

NATIONAL Assessment Centre Services: (wef 1 Jan'08) <b>200922/0005</b>			
Date In: <b>20/04/2012 15:57</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/21P27003712/4</b>	SAS e-filing		
Veh No: <b>SND 35644</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>20/04/2012 22:10</b>	i-Motor Claim Form		
OD: <b>TP</b> / Reporting Only	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>QX 1735D</b>	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 repairer.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	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

<b>NA2201072 / NA2201073</b>		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		Inc Bill	Add Bill
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		
C Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey)	\$30		
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2005)			
t. 1:		6) TR: Re-inspection	\$75		
t. 2/3:		7) N1: Idac DA + SMRT Survey	\$160		
---		8) NTUC Additional Services:			
		OD*			
		*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 Submission	21/04/2022 15:57 (SGT)
Date of Accident	20/04/2022 22:10 (SGT)
Exact Location of Accident	Buyong Rd, Singapore
Additional Location Information	TOWARDS CTE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND3564H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH ZHI SENG, JAONNE (ZHUO ZHICHENG)
NRIC No	SXXXX045H
Email Address	joannetoh.88@gmail.com
Mobile Phone No	(Phone) +65-94752067
Alternative Phone No	+65-91891706

#### VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Cayenne
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
Transmission	Auto
CC	3598

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD22V03339/VPS/R00
Cover Note Number	-

#### DRIVER

Name of Driver	HENG ZE MIN, DARREN (WANG XIMIN)
NRIC No	SXXXX800Z

Date Of Birth	08/09/1987
Occupation	Indoor
Date Of Driving Pass	29/03/2007
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91891706
Alt. Phone Number	-
Email Address	darrenhengzemin@gmail.com
Address	BLK 403D FERNVALE LANE #07-155
Address complement	-
Postcode	794403
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	JOANNE TOH
Gender	Female

#### PASSENGER 2

Name	CHARISSA HENG
Gender	Female

#### PASSENGER 3

Name	CARINA HENG
Gender	Female

#### PASSENGER 4

Name	JAMES ONG
Gender	Male

#### 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

PLEASE REFER TO POLICE REPORT T/20220421/7011

## ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1735D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-



### SKETCH PLAN

### IMPORTANT NOTICE

1. VEHICLE NO.: SND3564H  
2. INSURER CO: LIBERTY  
3. ACCIDENT DATE & TIME: 20/04/2022 @ 2210hrs

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 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.
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:

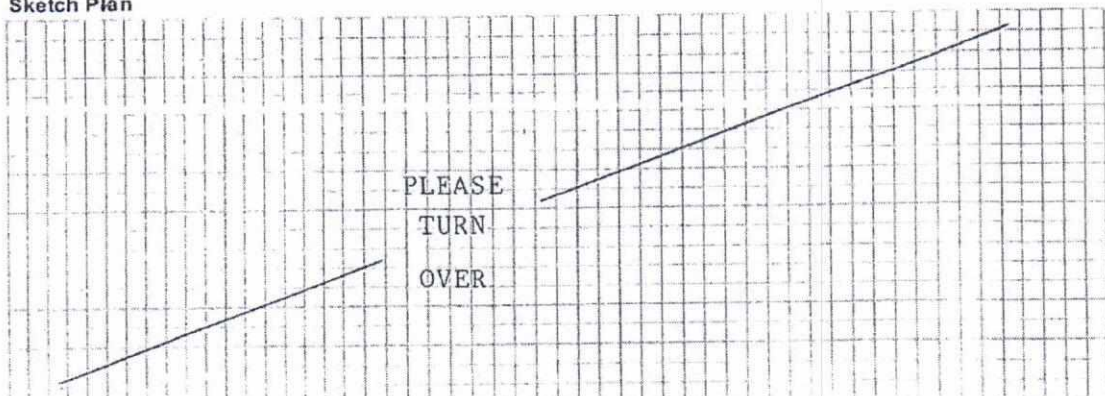
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Buying Rd towards  
CTE

A

B

B

A : 5H735644H  
B : QX1735D

B : QX 1735 D

Buying Rd towards CTE

[illegible]

Refer to Police Report NO. T 20220421 7011

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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

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

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

( ) Claim Own Policy      ( ) Claim Third Party      ( ) Reporting Only  
( ) Claim OD/TP at other workshop (\_\_\_\_\_)





**SINGAPORE  
POLICE FORCE**



T/20220421/7011

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

1 of 3

Report No. T/20220421/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/04/2022 10:55		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HENG ZE MIN, DARREN			Address: 403D FERNVALE LANE #07-155 SINGAPORE 794403		
ID Type / ID No.: NRIC NO / S8727800Z			Contact No.: Home/Office: Mobile: 91891706		
Nationality: SINGAPORE CITIZEN.			Email: DARRENHENGZEMIN@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 08/09/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/04/2022 22:10	Type of Location: Straight Road
Location:  BUYONG ROAD				
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

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SND3564H	Car	PORSCHE	CAYENNE	Black		5

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220421/7011

2 of 3

Report No. T/20220421/7011

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

**CONTINUATION OF REPORT**

Driver				
Name	HENG ZE MIN, DARREN		ID No.	S8727800Z
Related Vehicle	SND3564H (Car)		Contact No.	91891706
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

ON 20/04/2022 AT AROUND 2210HRS I WAS TRAVELLING AT BUYONG RD TOWARDS CTE, SUDDENLY VEHICLE NO QX1735D CHANGED LANE AND COLLIDED ONTO THE REAR PORTION OF MY CAR, I SIGNALLED LEFT AND WAS WAITING TO TURN INTO CORCORDE HOTEL SO THAT WE WOULD NOT BLOCK THE TRAFFIC, AFTER TRUNING IN THE POLICE VEHICLE NO. QX1735D DID NOT FOLLOW SUIT. I AM MAKING A POLICE REPORT TO INDICATE THAT THIS IS A HIT AND RUN ACCIDENT.





**SINGAPORE  
POLICE FORCE**



T/20220421/7011

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

3 of 3

Report No. T/20220421/7011

**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 /  
IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

NP168

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

Date/Time:  
21/04/2022 10:55

Classification Of Case:

Particular of Insured / Driver & Details of the Accident

(Pls circle where applicable)

Location of Accident: Buyong Rd towards CTE

Date & Time of Accident: 20/04/2022 @ 2210hrs

Purpose when vehicle was used at the time of accident: Private Use  
(eg. Going Home)

Details of Own Vehicle

Vehicle Registration Number: SND3564H

Make / Model: Porsche Cayenne

Vehicle Category: Private Car

Claiming Own insurance: YES / NO

If No, Reporting only / Third Party Claim

Name of Preferred workshop: \_\_\_\_\_ Contact: \_\_\_\_\_

Insured / Policy Holder

Name of Registered Owner: TOH ZHI SENG, JOANNE NRIC: S8828045H

Address: BIK 403D Fernvale Lane #07-155 Singapore (794403)  
(ZHNO ZHICHENG)

Mobile No: 9475 2067 Other Contact: Home No. / Office / Others: \_\_\_\_\_

Email: joannetoh.88@gmail.com

Driver

Name of Driver: Heng Ze Min, Darren (Wang XiMin) NRIC / Fin: S87278007

Driving License Pass Date: 29-Mar-2007 DOB: 08-09-1987

Address: BIK 403D Fernvale Lane #07-155 S (794403)

Occupation: INDOOR / OUTDOOR Mobile No: \_\_\_\_\_

Gender: MALE / FEMALE Other Contact: Home No. / Office / Others: 9189 1706

Email: darrenhengzemin@gmail.com

Driver an employee: YES / NO If no, what is relationship with the policyholder: Spouse  
If Driver is a policyholder, please kindly ignore this question

Insurance Company

Fleet Policy: YES / NO Policy Number: SD22V033391 Type of Coverage: Comprehensive  
VPS / ROO

General information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: \_\_\_\_\_

Weather Conditions: CLEAR / RAINING / OTHERS: \_\_\_\_\_

Road Surface: DRY / WET

Any video captured by car camera?: YES / NO

\*Any witness?: YES / NO

Any police report made: YES / NO

\*Injured party: YES / NO (\*If Yes, pls provide name & tel)

For Injured Party details, it must be supported by police report



No. of Passenger (Including Driver): 5

Details of Passenger 1

Name of Passenger: Joanne Toh

Gender: Female

Details of Passenger 3

Name of Passenger: Carina Heng

Gender: Female

Details of Other Vehicle Property 1

Vehicle Registration No: QX1735D

Vehicle Make / Model / Colour: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

No. of Passenger (Including Driver): \_\_\_\_\_

NRIC: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Nature of Damage: \_\_\_\_\_

Vehicle Category: Police Car

Details of Passenger 2

Name of Passenger: Charissa Heng

Gender: Female

Details of Passenger 4

Name of Passenger: James Ong

Gender: Male

Details of Other Vehicle Property 2

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611

## 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  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No SD22V03339 /VPS /R00  
Form MX1  
Date of Issue 02-MAR-2022  
1.Index Mark and Registration No. of Vehicle: SND3564H  
2.Chassis number of Vehicle: WP1ZZZ92ZDLA05725  
3.Name of Policyholder: TOH ZHI SENG JOANNE  
4.Effective date of Commencement of Insurance for the purposes of the Act: 27-JAN-2022 00:00 AM  
5.Date of Expiry of Insurance: 26-JAN-2023 23:59 PM  
6.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.

7.Limitations as to use\*:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

8.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

Authorised Signature

For Information only:

COVERAGE:

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen, Restricted Age Condition

MARKET VALUE AT THE TIME OF LOSS

Section I - Named Drivers - Singapore S\$3000 / Outside Singapore S\$6000, Section I - Unnamed Drivers (Driver Must Be Between 25 To 69 Years Old With At Least 3 Years Driving Experience And No Claims For The Past 3 Years) - Singapore S\$4000 / Outside Singapore S\$8000, Windscreen Excess S\$500

DICKSON INSURANCE AGENCY PTE. LTD.

20220421

Ver.1.260705