NATIONAL Assessment Ce			Date & Time Completed	Done by
Date In: 20/2/18-19:01	Job description	- 1	Date & Fine Completed	Done of
Res No: NA UP 1800 3x5 /24	SAS e-filing	1		
Veh No: CLUTOGGA	E-mail (within Sh	rs, AIC 2hrs)		
D.O.A: K)2/18-21:42	i-Motor Claim	Form		
OD : TP)! Reporting Only	i-Motor W/O	Within: OD 2hrs, TP	4hrs)	
OB : ITP. Reporting Only	i-Photo Upload	led		
TP Insurer:	Assessment/Sur	vey Report		
TI Modelo.	Ass't Report by	Fax / Hand to O	wner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	:(,	Tel: Fa	ix:
TP Particulars: Veh No:	stroyigh.	. INC()/Non-INC()	3
Owner / Driver: (Tel:)
Policy No: ()	Period: () C	over Type: () ,
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (W	D): N: 0-20%	P: 21-79%. P: 80-10	0%]
Year of Registration: () Warranty: YES ()/NO()		
	\$1,000 ()/\$2,000 ()		
General Remarks:				Cart St.
() Walk-In Customer: Customer's	information strictly Confi	dential & Strictl	y NO refer of repairer.	7.
() Total Loss Case : to e-mail In	surer URGENTLY.		10 m - 13	13-10
Drive-In ()/ Towed-In (); Inv	voice: YES () / NO	(); Tow	ing Co: (•)
Apply for Transport Allowance (QC Check / Post Repair Inspection)/Courtesy Car ()		**	
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		, but	
Injury:			<u> </u>	
Date/Time Actions			The state of the state of	And the second
Oate 1 time Actions.				ZMUPOWE SET
	- 4			
			Cr. Jan.	Anit (S) Amil
1A1801038	30		ation Checklist	TABIL Add I
aimant's Particulars :-	Charles and Company of the Company o	AR : Accident Rep		
iver/Owner:	3	TF : Towing Fee	. \$40/5	
	5	FT : Follow-Throu	gh Survey (Resurvey) 5	530
ontact No:	6	For claiming agains TR: Re-inspection	UNC Only (wef 10 Jan 2005)	\$75
maged Portion:	7	N1 : Idao DA + SM	IRT Survey \$1	160
	* 8	NTUC Additional S	Services:-	
Checked by (Engr-In-Charge):				\$5
. Checked by (Bilgi-In-Charge).	77	*N5: Courtesy Car	The state of the s	The second secon
	The state of the s	*N6: Repair Co-ord	lination	510
		*N6: Repair Co-ord *N7: Fost Repair In *N8: DV / Collect	tination spection Excess Coordination	510 525 55
uditors' Comments::		*N6: Repair Co-ord *N7: Post Repair In *N8: DV / Collect TP (N11): TP (N-)	tination spection Excess Coordination n INC) against INC	\$10 \$25
uditors' Comments::-		*N6: Repair Co-ord *N7: Fost Repair In *N8: DV / Collect	tination spection Excess Coordination n INC) against INC	\$10 \$25 \$5 \$5 \$5

Fargin it 1.35

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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

	ACCIDENT STATEMENT	
Date Of Report	20/02/2018 19:01	
Date Of Accident	15/02/2018 21:40	
Exact Location Of Accident	BLK 609 BEDOK RESERVOIR RD T-JUNC	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU5066A	
Insured/Policyholder		
Name Of Registered Owner	DARWIN-51 CAR RENTAL PTE LTD	
Co Reg No	201407909C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-84815151	

OFFICE-84815151

Alternative Phone No. Vehicle Particulars

Manufacturer TOYOTA

PRIUS ALPHA HYBRID 1.8S CVT Model

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

LIBERTY INSURANCE PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number SD17V08976/VPZ/R00

Cover Note Number

Driver

TONG TUCK WHYE Name of Driver

NRIC No. S1725266F Date Of Birth 07/06/1965 OUTDOOR Occupation Date Of Driving Pass 13/12/1983

Driving Experience 34 YEARS AND 2 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-81219199

Fax Number

OFFICE-81219199 Contact Number

NOEMAIL EMail Address

Address BLK 515 HOUGANG AVENUE 10

#03-163

Postcode 530515

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

5

Insurance Company of Driver's Own Vehicle

.

1

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 this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

REFER TO STATEMENT.

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 SLT2429L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 "
 - 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:
 - 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)

long alter ruch

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

 are a manager of a few party.	
	A-SLU 5066A
f f	B-SLT. 2429.L
4	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On the above date and time, I was driving along Bedok Reser
road toward Bedok north road on the 1st lane of a 3 laves road
Somewhere at BIK 609 Bedok Reservior road T- Junction, I slowed
down and stopped compeletly due to red 115ht. Out of the su
vehicle B (SLT 2429L) came from the rear and collided direct
on to the veur portlan of my vehicle.
A-SLU 5066 A
B-SLT 2429 L

DECLARATION

I/We pectare 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:

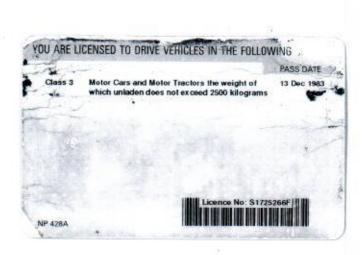
NRIC/FIN No.:

ehicle No.	SLU 5066A Model/Make Toyota Prais Alpha		
ate of Accident	15/2/18		
ime of Accident	Z1.42 HRS		
ocation of Accident	BILL 609 Bedok Reservior Road 7- Junction		
xact purpose use during accid			
Name of Owner	Durwin-51 Car Rental Pte Ltd		
elephone No.	H/P: 9481 5151 Home: Office:		
VRIC			
Address	1 Kaki Bukit Road 1 #01-09 Enterprise One S(415934)		
Claim type	OD THIRD PARTY REPORTING ONLY		
nsurance Company	Liberty		
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft		
Policy No.	5)17 V08976 (VPZ (ROO		
oncy ivo.	7.17001101712100		
Name of Driver	As Above (If No) Tony Tuck Whye		
NRIC .	1725266F Any Passengers: 1 M , 3 F		
Date of birth	7/6/1965		
Occupation	Outdoor / Indoor		
Driving License Pass Date	13 Pec 1983		
Gender	Male / Female		
Contact No.	H/P: 8121 9199 Home: Office:		
Address	BIK 505 Hougany Ave 10 #03-163 5(530515)		
Driver have any own vehicle	No. If yes, Reg No.		
Relationship	Employee, (If no, state Hirer		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No. If Yes, Where?		
Vehicle B No.	SLT 24zq L Any Passengers : Ni		
Name of Driver	Contact No. :		
Vehicle C No.	Any Passengers :		
Vehicle D No.	Any Passengers :		
Vehicle E no.	Any Passengers :		
Vehicle F No.	Any Passengers :		
Vehicle G No.	Any Passengers :		
Witness Name	Witness Contact :		
Accident Portion	Rear Portion		
Camera Recorder	Yes / No		
Email Address	sales @ nst.com.sg		
Elitari Addi ess	1 3-107 (3.1.31.30)		
PARTICULAR WORKSHOP	N-51 Antomotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Ames		
	6741 0510		













Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 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 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD17V08976 /VPZ /R00
Form	MZ406C
Date Of Issue	07-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SLU5066A
2.Chassis number of Vehicle:	ZVW400027234
3.Name of Policyholder:	DARWIN-51 CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	05-DEC-2017 00:00 AM
5.Date of Expiry of Insurance:	27-JUL-2018 23:59 PM
6.Persons or Classes of Persons	

entitled to drive*:

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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*:

A) Use for carriage of passengers or goods in connection with the Policyholder's business.

B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.

C) Use for the carriage of passengers for hire or reward under "Uber/Grabcar" by the person to whom the vehicle is hired.

8.Policy does not cover:

A) Use for racing, pace-making, reliability trial or speed-testing.

B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*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 (Malaysia) 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 (Malaysia).

> For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

> > Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen, Uber/Grabcar Extension

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I - Singapore S\$2000 / Outside Singapore S\$4000, Section II - Singapore S\$1500 / Outside

Singapore S\$3000, Windscreen Excess S\$100

FINANCE COMPANY:

MAYBANK

PRODUCER NAME:

INSURE HOUSE

PLYW/PLYW/07-DEC-17

S1_CI_T1_T3_OE_Template2-Ver1.

07-DEC-17