

NATIONAL Assessment Centre Services Wef 1 Jan 03; MNA 12004144

Date In: 21/1/20-16:05	Job description	Date & Time Completed	Done by
Ref No: N01UP200162824	SAS e-filing		
Veh No: SKM342	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 21/1/20-18:15	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: 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: YM295B 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 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

	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2003)		
Auditors' Comments:-	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	N12: Idno 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 willful 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	31/01/2020 16:05
Date Of Accident	30/01/2020 18:15
Exact Location Of Accident	ESSO PETROL STATION TWDS HOLLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM34D
Insured/Policyholder	
Name Of Registered Owner	EVORICH HOLDINGS PTE LTD
Co Reg No	2XXXXXX32D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90606767
Alternative Phone No	OFFICE-90606767

Vehicle Particulars

Manufacturer	FERRARI
Model	CALIFORNIA 4.3 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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SH19V14486/VPS/R02
Cover Note Number	

Driver

Name of Driver	TEO CHOON WEE DENNIS (ZHANG JUNWEI)
NRIC No	SXXXX092C
Date Of Birth	20/01/1975
Occupation	INDOOR
Date Of Driving Pass	18/08/1999
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90606767
Fax Number	
Contact Number	OFFICE-90606767
EMail Address	NOEMAIL

Address	759 UPPER CHANGI ROAD EAST
Postcode	486875
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	SIDE SWIPE
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM295B
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)	6

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.

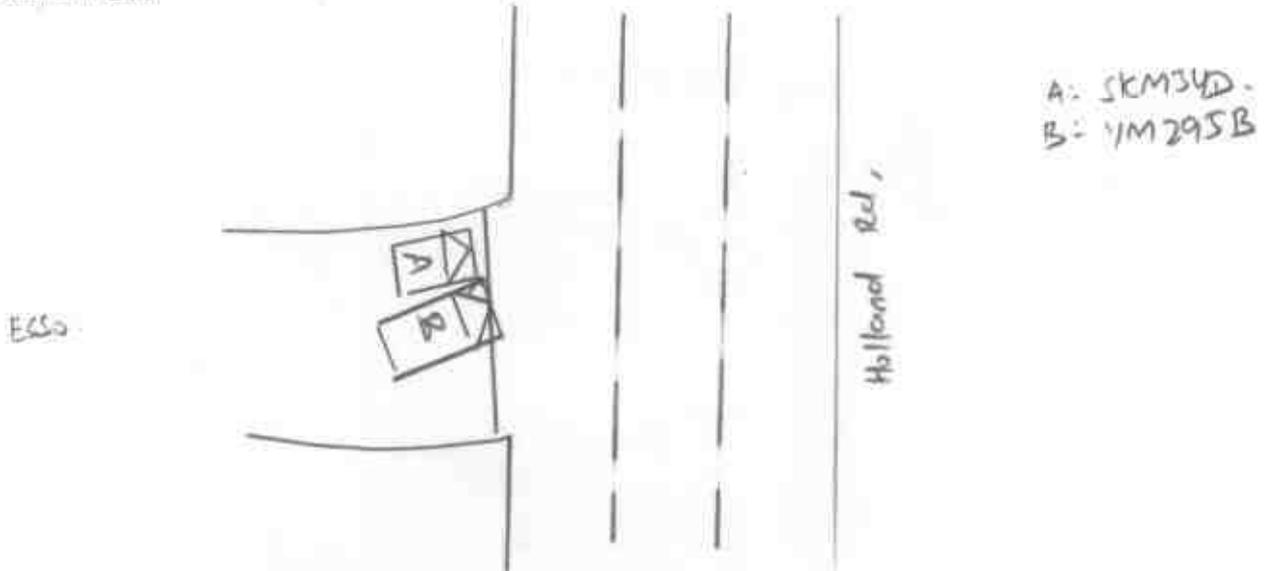
EVORICH HOLDINGS PTE LTD
EVORICH R & D: 18 Tampines St. 52 Singapore 520771
excite @: www.EVORICH.com.sg
Tel: 6348 7333 (12 lines)

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

Dear officer, on 30th Jan 2020 @ around 6-16pm, I went to the ESSO Station opposite Holland Village along Leedon Road to buy food prior to fetching my daughter from Hua Chang International School. Being a cautious driver (since 18th August 1997), as I want to exit the petrol kiosk, I kept to the extreme ~~left~~ left lane to filter out to an active busy Leedon Road at peak time around 6pm which is what every driver who passed his or her driving licence should do.

All of a sudden, the lorry ~~was~~ swerved towards my driver's side and I horn hard but it seems that the lorry driver was only looking at right side and neglected left side checking and also sound of horn as when the bang from the lorry happened, I cannot even come out from driver's side, I have to climb out from passenger side. My driver's side was tightly blocked by the lorry which suddenly come to me as I was exiting the petrol kiosk onto a busy main road.

I suffered a concussion of skull at this moment due to the impending acceleration of the lorry despite my helpless horning. I took Paracetamol at night as I have history of migraine which could due to the worry. (I was degraded to PES(2) during army on this)

The lorry is YM295B belonging to Tar Hong Pte Ltd. There was a Honda MPV SFJ8518Y behind my car which was captured in my taken photo which shows clearly our desired position to exit to main road. The photo shows the lorry had to reverse to release the ~~conclusion trapping my car. What's going to happen~~

DECLARATION

(We declare the foregoing particulars are true in every respect)

EVORICH HOLDINGS PTE LTD

EVORICH R & D, 110, Singapore St, #2 Singapore 228973

ex: 6348 7033 www.EVORICH.com.sg

24hrs helpline: 6348 7033 (12 lines)

Date & Time:

Driver Signature

(If driver is not the policyholder)

Date & Time:

Reporting Officer/Personnel Signature

Name:

NRRL/FIN NO:

if the impact is greater? as the driver of the lorry can't seem to hear my horning.

ACCIDENT STATEMENT

ACCIDENT DATE: 30/01/2020 (DD/MM/YYYY), TIME: 18:16 (HH:MM)

LOCATION: Esso Station Opposite Holland Village along Leaden Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKM 34D
b) INSURANCE COMPANY: LIBERTY
c) POLICY NUMBER: SI 16V1486/VPS/ROV
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Fetch daughter from school (private used)
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: EVORICH Holdings Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DENNIS TEO CHOON WEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7501022/c CONTACT: 90606767
c) ADDRESS: 759 Viper Changi Road East
SINGAPORE 486875

* d) DATE OF BIRTH: 20/01/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 21 Years

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

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)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YM 295B 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)
(1)

* No of passenger
(including driver)
(6)

* No of passenger
(including driver)
()

email =
fax =
video =



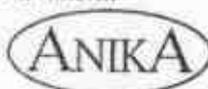
**Liberty
Insurance.**



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069426
Tel: (65) 6221 8511 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

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	SI19V14486/VPS/R02
Form	MX3
Date of Issue:	29-Nov-2019
1. Index Mark and Registration No. of Vehicle:	SKM34D
2. Chassis number of Vehicle:	ZFFLJ65C000179418
3. Name of Policyholder:	EVORICH HOLDINGS PTE. LTD.
4. Effective date of Commencement of Insurance for the purposes of the Act:	06-DEC-2019 00:00
5. Date of Expiry of Insurance:	05-DEC-2020 23:59
6. Persons or Classes of Persons entitled to drive*:	TEO CHOON WEE DENNIS (ZHANG JUNWEI), KOH MUI KHENG (XU MEIQING), ALEX KOH SWEE LEONG
<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. 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. 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>
<p>*Limitations rendered imperative 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.</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.</p>	
<p>Your Broker...</p>  <p>ANIK INSURANCE BROKERS & CONSULTANTS PTE LTD Co. Reg. No. 197800194N</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <p>Authorised Signature</p>	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, Add. Named Driver Charges
SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$):	Section 1 -Singapore S\$15000 / Outside Singapore S\$0,000.00, Windscreen Excess S\$00.00
FINANCE COMPANY:	MAYBANK SINGAPORE LTD
PRODUCER NAME:	ANIK INSURANCE BROKERS & CONSULTANTS PTE LTD