NATIONAL Assessment Centre	Services.	part i Jamost .	MINA 1200287	37				
()ate lu. 5/3/20 14:52	Jeb description	CARLOS AND A SECURITY OF THE PARTY OF THE PA	Date & Time Completed	1	ne by			
Refile MAI 11P 20003632164	SAS c-filing	;			100 mm (100 mm)			
Ven No SLD 1707 A	E-mall (sciol	a Shis, AIC Shis)						
5/3/20 12:25.	I-Motor Cla	din Form						
	I-Motor W/	I-Motor W/O (Wishin: OD 2lus, TP 4hrs)						
(11) (11) Reporting Only	i-Photo Upil	onded			8			
(A)		Survey Report						
TP Insurer:		by Fax / Hand to						
Proformd Wksp / I/IC Assign Wksp / QW: (	POR PROGRAMMENT	CANADA PROPERTY CONTRACTOR	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	Fax:	)			
	IA 7815.U	INC (	)/Non-INC( ).	(4)				
Dwner/Driver: (	17 1813.0		Tel:	)				
Policy No: ( ) Pario	d: (	)	Cover Type: (	)				
Confirmed by : (		Date:	Tlme:	)	-			
Insured/Driver Liability: ( %) [No	tc-Est. Status (	WO): N: 0-20	%; P: 21-79%. P: 80-	100%]				
Year of Registration: ( ) Wa	irranty: YES (	)/NO(	)					
Excess: (\$ ) Loading: \$1,000	( )/\$2,000	)( )		AND THE REST OF				
Concolition here is a special of the	<b>HERESEN</b>	<b>"你到过的新</b> "		152 V 15				
( ) Walle-In Customar : Customor's Information	ation strictly Co	nfidential & Stri	ctly NO refer of repairer.					
( ) Total Loss Case : to e-mail Insurer	URGENTLY.		<u>,                                    </u>	,				
Drive-In ( ) / Towad-In ( ); Invoice: Y	/ES( )/1	NO( ); To	wing Co: ( · , '		)			
usundages (including grand of the			Tollar Parity of the San	Sale William	by ·			
	rtesy Car (	)	Market Market Company of Bull State	Citizen .	day was			
2) QC Check / Post Repair Inspection	( )	)			- 40 cm (00 cm )			
3) Upload Resurvey Photo [Repair Cost > \$300]	0] (	) ::						
Introd.								
Injury:			เพริงกรรมการกรรมสำคัญสนายาย	7752177 57	<del>ke defastille in Selection</del> in S			
Date Time Cacheness Night San Day				165.050st715	<del></del>			
			••					
			1					
*		TOTAL CONTRACTOR OF THE PARTY O						
COVER OF THE PARTY			manda çiredilili Çesi		(C) Alit (J)			
	001827	1) AR: Acoldent R		30.00	· SAdilbiii			
Charmant's Particulary 5-25		2) DA : Damege A	sessment (\$100); INC (\$5					
Driver/Owner:		4) FT : Follow-Three	onigh Survey	\$120				
Contact No:		5) PT : Pollow-Thro	ough Burvey (Resurvey) lustING Only (wef10 Jon 200)	230				
Daniaged Portion:		6) TR : Re-Inspende	on	\$75 \$160				
The second secon		7) N1 : Idau DA + 5 3) NTUC Addition	MATERIA CONTINUE					
QC Checked by (Engr-In-Charge):		OD:	of / Tpt Allowance	\$3				
THE RESIDENCE OF THE PROPERTY		*N6: Hennir Cu-	ordination	510 523				
Auditors Comments : 354 285 485		*N7; Post Repoir *N8; DV / Collect	et Expess Coordination	22				
Zulli		TP (N11): TP (1- 9) N12: Idao Mobil	in INC) against INC	30	<u></u>			
2.73		Involve dated	. Fee Charged	CHESTERN	MANUFACTURE VI			
= nay/Testalfild		Laureles dated	Fee Charged	A CALL LAND				

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

**EMail Address** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

	ACCIDENT STATEMENT						
Date Of Report	05/03/2020 14:52						
Date Of Accident	05/03/2020 12:25						
Exact Location Of Accident	JUNC OF BEDOK NORTH AVE TWDS BEDOK NORTH ST 3						
Country/State of Loss	SINGAPORE						
D	DETAILS OF OWN VEHICLE						
Vehicle Registration Number	SLD1707A						
Insured/Policyholder							
Name Of Registered Owner	SOH POH JIN						
NRIC No	SXXXX570D						
Email Address	NOEMAIL						
Mobile Phone No	(LOCAL) +65-91112042						
Alternative Phone No	OFFICE-91112042						
Vehicle Particulars							
Manufacturer	ТОУОТА						
Model	SIENTA						
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						
f 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	SI19V14727/VPE/R00						
Cover Note Number							
Driver							
Name of Driver	SOH POH JIN						
NRIC No	SXXXX570D						
Date Of Birth	26/01/1984						
Occupation	INDOOR						
Date Of Driving Pass	06/02/2009						
Driving Experience	11 YEARS AND 0 MONTHS						

MALE

NOEMAIL

(LOCAL) +65-91112042

OFFICE-91112042

Address

BLK 9 BEDOK SOUTH AVE 2 #13-532

Postcode

460009

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 - CROSS JUNCTION

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

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SHA7815U

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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

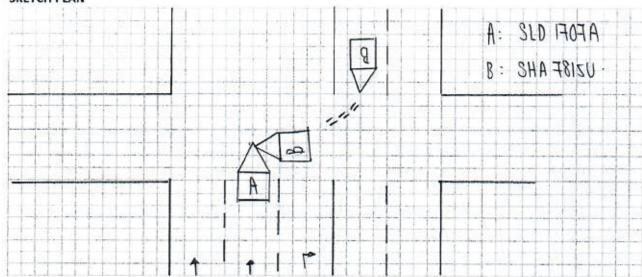
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	05- (	)3 - 2(	)20	at	abou	†	12.25pi	м.	1 Was	trav	elling	alor	q J	unctio	NS	of
Bedot	Horth	Ave	nue	T	ówar	de	Bedob	: North	Stree	+3	, 1	Yas	trave	Plling	stro	oigh+
ind .	troffic	in	WY	fayo	)U Y	X	Sudder	nly V	Jehicle	В	dash	out	and	hit_	шу	vehicle
							4									
												ur Ti		- 10		
				200												
		S-17/11 =				55117		-30		_						
					52.											

DECLARATION?

I/We declare the pregoing 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.:

GIARMS Skerchillandorm, V.E.

Date of Accident	: 05.03.2020 Accident Time: 12.15 pm (24-HR-Format)								
Accident Place	: Junction of ledok North Ave Towards ledok North 9t 3.								
Vehicle. No. (Car Plate No.)	: SLO 1707 A Make/Model: Toyota Sienta 1-5 G.A.								
Insurace Company	: Liberty Policy No: SI 19 Y 19727   YPE 1 ROO								
Owner or Company Name /IC No.	: Soh Poh Jin ( S8402 5700).								
Owner or Company Contact No.	:Owner's Hp 911 2042 . Company Tel								
DRIVER'S Name / IC No.	: as above.								
DRIVER'S Date Of Birth	: 26.01. 1984 DRIVER'S License Pass Date 6.02.1009.								
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: WMC -								
DRIVER'S Address	: BIK 9 Bedolc South Avenue 2 #13-532 (s) 460009								
DRIVER'S Contact No./ Alt No.	:1)								
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)								
Email Address									
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET								
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance								
Number of Passengers (Including I	Driver):   NiNe( ·								
Was there any video Captured by c Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	as being used at the time of accident Private use \ Work purpose								
Other	Party Driver's Particular (if anv)								
Vehicle. No: SHA 7815 (	Vehicle, No:								
Vehicle Make\Model:	Vehicle Make\Model:								
Name Driver:	Name Driver:								
IC No. Driver/Contact:	IC No. Driver/Contact:								
* NEW - Passenger's name	& gender:								





# Certificate of Insurance

www.libertyinsurance.com.sg

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:

SOH POH JIN

Date of Issue:

05 Dec 2019

Registration No.:

SLD1707A

**Effective Date of Commencement:** 05 Dec 2019 13:45

Chassis No.: NSP1707027829

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.
- 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.

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.

DON MOTORING PTE LTD

Business Reg. 200902246H 35 Selegie Road 10-10 Parklane Shopping Mall Singapore 188307 Tel: (65) 6476 7667 Fax: (65) 6476 7660

For and on behalf of

Certificate No.:

Date of Expiry:

MX1

04 Dec 2020 23:59

Type of Certificate:

SI19V14727/ VPE / R00

LIBERTY INSURANCE PTE LTD

Approved Insurers

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen, NCD Protection

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:

Name of Producer:

DON MOTORING PTE LTD (A1672-3)

1672-3/B2BAAMT/SH9V14727/05-Dec-2019/MotorCl/v1.0

HL BANK