

Date In: 20/7/20 14:23	Job description	Date & Time Completed	Done by
Ref No: MA12IP200074591h4	SAS e-filing		
Veh No: SML 9607 Z	E-mail (within 3hrs, AIC 2hrs)		
DTA: 18/7/20 18:00	I-Motor Claim Form		
OT: <input checked="" type="radio"/> 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/Wkst		

Preferred Wksp / INC Assign Wksp / GW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SL2 6419H	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 repolrer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:	INC ( ) / Non-INC ( )	Date: ( )	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:

MMA 2003762		Invoice Preparation Checklist:	Am (\$)	Am (\$)
1) AR: Accident Reporting (\$30);			30.00	
2) DA: Damage Assessment (\$100); INC (\$50)				
3) TP: Towing Fee \$40/\$45				
4) PT: Follow-Through Survey \$120				
5) PT: Follow-Through Survey (Resurvey) \$30				
Forclaiming against INC Only (wef 10 Jan 2003)				
6) TR: Re-inspection \$75				
7) NI: Idao DA + SMRT Survey \$160				
8) NTUC Additional Services:				
OD:				
*N1: Courtesy Car / Tpt Allowance	\$5			
*N6: Repair Co-ordination	\$10			
*N7: Post Repair Inspection	\$25			
*N11: DV / Collect Excess Coordination	\$5			
TP (N11): TP (Non INC) against INC	\$20			
9) N12: Idao Mobile	\$0			
Invoice dated	Fee Charged			
Invoice dated	Fee Charged			

Signature: ( )



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	20/07/2020 14:23
Date Of Accident	18/07/2020 18:00
Exact Location Of Accident	BLK 925 MSCP YISHUN CENTRAL 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML9607Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Co Reg No	2XXXXX914N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92323494
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	PARKED
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
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V09654/VPZ/R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHAN BIN
NRIC No	SXXXX012E
Date Of Birth	30/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1993
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96890623
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 304A ANCHORVALE LINK #14-152
Postcode	541304
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200719/2033

#### 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	SLZ6419H
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)



## 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:

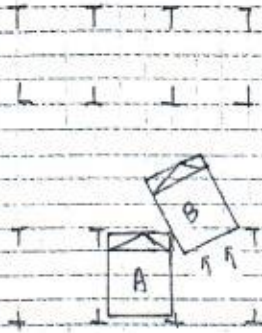
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Blk 925 Yishun Central 1 Multi-storey Carpark

Vehicle A - SML96072

Vehicle B - SLZ6419H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report NO. T/20200719/2033.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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





**SINGAPORE  
POLICE FORCE**



T/20200719/2033

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No: T/20200719/2033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 19/07/2020 14:14	Vide Report No.	Station Diary No. 68
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**Informant's Particulars**

Name of Informant: CHAN BIN		Address: APT BLK 304A ANCHORVALE LINK #14-152 SINGAPORE 541304	
ID Type / ID No.: NRIC NO / S7030012E		Contact No.: Home/Office: Mobile: 96890623	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 30/08/1970	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/07/2020 18:00	Type of Location: Car Park
Location: Along Road 1 YISHUN CENTRAL 1  Block 925 Multi-Storey Carpark. Unknown Exact Lot Number and Deck Number but it's on the second level.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ6419H	Car					0
SML9607Z	Car					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999



T/20200719/2033

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Report No: T/20200719/2033

**CONTINUATION OF REPORT**

Driver			
Name	CHAN BIN	ID No.	S7030012E
Related Vehicle	SML9607Z (Car)	Contact No.	96890623
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 18/07/2020 at about 1730hrs, I parked and secured my vehicle bearing the registration number SML9607Z at the Multi-Storey Carpark on the 2nd level located at Block 925 Yishun Central 1. I wish to inform that I could not recall the exact lot number that my vehicle was parked in. Everything was intact at the point when I secured my vehicle.

On 18/07/2020 at about 1830hrs, when I came back to retrieve my vehicle at the parking lot, I discovered that there were scratches and dents on the front right bumper portion of my vehicle. I also wish to inform that there was a note that was left on my windshield stating, "Please call me at 96349633."

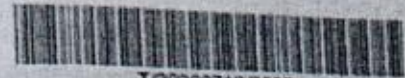
I have also made a check on my in-car camera and there are 3 footages that captured the incident. I wish to inform that after the collision against my parked vehicle, the other driver whom was driving a grey colored Audi SUV bearing the registration number SLZ6419H drove head-in at the opposite lot and checked out the damage to my vehicle and then to his. I wish to inform that in the video, it captured the make and model of the car and also the driver himself and him writing a note and leaving it on my vehicle windshield.

I wish to inform that I tried calling the number that he had left me and someone had picked it up and inform me that he is at home and did not go out. Thereafter, I tried a different combination of the number that he gave hoping that it will lead me to the right person. On 19/07/2020, I had left the number 96349633 a WhatsApp message and included a screenshot of the video from my in-car camera that have captured the incident and the person replied me telling me that he is not the one involved in the accident and claims that he is staying at a landed property and the driver might have used his number instead to leave a note and informed me he is making a police report on the matter as well. Thereafter, I sent him a video of the footage of the accident that was captured by my in-car camera for his reference. That is all.





SINGAPORE  
POLICE FORCE



T/20200719/2033

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20200719/2033

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:

F /  
Sgt 3 MOHAMMED RAMDHAN BIN ROSELAN  
PANE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/07/2020 14:14

Officer In Charge Of Case:  
TP / HRT /  
SI TAN JEOK LENG  
Contact No.: 65476144

Classification Of Case:

SN 065

Authentication Stamp  
NP168



Signature:

Singapore Police Force

MI NOTE 10 PRO

AL BENTA CAMERA



Date of Accident : 19/07/2020 Accident Time: 1830hrs (24-HR-FORMAT)  
 Accident Place : Blk 925 Yishun Central 1 Multi-storey carpark  
 Vehicle Reg. No (Car plate No.) : SML9607Z Vehicle Make/Model: Toyota Prius Plus  
 Insurance Company : Liberty Policy No. SD19V09654/VP2/R00  
 Name of Registered Owner : Company / Individual Ace Fleet Management PTE LTD  
 ID of Registered Owner : Co Reg No: 201710914N Owner's NRIC No: -  
 : Co Contact No: 92323494 Owner's Contact No: -  
 DRIVER'S Name : Chan Bin DRIVER'S NRIC No: S7030012E  
 DRIVER'S Date of Birth : 30 Aug 1970 DRIVER'S License Pass Date: 19 Oct 1993  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
 DRIVER'S Address : APT Blk 304A Anchorvale Link #14-152 Singapore 541302  
 DRIVER'S Contact No. / Alt No. : 1) 9689 0623 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : chanbin 0623@gmail.com  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (including Driver): 0 Passenger Name: - Gender: M/F  
 Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F  
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: -  
 Injured Name: -  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLZ 6419H</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____


Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



## 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)

<b>Certificate No</b>	SD19V09654 /VPZ /R00
<b>Form</b>	MZ406C
<b>Date Of Issue</b>	30-JUL-2019
<b>1.Index Mark and Registration No. of Vehicle:</b>	SML9607Z
<b>2.Chassis number of Vehicle:</b>	JTDZS3EU50J036128
<b>3.Name of Policyholder:</b>	ACE FLEET MANAGEMENT PTE. LTD.
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	31-JUL-2019 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	30-JUL-2020 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b> 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.	
<b>7.Limitations as to use*:</b> 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.	
<b>8.Policy does not cover:</b> 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 (Malaysia) 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 (Malaysia).	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b> <b>COVERAGE :</b> Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only) <b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS <b>EXCESS:</b> Section I S\$2000, Section II S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 <b>FINANCE COMPANY:</b> DBS BANK LTD <b>PRODUCER NAME:</b> ALL INS SOLUTIONS PTE LTD	

PLAS/-/31-JUL-19

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31-JUL-19