

NATIONAL Assessment Centre Services: (wef 1 Jan'08) S2009226 F0007

Date In: 15/06/2022 16:45	Job description	Date & Time Completed	Done by
Ref No: NBR/LIP2200508914	SAS e-filing		
Veh No: SMO 3388A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/06/2022 16:48	i-Motor Claim Form		
OD: TP 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 Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: YQ 722P INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: () Time: ()

Confirmed by: ()

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	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

Claimant's Particulars:	Invoice Preparation Checklist	
	Am (S)	Ass (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);	INC (\$80)
Contact No:	2) DA: Damage Assessment (\$100);	\$40/\$45
Damaged Portion:	3) TF: Towing Fee	\$120
	4) FT: Follow-Through Survey	\$30
	5) FT: Follow-Through Survey (Resurvey)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idao DA + SMRT Survey	
	8) NTUC Additional Services:	
	OD*	\$5
	*N5: Courtesy Car / Tpt Allowance	\$10
	*N6: Repair Co-ordination	\$25
	*N7: Post Repair Inspection	\$5
	*N8: DV / Collect Excess Coordination	\$20
	TP (N11): TP (Non INC) against INC	\$0
	9) N12: Idao Mobile	
	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 15/06/2022 16:35 (SGT)
Date of Accident 11/06/2022 16:48 (SGT)
Exact Location of Accident Kallang Way, Singapore
Additional Location Information TOWARDS ALJUNIED ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND3388A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN YI ZHAN, AARON
NRIC No SXXXX122B
Email Address aaronjeremiahchan89@gmail.com
Mobile Phone No (Phone) +65-91896777
Alternative Phone No +65-91896777

VEHICLE PARTICULARS

Manufacturer Porsche
Model Cayman
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 2893

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD21V11501/VPS/R00
Cover Note Number -

DRIVER

Name of Driver CHAN YI ZHAN, AARON
NRIC No SXXXX122B

Date Of Birth	23/01/1989
Occupation	Indoor
Date Of Driving Pass	28/09/2010
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91896777
Alt. Phone Number	+65-91896777
Email Address	aaronjeremiahchan89@gmail.com
Address	BLK 513 ANG MO KIO AVENUE 8 #04-2776
Address complement	-
Postcode	560513
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	Side Swipe
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20220611/2105

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	YQ772P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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. 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)

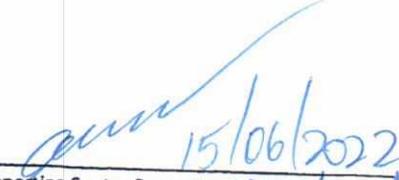
I understand, acknowledge, agree and consent that:

- (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.



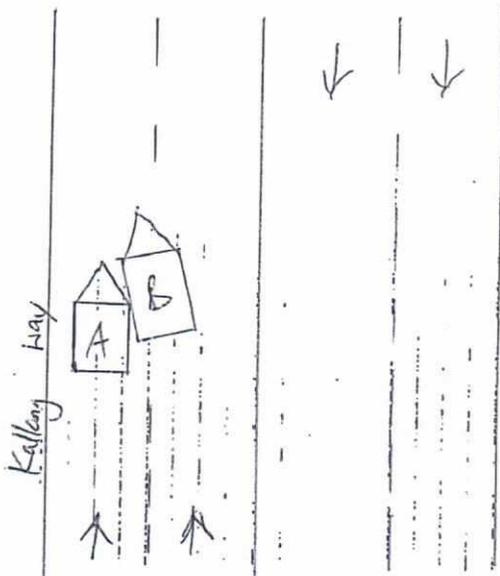
Policyholder's Signature
Date & Time:

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


15/06/2022

Reporting Centre Personnel's Signature
Name: Rosdi
NRIC/FIN No.: UA#AB

SKETCH PLAN



A - SND 3388A
 B - YQ 722P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was travelling on the
 stated road when suddenly vehicle B swerved into my lane hitting my
 vehicle.
~~causing damages on the right of my vehicle and left side rims.~~
 vehicle causing my vehicle to hit the curb on my left.
 When I alighted my vehicle I saw VRN (YQ 722P) had collided onto
 my vehicle.

POLICE REPORT T/20220611/2105

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: Red Li WATTHAB
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20220611/2105

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3
Report No. T/20220611/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2022 23:35	Vide Report No.:	Station Diary No.: 88
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHAN YI ZHAN, AARON JEREMIAH		Address: APT BLK 513 ANG MO KIO AVENUE 8 #04-2776 SINGAPORE 560513	
ID Type / ID No.: NRIC NO / S8903122B		Contact No.: Home/Office: Mobile: 91896777	
Nationality: SINGAPORE CITIZEN		Email: aaronjeremiahchan89@gmail.com	
Sex: Male	Age: 33	Date of Birth: 23/01/1989	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Real estate agent		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 11/06/2022 16:45	Type of Location: Straight Road
Location: KALLANG WAY			
Weather: Clear		Road Surface: Dry	Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SND3388A	Car				Slightly Damaged	0
YQ722P	Lorry				No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20220611/2105

2 of 3

Report No. T/20220611/2105

CONTINUATION OF REPORT

Driver			
Name	CHAN YI ZHAN, AARON JEREMIAH		ID No. S8903122B
Related Vehicle	SND3388A (Car)		Contact No. 91896777
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	Guemukh Singh		ID No. G8422116W
Related Vehicle	NIL		Contact No. 98068546
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 11/06/2022 at about 1647hrs , I was driving my car (SND3388A) on the left lane at the said location. There was a lorry(YQ722P) which was at right lane was filtering into my lane. I then applied an emergency brake and kept to the left of my lane to prevent collision with the lorry .Due to trying to avoid the collision ,my car was hitting the curb on the left while i was applying the emergency brake and caused damages to the left side of my car.

The lorry then side swipe on the right side of my car .

I would like to state that there is no injuries from both parties that I am aware of and I also have a footage of the accident. I am lodging this report for claiming purposes.



**SINGAPORE
POLICE FORCE**



T/20220611/2105

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3
Report No. T/20220611/2105

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: G/  SGT 1 MOHAMMAD FARIZUAN BIN NASRUDDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/06/2022 23:35
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

NP168

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

16 Feb 2022

Our ref 1602220203N061163943

CHAN YI ZHAN, AARON JEREMIAH
APT BLK 513 ANG MO KIO AVENUE 8
#04-2776
SINGAPORE 560513

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SMJ3092H
With SND3388A**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SMJ3092H, now has the number SND3388A.

The vehicle details after the transaction are:

Transaction No. : 20220216163942706097
Vehicle Registration No. : SND3388A (Previously SMJ3092H)
Vehicle Make : PORSCHE
Vehicle Model : CAYMAN 2.9L PDK SMT ABS D/AB
2WD 2DR HID
Chassis No. : WP0ZZZ98Z9U750236
Engine No./ Motor No. : C901049 / -

What You Need To Do:

- You must show the new number SND3388A on your vehicle by 19 Feb 2022.

Please change the number plates on this vehicle to show SND3388A by 19 Feb 2022. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

Visit onemotoring.lta.gov.sg for more information and to access a wide range of vehicle-related services. If you need a Singpass or Corppass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

Yours sincerely

Assistant Registrar of Vehicles
Vehicle Quota & Registration Division
Land Transport Authority

[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Digital enforcement cameras are deployed island-wide to deter and detect traffic offences. Let's keep everyone safe on our roads!

M

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11 / 06 / 2022 (dd/mm/yy) Time of Accident: 16 : 48 (24-HR-FORMAT)

Vehicle No.: SND 3388 A Vehicle Make & Model: Porsche Cayman

*Transmission : Manual Auto

*C.c: _____

Exact location of Accident: Kallang Way towards Aljunied Road.

Policyholder's Name: Chan Yi Zhan, Aaron Jeremiah NRIC/FIN/REG No.: SS903122B

*Policyholder's email address : aaronjeremiahchan89@gmail.com

Driver's Name: As Above NRIC/FIN/REG No.: As Above.

*Driver's email address : _____

Driver's Contact No.: 9189 6777 Company Contact No (If any): _____

Date of birth: 23/1/1989 Driving Pass Date: 28 Sept 2010

Driver's Address: BK 513 Ang MoKio Ave 8 #04-276 (S) 560513.

Insurance Company: Liberty

Policy No.: SD21V11501/VPS/R00 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Type of Accident

Chain Collision Head To Rear Side Swipe Other _____

Occupation (nature job) Indoor / Outdoor *No. of Passengers / Including Driver): 1

*Passenger Name: _____ Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person' Name: _____

Injured Person in Which Vehicle : _____ Any injured conveyed to hospital by ambulance? : Yes No

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: YQ 722P

Driver's Contact No: _____ Insurance Company : _____

*No. of Passenger/(including Driver) : _____
(If policyholder is not sure or did not check, please state so in the description portion of the report)

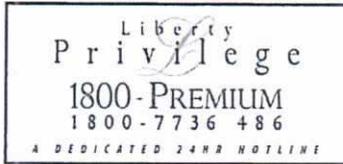
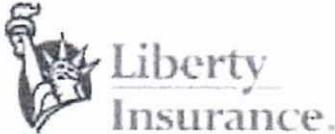
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

*No. of Passenger/(including Driver) : _____
(If policyholder is not sure or did not check, please state so in the description portion of the report)

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



Liberty Insurance Pte Ltd
 Registration no.199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8611
 Website: <http://www.libertyinsurance.com.sg>

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

Certificate No	SD21V11501 /VPS /R00										
Form	MX3										
Date Of Issue	11-AUG-2021										
1.Index Mark and Registration No. of Vehicle:	SMJ3092H										
2.Chassis number of Vehicle:	WP0ZZZ98Z9U750236										
3.Name of Policyholder:	CHAN YI ZHAN AARON JEREMIAH										
4.Effective date of Commencement of Insurance for the purposes of the Act:	06-AUG-2021 00:00 AM										
5.Date of Expiry of Insurance:	05-AUG-2022 23:59 PM										
6.Persons or Classes of Persons entitled to drive*:	CHAN YI ZHAN AARON JEREMIAH										
<p>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.</p>											
<p>7.Limitations as to use*: Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p>											
<p>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.</p>											
<p>*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.</p>											
<p>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.</p>											
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>											
<p>_____ Authorised Signature</p>											
<p>For Information only:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive,Unlimited Windscreen</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>Section I (Singapore) S\$4000,Section I (Outside Singapore) S\$8000,Windscreen Excess S\$500</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>MAYBANK SINGAPORE LTD</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>D&S AUTO AGENCY</td> </tr> </table>		COVERAGE :	Comprehensive,Unlimited Windscreen	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Section I (Singapore) S\$4000,Section I (Outside Singapore) S\$8000,Windscreen Excess S\$500	FINANCE COMPANY:	MAYBANK SINGAPORE LTD	PRODUCER NAME:	D&S AUTO AGENCY
COVERAGE :	Comprehensive,Unlimited Windscreen										
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS										
EXCESS:	Section I (Singapore) S\$4000,Section I (Outside Singapore) S\$8000,Windscreen Excess S\$500										
FINANCE COMPANY:	MAYBANK SINGAPORE LTD										
PRODUCER NAME:	D&S AUTO AGENCY										

PLSL/PLSL/11-AUG-21

S1_CI_T1_T3_OE_Template2-Ver1.

11-AUG-21