with the Motor Trade.</p> |
| <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> <div style="text-align: center;">  Authorised Signature </div> | |

| | |
|------------------------------|--|
| For Information only: | |
| COVERAGE: | Comprehensive, Unlimited Windscreen |
| SUM INSURED (\$\$): | MARKET VALUE AT THE TIME OF LOSS |
| EXCESS (\$\$): | Section I (Singapore) \$15,000.00, Section I (Outside Singapore) \$30,000.00, Windscreen Excess \$2,000.00 |
| FINANCE COMPANY: | STANDARD CHARTERED BANK (SINGAPORE) LIMITED |
| PRODUCER NAME: | MWP RISK SOLUTIONS |