

Date In: 3/12/20 10:26	Job description	Date & Time Completed	Done by
Ref No: MAL 210013342/64	SAS e-filing		
Veh No: SLR 8375T	E-mail (within 3hrs, A/C 2hrs)		
DLIA: 28/11/20 12:45	I-Motor Claim Form		
TP: <input checked="" type="checkbox"/> 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/Wksp		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: SLR 3714S. 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%; F: 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 repolar.
 Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

NA 2100108	Invoice Registration Checklist	Amount (USD)	Added Bill
Claimants Particulars	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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		
Warranty Comments:	For claimant against UNC Only (ver 10 Jan 2009)		
Call:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*NR: DV / Collect Excess Coordination \$5		
	TR (Nil): TP (Non INC) against INC \$20		
	9) NI2: Idao 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 Submission	03/12/2020 10:26 (SGT)
Date of Accident	28/11/2020 12:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE TWDS MCE AFTER ALEXANDRA EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT8375T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN WOEI KUAN
NRIC No	SXXXX782G
Email Address	WOEIKUAN@GMAIL.COM
Mobile Phone No	(Phone) +65-82182083
Alternative Phone No	+65-82182083

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V10096/VPC/R00
Cover Note Number	-

DRIVER

Name of Driver	TAN WOEI KUAN
NRIC No	SXXXX782G
Date Of Birth	10/01/1984
Occupation	Outdoor

Date Of Driving Pass	20/08/2011
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82182083
Alt. Phone Number	+65-82182083
Email Address	WOEIKUAN@GMAIL.COM
Address	BLK 337A TAH CHING RD #20-45
Address complement	-
Postcode	611337
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	OU FENGYI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201130/7003

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR3714S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TAN WOEI KUAN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SLT8375T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person OU FENGYI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SLT8375T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

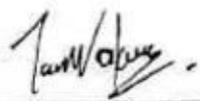
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:



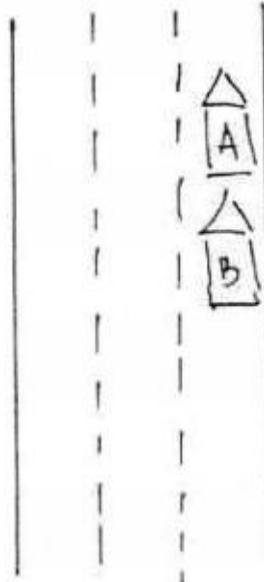
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

AYE TOWARDS
MCE AFTER
ALEXANDRA EXIT



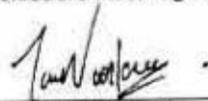
(A) SLT 8375 T
(B) SLR 3714S

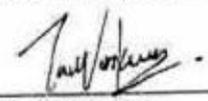
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE towards MCE on lane 1 of 3 lanes.
Weather was clear, traffic was moderate. The vehicle in front of me
slowed down and stopped. Noticing that, I also slowed down and came to
a halt. After a few seconds, I felt an great impact from the rear. I
alighted and realised vehicle B could not stop in time and collided onto
the rear of my vehicle.

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



**SINGAPORE
POLICE FORCE**



T/20201130/7003

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201130/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2020 09:05	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN WOEI KUAN			Address: 337A TAH CHING ROAD #20-45 SINGAPORE 611337		
ID Type / ID No.: NRIC NO / S8482782G			Contact No.:		Mobile: 82182083
Nationality: SINGAPORE CITIZEN			Email: WOEIKUAN@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 10/01/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2020 12:45	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLR3714S	Car					0
SLT8375T	Car					0

Details of Person Involved

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Passenger			
Name	OU FENGYI	ID No.	S8117752Z
Related Vehicle	SLT8375T (Car)	Contact No.	92708592
Hospital/Clinic	RAFFLESMEDICAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/11/2020	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	TAN WOEI KUAN	ID No.	S8482782G
Related Vehicle	SLT8375T (Car)	Contact No.	82182083
Hospital/Clinic	RAFFLESMEDICAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/11/2020	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

I WAS TRAVELLING ALONG AYE TOWARDS MCE ON LANE 1 OF 3 LANES. WEATHER WAS CLEAR AND TRAFFIC WAS MODERATE. THE VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED. NOTICING THAT, I FOLLOWED SUIT AND CAME TO A HALT. AFTER A FEW SECONDS, I FELT AN GREAT IMPACT FROM THE REAR. I ALIGHTED AND REALISED THAT THE VEHICLE (SLR3714S) BEHIND ME COULD NOT STOP IN TIME AND COLLIDED ONTO THE REAR OF MY VEHICLE. BOTH MYSELF AND MY WIFE WENT TO RAFFLES MEDICAL FOR CONSULTATION AS WE FELT PAIN AFTER THE ACCIDENT.



**SINGAPORE
POLICE FORCE**



T/20201130/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201130/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/11/2020 09:05

Classification Of Case:

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: TAN WOEI KUAN		Certificate No.: SD20V10096/ VPC / R00
Date of Issue: 01 Sep 2020	Effective Date of Commencement: 28 Aug 2020 00:00	Date of Expiry: 27 Aug 2021 23:59
Registration No.: SLT8375T	Chassis No.: WBA72AA0805R51866	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.

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
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$600, Additional Excess for Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0
Name of Finance Company:	DBS BANK LTD
Name of Producer:	SD CONTEGO SERVICES (A1429-5)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 782G

Vehicle Details

Vehicle No.: SLT8375T
Vehicle to be Exported: No
Intended Deregistration Date: 31 Dec 2020
Vehicle Make: B.M.W.
Vehicle Model: X1 SDRIVE20I MSPT
Primary Colour: Grey
Manufacturing Year: 2020
Engine No.: 31565990B48A20A
Chassis No.: WBA72AA0805R51866
Maximum Power Output: 141.0 kW (189 bhp)
Open Market Value: \$42,527.00
Original Registration Date: 28 Aug 2020
First Registration Date: 28 Aug 2020
Transfer Count: 0
Actual ARF Paid: \$51,538.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 27 Aug 2030
PARF Rebate Amount: \$38,653.00

Intended COE Rebate Details

COE Expiry Date: 27 Aug 2030
COE Category: E - Open - all except motorcycle
COE Period(Years): 10
QP Paid: \$36,502.00
COE Rebate Amount: \$35,246.00
Total Rebate Amount: \$73,899.00

The information contained herein is correct as at 30 Nov 2020

OK

AK Submit done. unable print pdf.

SINGAPORE ACCIDENT STATEMENT

TYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY () REPORTING ONLY ()

DATE OF ACCIDENT : 28/11/20 TIME : 12.45 HRS
LOCATION : A/E towards MCE Apt Alexandra Exit

VEHICLE NUMBER : SLT 83757 MAKE / MODEL BMW X1 SDRIVE 20 I MSPT
OWNER INSURED : Tan Noei Kuan
NRIC NO. : S84627925 CONTACT NUMBER: 82182083
INSURANCE COMP: Liberty POLICY NUMBER: SD
TYPE OF INSURANCE: COMPREHENSIVE () TPFT () 3RD PARTY ONLY ()

DRIVER PARTICULAR

DRIVER SAME AS OWNER: ()

DRIVER NAME : _____ NRIC NO.: _____

ADDRESS: 357A Jln Chino Rd #20-45 POSTAL: 611337
CONTACT: 82182083 EMAIL: _____ GENDER: male
DOB: 10.01.1984 DATE OF PASS: 20.08.2011

(PLEASE TICK AND FILL THE RELEVANT CHOICES)

WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY () YES () NO
IF NO, RELATION OF DRIVER WITH INSURED:
() OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING () OTHERS
WEATHER CONDITION: () CLEAR () RAINING () DRIZZLING
ROAD SURFACE: () DRY () WET () SLIPPERY

WAS ANYBODY INJURED: () YES () NO INJURIES SUSTAINED : _____

WAS ACCIDENT REPORTED TO POLICE: _____ IF YES, WHICH STATION: _____

() YES () NO POLICE REPORT NUMBER: _____

ANY VIDEO CAPTURED: () YES () NO CONVEY BY AMBULANCE () YES () NO

NUMBER OF PASSENGER INCLUDE DRIVER: 2

PARTICULAR OF PASSENGER : 04 Female () MALE () FEMALE

() MALE () FEMALE

() MALE () FEMALE

() MALE () FEMALE

(THIRD PARTY PARTICULAR)

VEHICLE B SLR 37145 NAME /NRIC: _____ CONTACT: _____
VEHICLE C _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE D _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE E _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE F _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE G _____ NAME /NRIC: _____ CONTACT: _____

WITNESS (IF ANY)

NAME: _____ HP NO. : _____ NRIC: _____

* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*