NATIONAL Assessment Centre S	services (Mer : 15005)			
	Jcb description	Date & Time Completed	Done by	
ReINO NA/LIP 18005867 KY	SAS e-filing			
Veh No SGS3056L	E-mail (within 8hrs, AIC 2hr	rsj		
Veh NO 36133036L	i-Motor Claim Form			
D.O.A 29/03/2018 0735	i-Motor W/O (Within: Ol	O 2hrs. TP 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	ort		
TP Insurer:	Ass't Report by Fax / Ha			
I Wen I OW: (			ax:	)
Preferred Wksp / INC Assign Wksp / QW: (	S47424 . IN	IC( )/Non-INC( )	10	
TP Particulars: Veh No:	54/124	_ Tel:	)	
Owner / Driver: ( Palies No: ( ) Perio	d: ( '	) Cover Type: (	)	
Policy No. (	Date:	Time:	)	001100
Confirmed by : ( Insured/Driver Liability: ( %) [No	ote-Est. Status (WO): N	: 0-20%; P: 21-79%. F: 80-	100%]	
N 197	arranty: YES ( )/NO			
Year of Registration: ( ) Water of Registration: ( ) Loading: \$1,000				
Excess. (4	Hit of Managhas Wall The		are "	
General Remarks:-  ( ) Walk-In Customer: Customer's inform	nation strictly Confidential	& Strictly NO rafer of repairer		
( ) Walk-In Customer : Customer's inform	VID CENTEL V			
( ) Total Loss Case : to e-mail Insurer		) ; Towing Co. (	***************************************	)
Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / NO (	); 10wing co. (		
			10.00 C	
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done b	у
The Property of the Property o	ourtesy Car ( )	Date&Time Completed	Done b	y
1) Apply for Transport Allowance ( )/ Co	ourtesy Car ( )	Date&Time Completed	Done b	y 
Apply for Transport Allowance ( ) / Co     QC Check / Post Repair Inspection	( )	Date&Time Completed	Done b	y 
1) Apply for Transport Allowance ( )/Co 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30]	( )	Date&Time Completed	Done b	y
Apply for Transport Allowance ( ) / Co     QC Check / Post Repair Inspection	( )	Date&Time Completed	Done b	y
1) Apply for Transport Allowance ( )/Co 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30]	( )	Date&Time Completed	Done b	y
1) Apply for Transport Allowance ( )/ Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	( )	Date&Time Comple*od	Done b	y
1) Apply for Transport Allowance ( )/ Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	( )	Date&Time Completed	Done b	y
1) Apply for Transport Allowance ( )/ Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	( )	Date&Time Comple*ud	Done b	y ·
1) Apply for Transport Allowance ( )/ Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	( )	Date&Time Comple*od	Done b	T
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	( )		Ant((5)	. Amt (3
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	( ) 000] ( )	ce Preparation Chrcklist		· Amt (5
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	( ) 000] ( )	ce Preparation Chrcklist  Accident Reporting (\$30);	Ant (5) Lit Bill (\$80)	· Amt (5
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:	990 Invoi	ce Preparation Chrcklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC	Anit (5) Lst Bill (\$80) \$40/\$45	· Amt (5
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:	990 Invei	ce Preparation Checklist  Accident Reporting (330);  Damage Assessment (\$100); INC  Towing Fee Follow-Through Survey  Ecology-Through Survey (Resurvey)	Ant (5) Lst Bill (\$80) \$40/\$45 \$120 \$30	· Amt (5
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ce Preparation Chrcklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  Towing Fee  Follow-Through Survey  Follow-Through Survey (Resurvey)  Jaiming against INC Only (wef 10 Jan	Ant (5) Lst Bill (\$80) \$40/\$45 \$120 \$30	· Amt (5
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:	990 Invoi 1)AR: 2)DA: 3)TF: 4)FT: 5)FT: Fors	ce Preparation Chrcklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  Towing Fee  Follow-Through Survey  Follow-Through Survey (Resurvey)  laiming against INC Only (wef 10 Jan  Re-inspection  Idac DA + SMRT Survey	Ant (5) Lst Bill (\$80) \$40/\$45 \$:20 \$30 1005)	· Amt (5
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ce Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  Towing Fee Fellow-Through Survey Follow-Through Survey (Resurvey)  leiming against INC Only (wef 10 Jan 18 Re-inspection  Idae DA + SMRT Survey  JC Additional Services:-	Ant (\$) Ist Bill (\$80) \$40/\$45 \$120 \$30 1005) \$75	. Amt (3
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:- Driver/Owner: Contact No:  Damaged Portion:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ce Preparation Chrcklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey)  Iniming against INC Only (wef 10 Jan  Re-inspection Idae DA + SMRT Survey  JC Additional Services:  : Courtesy Car / Tpt Allowance	(\$80) \$40/\$45 \$120 \$30 \$200 \$30 \$200 \$35	. Amt (3
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ce Preparation Chrcklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Iniming against INC Only (wef 10 Jan  Re-inspection Idac DA + SMRT Survey  JC Additional Services:  : Courtesy Car / Tpt Allowance :: Repair Co-ordination	(\$80) \$40/\$45 \$;20 \$30 \$005) \$75 \$160	. Amt (3
1) Apply for Transport Allowance ( )/ Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ce Preparation Chrcklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey)  Iniming against INC Only (wef 10 Jan  Re-inspection Idae DA + SMRT Survey  JC Additional Services:  : Courtesy Car / Tpl Allowance :: Repair Co-ordination  ?: Post Repair Inspection  3: DV / Collect Excess Coordination	(\$80) \$40/\$45 \$;20 \$30 \$005) \$75 \$160	· Amt (5
1) Apply for Transport Allowance ( )/ Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ce Preparation Chrcklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  Towing Fee  Follow-Through Survey  Follow-Through Survey (Resurvey)  laiming against INC Only (wef 10 Jan.  Re-inspection  Idac DA + SMRT Survey  JC Additional Services:  : Courtesy Car / Tpt Allowance  : Repair Co-ordination  : Post Repair Inspection	(\$80) \$40/\$45 \$120 \$30 \$200 \$5 \$160 \$5 \$10 \$25 \$20 \$30	Amt (5)

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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

aforesaid.	
Charles I St. Market Belleville 1981	ACCIDENT STATEMENT
Date Of Report	29/03/2018 14:50
Date Of Accident	29/03/2018 07:35
Exact Location Of Accident	BKE TWDS PIE B4 KJE EXIT ON LANE 3
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGS3056L
Insured/Policyholder	
Name Of Registered Owner	ANG BEE HWA
NRIC No	S1552118Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97214655
Alternative Phone No	OTHERS-97214655
Vehicle Particulars	
Manufacturer	TOYOTA
Model	YARIS E AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE UISE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI18V02503/VPE/R01
Cover Note Number	
Driver	

COVEL LAGITIDE	
Driver	
Name of Driver	ANG BEE HWA

 NRIC No
 \$1552118Z

 Date Of Birth
 11/03/1962

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/06/1981

Driving Experience 36 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97214655

Fax Number

Contact Number OTHERS-97214655

EMail Address NOEMAIL

BLK 329 WOODLANDS STREET 32 Address

#01-95

730329 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

0

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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?

Was any injured conveyed to hospital by NO

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** 

NO Was the accident reported to the police?

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?

NO

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FS4742U

Vehicle Make/Model/Colour

**Details Of Properties** 

MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

## 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.
- 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.
- 5. 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)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A = 26S305	66
B= F54743	

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

551 II	
LWAS	S TRAVELLING ALONG BKE TOWARDS PIE BEFORE KJE EXIT ON LANE
	EHICLES AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT
	MANAGED TO STOP IN TIME. MOMENTS LATER, VEHICLE B
REAF	R-ENDED MY VEHICLE.
_	
	<del></del>

# DECLARATION

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

Policyholder's Signature Date & Time:

SOUTH Description of

Driver's Signature

(If driver is not the policyholder)

Date & Time:

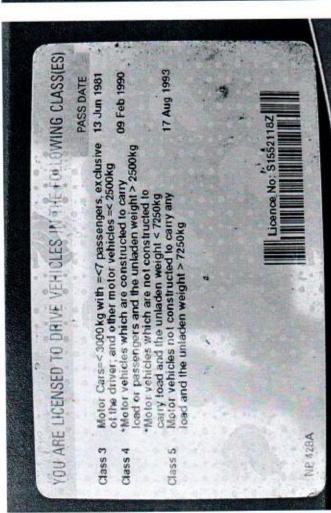
Reporting Centre Personnel's Signature

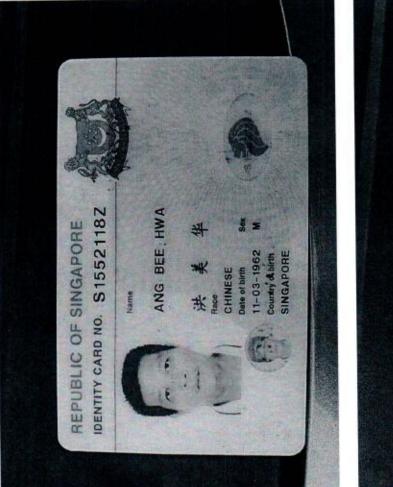
Name:

NRIC/FIN No.:

EHICLENO: SGS3056L		MOGEL: TOYOTA YARIS E AUT	
	29/3/2018 /	14 VE 200	
ATE OF ACCIDENT	0735 HRS	AM / PM	
IME OF ACCIDENT		FORE KJE EXIT ON LANE 3	
OCATION OF ACCIDENT	BRE TOWARDS PIE BE	FORE RJE EATT ON LANE 3	
xact Purpose use during accident	AND DEE LINA		
AME OF OWNER	ANG BEE HWA		
ELPNO	97214655		
IRIC	S1552118Z	THER BARTY	
CLAIM TYPE	OD / THIRD PARTY / Reporting	ng Only THIRD PARTY	
NSURANCE CO.	LIBERTY		
YPE OF CAVERAGE	Comprehensive / Third Party /	Third Party Fire & Theft	
POLICY NO.			
	SAME AS ABOVE		
NAME OF DRIVER	As above / if No:	Any passengers: 0	
VRIC		1.07	
TE OF BIRTH	Outdoor / Indoor		
OCCUPATION	Odidoor / stdoor		
DATE OF DRIVING PASS	Male / Famale		
GENDER	97214655 Office:	Home:	
CONTAC NO.	BLK 329 WOODLANDS STRE		
ADDRESS	The second secon	ELT 02 #01-00 0(100028)	
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:		
RELATIONSHIP	Employee / If No:	CLEAR	
WEATHER CONDITION	Clear / Raining / Other:	DRY	
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes : Who?		
CONTAC NO.	<del>                                     </del>		
POLICE REPORT	No / If yes : Where?	Any Passenger:	
VEHICLE B NO.	FS4742U	Any Passenger	
AME			
CONTAC NO.		Ami Doccopaes:	
VEHICLE C NO.		Any Passenger : Any Passenger :	
VEHICLE D NO.		r en	
VEHICLE E NO.	<u> </u>	Any Passenger :	
VEHICLE F NO.		Any Passenger:	
ANY WITNESS	V26		
WITNESS CONTACT NO.			
The state of the s	Pudor Auto Dia	a Ltd	
PARTICULAR WORKSHOP	Ryder Auto Pte Ltd  1 Kaki Bukit Ave 6, #01-56,		
TELP NO	Autobay@ Kaki E	Oukit,	
CONTACT PERSON	Singapore 417883 ryderautoworkshop@gmail.com		
CONTACTTERCON			













# 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:

ANG BEE HWA Date of Issue:

Effective Date of Commencement:

12 Mar 2018 00:00 26 Feb 2018

Registration No.:

SGS3056L

Chassis No .:

MR054HY9104020718

11 Mar 2019 23:59 Type of Certificate:

SI18V02503/ VPE / R01

Certificate No.:

Date of Expiry:

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 (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):

Third Party Fire & Theft

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Name of Finance Company:

TOKYO CENTURY LEASING (S) PTE LTD

Name of Producer:

I CARE GENERAL INSURANCE AGENCY (A1418-2)