

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA20074874**

Date In: 5/5/20 - 12-23	Job description	Date & Time Completed	Done by
Ref No: Nm 14920005560424	SAS e-filing		
Veh No: 5267327E	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 3/5/20 - 18:45	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: 84D4156L	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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA20074874	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 (\$80)		
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		
Auditors' Comments:-	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:-		
	ON*		
	*N5: Courtesy Car / Tpt 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	05/05/2020 12:23
Date Of Accident	03/05/2020 18:45
Exact Location Of Accident	HOUGANG AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL7327E
Insured/Policyholder	
Name Of Registered Owner	WEST WAY CAR RENTAL PTE LTD
Co Reg No	2XXXXX941M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81288789
Alternative Phone No	OFFICE-81288789

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD20V04708/VPZ/R00
Cover Note Number	

Driver

Name of Driver	TAN AH GUAN
NRIC No	SXXXX045G
Date Of Birth	05/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1989
Driving Experience	30 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90078932
Fax Number	
Contact Number	OFFICE-90078932
Email Address	NOEMAIL

Address	BLK 666 JALAN DAMAI #03-95
Postcode	410666
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200504/2040.

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	SHD4106L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG SEE HOCK
NRIC/Passport Number	SXXXX760B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN AH GUAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJL7327E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

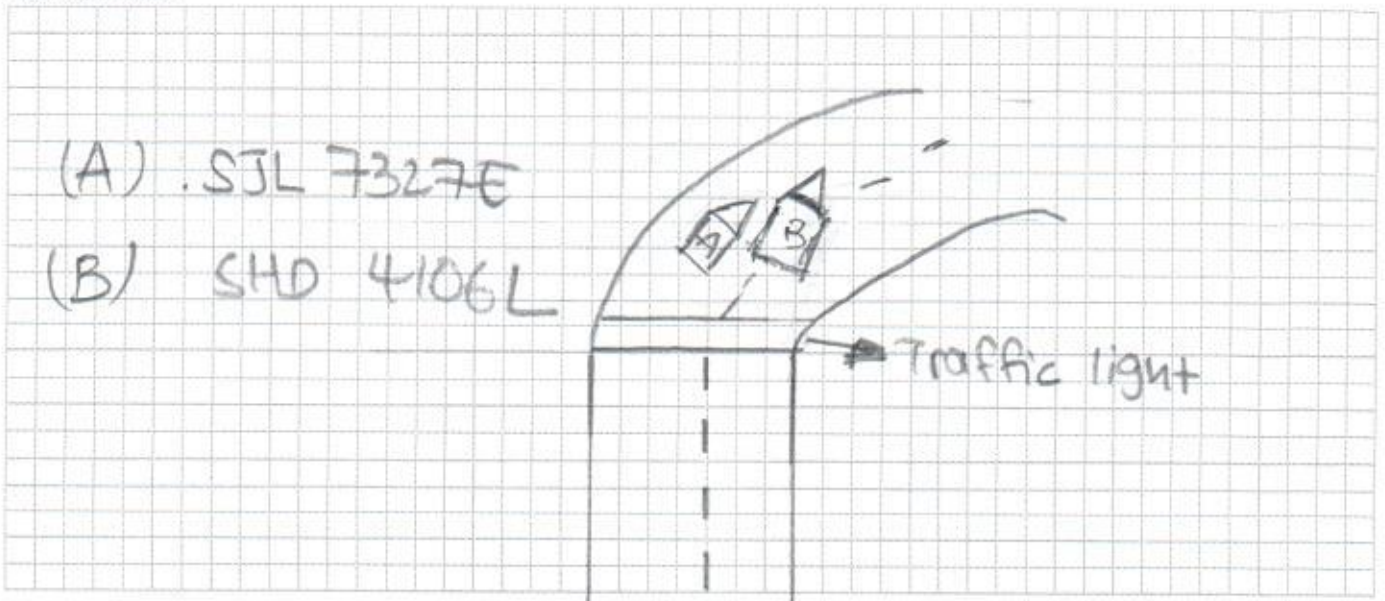


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20200504/2440

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 Personne's Signature

Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

Date of accident: 3/5/2020 Time: 645PM
 location of accident: 91ong Hougang Ave 10

Details of Own Vehicle

Vehicle Number: SJL 7327E Make/Model: _____
 Insurer: Liberty Policy Type: C/ TPFT/ TPO
 Policy No: S1220V04708/VP2/R00

Policyholder

Name: West Way Car Rental Pte Ltd NRIC/FIN no.: _____
 Email: dreamcarrentalsg@gmail.com Contact no.: 81288789

Driver

Name: Tan Ah Guan NRIC/FIN no.: S71230456
 Email: _____ Contact no.: 90078932
 Occupation: Indoor / Outdoor D.O.B: 05/07/1971
 Address: _____

Driving pass date: _____ Relationship with Policyholder: Hirer

General Information

Weather conditions: Clear Raining Road surface: Dry Wet
 Police report: Yes No Video Footage: Yes No
 Prosecution Letter: Yes/ No If Yes against whom: _____

Passenger (incl. Driver): 1 Please provide **ALL** passengers details:-

	Passenger 1	Passenger 2
Name:		
Gender:	Male / Female	Male / Female

Witness: Yes/ No If Yes, provide injuries details:-
 Witness 1

	Witness 1	Witness 2
Name:		
Contact no.:		

Injuries: Yes No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
<u>Tan Ah Guan</u>	<u>SJL 7327E</u>	Yes/ No	Yes/ No
		Yes/ No	Yes/ No

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>SJD 4106L</u>	
Driver name:	<u>Ang See Hock</u>	
NRIC/ FIN no.:	<u>S 7387760 B</u>	
Contact no:		
Insurance Co:		
Remarks: (Make/Model, Passenger, property info & etc)		

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only
 Workshop: Eclipse Auto Pte Ltd

Policyholder/
 driver Signature: [Signature]



SINGAPORE POLICE FORCE



T/20200504/2040

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

1 of 3

Report No. T/20200504/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2020 14:31		Vide Report No.:		Station Diary No.: 23
Name of Informant: TAN AH GUAN		Address: APT BLK 666 JALAN DAMAI #03-95 SINGAPORE 410666		
ID Type / ID No.: NRIC NO / S7123045G		Contact No.: Home/Office: Mobile: 90078932		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 48	Date of Birth: 05/07/1971	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: WORKSHOP DRIVER		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/05/2020 18:45	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 HOUGANG AVENUE 2 HOUGANG AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

SHD4106L	Car	HYUNDAI	IONIQ	Blue	Slightly Damaged	0
SJL7327E	Car	TOYOTA	VIOS	Green	Slightly Damaged	0

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20200504/2040

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20200504/2040

CONTINUATION OF REPORT

Name	ANG SEE HOCK		ID No.	S1387760B
Related Vehicle	SHD4106L (Car)		Contact No.	NIL
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	
Name	TAN AH GUAN		ID No.	S7123045G
Related Vehicle	SJL7327E (Car)		Contact No.	90078932
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/05/2020	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Brief Details.

On 03/05/2020 at about 1845hrs, I was driving my green coloured Toyota Vios (bearing registration number SJL7327E) on the second lane along Hougang Ave 2, intending to turn right into Hougang Ave 10. As the traffic light showed the green arrow to turn right, I then proceeded to make the right turn. At the same time, there was a blue coloured Hyundai IONIQ taxi (bearing registration number SHD 4106L) which was driving on the first lane, also turning right into Hougang Ave 10. After completing the turn, I was staying in my lane when suddenly, the blue coloured taxi went into my lane without turning on the signal light. I honked at him but he still continued coming into my lane. I tried to avoid the collision and my vehicle then went onto the curb.

Due to the collision, there were scratches on both side of the car and the undercarriage of my vehicle is affected. Due to the collision, I felt pain at my shoulders and also my neck. As such, I went to seek for medical treatment at Mount Alvernia Hospital and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20200504/2040

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Report No. T/20200504/2040

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 MUHAMMAD NAQIB BIN ABDUL RAZAK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/05/2020 14:31

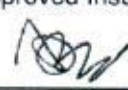
Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

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	SD20V04708 /VPZ /R00
Form	MZ406C
Date Of Issue	24-APR-2020
1.Index Mark and Registration No. of Vehicle:	SJL7327E
2.Chassis number of Vehicle:	MR053HY9305083444
3.Name of Policyholder:	WEST WAY CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	18-APR-2020 00:00 AM
5.Date of Expiry of Insurance:	17-APR-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*: Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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.	
7.Limitations as to use*: A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired. C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.	
8.Policy does not cover: A) Use for racing, pace-making, reliability trial or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only: COVERAGE : Third Party Only, PHV Extension (Geographical Area: Singapore only) SUM INSURED: EXCESS: Section II S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$2000 FINANCE COMPANY: PRODUCER NAME: NEWSTATE STENHOUSE (S) PTE LTD	

PLAS/-/24-APR-20

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24-APR-20