

NATIONAL Assessment Centre Services. part 1 Jan 2007 **MAN/150070860**

Date In:	Job description	Date & Time Completed	Done by
19/08/2020 17:42	SAS e-filing		
Ref No: 188/21/20000870474	E-mail (Vjula 3hrs, AIC 3hrs)		
Veh No: EV 6658B	I-Motor Claims Form		
D.O.A: 18/08/2020 14:4	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
OD (T) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whiser		

Preferred Wkcp / INC Assign Wkcp / OW: () Tel: () Fax: ()

TP Particulars: Vch No: **GRG 5344P** 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: YRS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

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

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

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

1142004358

Driver/Owner:	1) All Accident Reporting (\$30)	2) DA: Damage Assessment (\$100) INC (\$10)	3) TP: Towing Fee \$40/\$45	4) PF: Follow-Through Survey \$110	5) PF: Follow-Through Survey (Resurvey) \$30	6) TR: Re-inspection \$75	7) NI: Idea DA + EMRT Survey \$160	8) NIUC Additional Services
Contact No:	ON:							
Damage Portion:	*N5: Courtesy Car / Tpl Allowance \$3							
IC Checked by (Engr-In-Charge):	*N6: Repair Co-ordination \$10							
	*N7: Post Repair Inspection \$25							
	*N8: DV / Collect Owners Coordination \$3							
	*N9: TP (N11) / TP (N12) against INC \$20							
	*N12: Idea 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 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	19/08/2020 17:42
Date Of Accident	18/08/2020 14:45
Exact Location Of Accident	ALONG SEMBAWANG ROAD TOWARDS YISHUN STREET 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EV6688B
Insured/Policyholder	
Name Of Registered Owner	OH CHOON GAN
NRIC No	SXXXX548A
Email Address	WINSON_TINGWEI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96735757
Alternative Phone No	OTHERS-96735757

Vehicle Particulars

Manufacturer	AUDI
Model	Q5
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI20V06940/VPC/R01
Cover Note Number	

Driver

Name of Driver	OH CHOON GAN
NRIC No	SXXXX548A
Date Of Birth	22/06/1962
Occupation	INDOOR
Date Of Driving Pass	18/08/1983
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96735757
Fax Number	
Contact Number	OTHERS-96735757
Email Address	WINSON_TINGWEI@HOTMAIL.COM

Address	3 GREENBANK PARK
Postcode	589364
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?	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	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4689999 - FAX NO: 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG5344P
Vehicle Make/Model/Colour	TOYOTA DYNA
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)

SKETCH PLAN

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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 Person's Signature
Name:
TEPIC/FIN No.:

19/08/2009
Reddi

SKETCH PLAN

vehicle A EV 6688B

vehicle B GBG 5344P

Along Sembawang Road
Towards Yishun ST 22



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT The mention Date & time of accident 18/08/2020 around 14.45pm

I was driving along Sembawang Road towards Yishun Street 22. Total

4 lanes and I am on the 2nd lane from the right side. Upon

reaching the junction of Yishun Ave 7, I decided to change lane

to the left 3rd lane and I checked my blind spot and it was clear

to change as so I change lane to left and my vehicle was already

in 3rd lane, suddenly vehicle B "GBG 5344P" swerve right into

my lane with speed fast and collided onto my front left ^{portion} ~~part~~

of my car as the vehicle B "GBG 5344P" driver trying avoid

infront of the vehicle that slow down and stopped as so vehicle B

Speed up change lane into my lane and collided onto my car. I have video

DECLARATION

Police Report 7/20200818/2027

footage record.

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 Personnel
Name:
NRIC/FIN No:

19/08/2020
Rosli Wahariz

ACCIDENT DATE & LOCATION

Date & Time of Accident *	Date: 18/08/2020	Time: 14:45pm (24 hr format)
Exact Location of Accident *	Along Sembawang Road towards Yishun Street 22	

INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number *	EV 6688B	Make & Type *: Audi Q5
Name of Registered Owner *	OH HOON GAN	
NRIC / FIN / Passport / Co Regn No. *	S1529548A	
Contact Number *	9673 5757	Email/Fax No: winsan_tingwei@hotmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage	
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken	
	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only	

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	China / EQ / Etica / MSIG / Tokio Marine / Great American / Liberty
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	S120V06940 / VPC / Ro1

DRIVER

Name of Driver *	OH HOON GAN	Gender: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
NRIC / FIN / Passport Number *	S1529548A	
Date of Birth *	22/06/1962 (dd/mm/yyyy)	
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor	
Date of Driving Pass (Pass Date) *	18/08/1983	
Contact Number *	9673 5757	
Address	3 Greenbank Park S(589364)	
Email Address / Fax Number *	Email: winsan_tingwei@hotmail.com Fax: —	
Relationship of the Driver with the Insured *	<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> Friend / Others:	
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____	

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision	Chain Collision / Side-Swipe / Front to Rear / Others:
Weather Conditions *	Clear / Raining / Others:
Road Surface *	Wet / Dry / Others:

OTHER INFORMATION

Was anybody Injured in the accident? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes

DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes If Yes, Please state which Police Station: _____	
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____	
Number of Passengers (including DRIVER)? *	(01)	
Passengers	Name: _____	Name: _____
	Gender: Male / Female	Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <input checked="" type="checkbox"/> No		

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) GBLT 5344P	2)
Vehicle Make / Model / Colour	TOYOTA DYNA / Blue	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



**SINGAPORE
POLICE FORCE**



T/20200818/2127

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

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Report No. T/20200818/2127

CONTINUATION OF REPORT

Driver			
Name	OH CHOON GAN		ID No. S1529548A
Related Vehicle	EV6688B (Car)		Contact No. 96735757
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
Driver			
Name	HENRY YEO		ID No. NIL
Related Vehicle	GBG5344P (Van)		Contact No. 90144806
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

Brief Details.

On 18/08/2020 at around 1445hrs, I was driving my vehicle bearing license plate "EV6688B" along Sembawang Road towards Yishun Street 22. I was driving on a 3 lane road. I was on lane 1. Upon reaching the junction of Yishun Avenue 7, I decide to change lane towards lane 2. I checked my blind spot and the back, and it was clear, I then change lane. a Van bearing license plate "GBG5344P" was driving very fast and the side of the Van hit the front of my left bumper. We then drive forward and parked at the left side of the road. We both alighted from our vehicles to make a check and the front left of my bumper was heavily damaged. We also exchanged particulars. Nobody was injured, my car has a built in in car camera and is in working condition.

I wish to state that I am making this report for record purposes.



SINGAPORE POLICE FORCE



T/20200818/2127

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

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Report No. T/20200818/2127

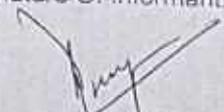
CONTINUATION OF REPORT

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: D / Sgt 2 LYE DARREN 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Signature Of Informant: 
Date/Time: 18/08/2020 20:24
Classification Of Case:

Authentication Stamp NP168  SIGNATURE

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:

OH CHOON GAN

Certificate No.:

S120V06940/ VPC / R01

Date of Issue:

28 May 2020

Effective Date of Commencement:

22 Jun 2020 00 00

Date of Expiry:

21 Jun 2021 23 59

Registration No.:

EV6600B

Chassis No.:

WAUZZZF0J2144102

Type of Certificate:

MX1

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.

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.

*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.

(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

For Information Only:
Coverage(s)

Comprehensive (Unlimited) Windscreen

Sum Insured

MARKET VALUE AT THE TIME OF LOSS

Excess

Section 1 - Named Drivers: S\$1000, Section 1 - Unnamed Drivers: S\$1500, Additional Excess for Young, Elderly & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100

Name of Finance Company

MAYBANK SINGAPORE LTD

Name of Producer

PREMIUM LEASING PTE LTD (A1704 2)