

NATIONAL Assessment Centre Services.

Just 1 Jan 2005

17/1/2005 12:56

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 06/1/2005 17:40 | Job description | Date & Time Completed | Done by |
| Ref No: XBA/21P20012227/4 | SAS e-illing | | |
| Veh No: SL0 3183D | E-mail (to date sheet, AIC sheet) | | |
| D.O.A: 06/1/2005 12:45 | I-Motor Claim Form | | |
| OD (TP) Reporting Only | I-Motor W/O (Withlet OD sheet, TP sheet) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Vikaz | | |

Preferred Wkep / INC Assign Wkep / QW: () Tel: Fax: ()

TP Particulars: Vch No: 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 ()

() Wall-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: ()

Date: ()

Time: ()

XBA2005890

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Watchdog: ()

Cal. R: ()

2/3

| | |
|--|------------|
| 1) All Accident Reporting (\$30) | INC (\$10) |
| 2) DA: Damage Assessment (\$100) | \$100 |
| 3) TP: Towing Fee | \$120 |
| 4) PT: Follow-Through Survey | \$30 |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| For claiming against INC Only (over 10 Jan 2005) | \$75 |
| 6) TR: Re-inspection | \$160 |
| 7) NI: Idea DA + SMRT Survey | |
| 8) NIUC Additional Services | |
| ON: | |
| *NI: Courtesy Car / Tpl Allowance | \$3 |
| *NI: Repairs Coordination | \$10 |
| *NI: Post Repair Inspection | \$25 |
| *NI: DV / Collect Excess Coordination | \$3 |
| *NI: DV / Collect Excess Coordination | \$20 |
| TE (NI) / TP (Non-INC) against INC | \$0 |
| 9) NI: Idea Mobile | |
| Invoice dated | |
| Invoice dated | |

Fee Charged

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 | 06/11/2020 17:40 |
| Date Of Accident | 06/11/2020 12:45 |
| Exact Location Of Accident | JUNCTION OF ENSKU AMAN ROAD ANG GEYLANG |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLQ3183D |
| Insured/Policyholder | |
| Name Of Registered Owner | ANG SIAW KHOON |
| NRIC No | SXXXX674C |
| Email Address | SIAMKHOON0725@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96430725 |
| Alternative Phone No | OTHERS-96430725 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | CITROEN |
| Model | C4 PICASSO |
| 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 | SI20V08384/VPE/R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ANG SIAW KHOON |
| NRIC No | SXXXX674C |
| Date Of Birth | 19/06/1976 |
| Occupation | INDOOR |
| Date Of Driving Pass | 12/02/2008 |
| Driving Experience | 12 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96430725 |
| Fax Number | |
| Contact Number | OTHERS-96430725 |

| | |
|---|--|
| Address | BLK 661 CHOA CHU KANG CRESCENT #06-15 |
| Postcode | 680661 |
| 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 - 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? | 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? | NO |
| If Yes, Please state which Police Station | |
| 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 | YP786K |
| 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 Passengers (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.

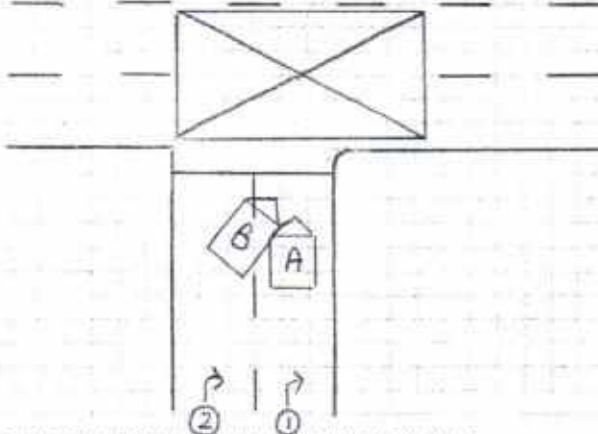
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Bus Lane



A = SLQ3183D

B = YP786K

Junction of
Engku Aman Road
and Geylang Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 06/11/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

On 06.11.2020 at about 12:45 hours at Junction of Engku Aman Road and Geylang Road. I was travelling straight on lane 1 (along Engku Aman Road) and when I was approaching the above mentioned junction, suddenly vehicle (B) from my left cut into my lane without checking the oncoming traffic condition, hence collided onto the front left hand side portion of my vehicle (A).

Vehicle (A): SLQ 3183D

Vehicle (B): YP 786K



SINGAPORE ACCIDENT STATEMENT

| | |
|---|--------------------------|
| Accident Date: 06/11/2020 Time: 12:45 (hh:mm) 24 hr format | |
| Location Junction of Engku Aman Road and Geylang Road | |
| Vehicle Number SLQ 3183D | |
| Insured Name Ang Siaw Khoo | |
| NRIC / FIN 576816742 | Contact Number 9644 0725 |
| Make Citroen | Model C4 Picasso |
| Are you claiming under your own insurance policy for repair to your vehicle? | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | |
| Insurance Company Liberty | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | |
| Policy Number S120V08384 / VPE / K00 | |
| Name of Driver (<input checked="" type="checkbox"/>) Same as Insured | |
| | |
| NRIC / FIN | Contact Number |
| Date of Birth 19/08/1978 | |
| Driving Pass Date 12/02/2008 | |
| Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | |
| Email Address siawkhoo0725@gmail.com () NO EMAIL | |
| Address of Driver 11F 661 Chea Chu Kang Crescent #06-15, S (680661) | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | |
| If No, Relationship of the Driver with the Insured | |
| (<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling | |
| Does the Driver Own Any Other Vehicle? () Yes () No | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | |
| Insurance Company of Driver's Own Vehicle | |
| Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | |
| Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No | |
| If yes, injured detail | |
| Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | |
| DETAILS OF 3 rd party | Name / Nric Contact |
| Veh B | YP 786 R |
| Veh C | |
| Veh D | |
| Veh E | |
| Veh F | |

Driver Only

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; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

| | | |
|------------------------------|--|-----------------------------|
| Name of Policyholder: | | Certificate No.: |
| ANG SIAW KHOON | | SI20V08384/ VPE / R00 |
| Date of Issue: | Effective Date of Commencement: | Date of Expiry: |
| 29 Jun 2020 | 05 Jul 2020 00:00 | 04 Jul 2021 23:59 |
| Registration No.: | Chassis No.: | Type of Certificate: |
| SLQ3183D | VF73DBHZTGJ865853 | 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.

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

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:

AAS INSURANCE AGENCY PTE. LTD. (A1481-8)