VATIONAL Assessment Contro	Services -	* 135 795					
Date III 05/03/2018 15:58		Date & Time Completed	Done by				
REINU NA/IIP\$18004213/K4				STANCT			
VehNo SKG4006R	Email (within 8hr	a, MC Shra)		Tall House and			
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110A 03/03/2018 15:4		Within: OD 2hrs. TP 4hrs)					
OD TP ' Penoring Only	1-Photo Upload	The same of the sa					
	Assessment/Surv	ey Report					
TP Insurer	Ass't Report by	Ass't Report by Fax / Hand to Owner/Wksp					
Preformed Wksp / INC Assign Wksp / QW: (		Tel: Fa	X:				
	KS3335J	INC( )/Non-INC( )					
Owner / Driver (		_ Tel:	)				
	riod: (	) Cover Type: (	<u>)</u>				
Confirmed by : (		Date: Time:	)				
Conjunite by . (	Note-Est Status (W)	O): N: 0-20%; P: 21-79%. F: 80-10	(0%)				
The state of the s	Warranty: YES (	)/NO( )					
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General Remarks:  ( ) Walk-In Customer : Customer's info	emation etrictly Conf			W1055			
and the same of th		incommunication of the communication of the communi					
		O( ); Towing Co: (	1	)			
Drive-In ( )/ Towed-In ( ); Invoice	e: YES ( ) / NO						
Remarks: (INC horline: 6788 6616)	and the second	Date&Time Completed	Done by				
The state of the s	Courtesy Car ( )						
2) QC Check / Post Repair Inspection	( )						
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ( )						
Injury:		Commence of Sharesternor three as a factor	Sant .				
Date/Time Actions			Marie Contract				
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. NA180	1425	Invoice Preparation Checklist	lst Bill	Add Sii			
The state of the s		1) AR: Accident Reporting (\$30); INC (\$2	(0)				
laimant's Particulars :-	Section of Days	2) DA : Damage Assessment (* 540	0/\$45				
Driver/Owner:		A) FT . Follow-Through Survey	\$120 \$30				
Contact No:		5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 200)	5)				
		6) TR : Re-inspection	\$75 \$160				
Damäged Portion:		7) N1 : Idac DA + SMRT Survey					
		OD*					
QC Checked by (Engr-In-Charge):		*N5: Courtesy Car / Tpt Attowants 510					
Comments:		*N7: Post Repair Inspection *N8: DV / Collect Excess Coordination	23				
Authors Constitution	The standard of the standard o	TP (N11): TP (N-10 INC) egainst INC 9) N12: Idae Mobile	30				
Cot. 1:	- N-1	Involce dated	THE REAL PROPERTY.	r -17			
Cat. 2 / 3		Involve dated Fee Charges		0.00			

## 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 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.

- 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

<ol><li>By the lodgement of this report to the insurers, year aforesaid.</li></ol>	ou hereby consent to the archiving of this report at the centre and to copies of the rep	oort being made available
(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1	ACCIDENT STATEMENT	
Date Of Report	05/03/2018 15:58	
Date Of Accident	03/03/2018 15:40	
Exact Location Of Accident	LAVENDER STREET	
Country/State of Loss	SINGAPORE	
THE RESERVE OF THE PARTY OF THE	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG4006R	
Insured/Policyholder		
Name Of Registered Owner	CHEONG CHEE KEONG	
NRIC No	S7306038I	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98333385	

Alternative Phone No Vehicle Particulars

Manufacturer AUDI

Model A5 SB 2.0 TFSI QU (FACELIFT)

Exact Purpose for which vehicle was being used at time of accident

PRIVATE USE

OTHERS-98333385

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

LIBERTY INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number SD17V09535/VPE/R00

Cover Note Number

Driver

Name of Driver CHEONG CHEE KEONG

NRIC No S7306038I Date Of Birth 19/02/1973 Occupation OUTDOOR Date Of Driving Pass 03/09/1999

**Driving Experience** 18 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98333385

Fax Number

Contact Number OTHERS-98333385

EMail Address NOEMAIL Address

BLK 3D UPPER BOON KENG ROAD

#15-646

Postcode

384003

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

23

Insurance Company of Driver's Own Vehicle

-

## 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

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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS3335J

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 Passenger (Including Driver)

#### SKETCH PLAN

### 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 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
- 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
- (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
- 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	direction -	: Lavender	straf	A-SKG 4006R
				A-SKG 4006R B-SKS 3335J
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DESCRIBE CIRCUMST	ANCES OF THE ACCIDENT		1	1000 × 3
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CLARATION		-19		
deciale the foregoing	particulars are true in every vesp	pect.	/	1. 3 3 2018
icyholder's Signature e & Time:	Driver's Signature (If driver is not the po Date & Time:	olicyholder)	Reporting Centre Pe Name: NRIC/FIN No.:	

DE I/W

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$73060381





Name

CHEONG CHEE KEONG (ZHONG ZHIQIANG)

中志强

Titos

CHINESE

19-02-1973

Country/Place of birth SINGAPORE - 9

CHECNG CHEE KEONG (ZHONG ZHIQIANG)

Best Date 19 Feb 1973

INSUR Date 16 Dec 2003

5264958





NRIC No. S73060381

Date of issue 05-02-2014

Address

APT BLK 3D UPPER BOON KENG ROAD #15-646 SINGAPORE 384003 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES,

PASS DATE

Mass 3 Mofor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

03 Sep 1999



Licence No: \$7506038I

WP 428A





# Certificate of Insurance

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 (Malaysia); Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Name of Policyholder:

CHEONG CHEE KEONG

Date of Issue:

15 Aug 2017

Registration No.: SKG4006R

Effective Date of Commencement:

29 Aug 2017 00:00 Chassis No.;

WAUZZZ8T3CA022246

Certificate No.:

SD17V09535/ VPE / R00

Date of Expiry:

28 Aug 2018 23:59

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

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act

## 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 (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

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 - Young, Elderly & Inexperienced S\$3000, Windscreen Excess S\$100

Name of Finance Company:

Name of Producer:

WONG CHEE SENG (A7385)