Date 10/-1-	Services (services) Job description	Date & Time Completed	Done b	12	
Date in 19/04/18					
Re[No NA/LIP 18007243/13	SAS e-filing				
Veh No. 56496400	E-mail (within Shra, AIC 2hra)				
DOA 18/04/18 1615	i-Motor Claim Form				
OD (IP) Peporting Only	i-Motor W/O (Within: OD 2h	z, Tl' 4hrs)			
	i-Photo Uploaded				
TP Insurer	Assessment/Survey Report				
Tr district	Ass't Report by Fax / Hand				
Preferred Wksp / INC Assign Wksp / QW; (HAP SOON	160	ax:	9	
TP Particulars: Veh No:	GE 2772H INC.				
Owner / Driver: (Tel:)		
Policy No: () Per	iod: (Cover Type: ()		
Confirmed by: (Date:	Time:)		
	Note-Est Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	00%]	11.77	
Year of Registration: () V	rantanty. 120 ()			
Excess: (\$) Loading: \$1,00	00 () / \$2,000 ()				
General Remarks:-		and the second			
() Walk-In Customer: Customers infor	mation strictly Confidential & S	trictly NO refer of repairer.			
() Total Loss Case : to e-mail Insure					
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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

A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	19/04/2018 09:11
Date Of Accident	18/04/2018 16:15
Exact Location Of Accident	UBI AVE 3 TWDS JALAN EUNOS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY9640D
Insured/Policyholder	
Name Of Registered Owner	LEE HIAN SENG
NRIC No	S1202508D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96170621
Alternative Phone No	OTHERS-96170621
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	SI18V03836/VPE/R01
Cover Note Number	
Driver	

Driver

LEE HIAN SENG Name of Driver S1202508D NRIC No 17/05/1956 Date Of Birth OUTDOOR Occupation 12/01/1978 Date Of Driving Pass

40 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96170621 Mobile Number

Fax Number

OTHERS-96170621 Contact Number

NOEMAIL **EMail Address**

Address BLK 957 HOUGANG ST 91

#02-274 530957

Postcode 530:

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

Insurance Company of Driver's Own Vehicle

-

NO

NO

NO

1

NO

NO

SGE2772H

General Information of the Accident

Type Of Accident SIDE SWIPE

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?

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?

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? NO

Was there any video captured by Car Camera?
Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver GIAVERIA JASMIN GARCIA

NRIC/Passport Number G5258851R Contact Number 91379119

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 <u>truthful</u> and accurate as <u>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.:

SKETCH PLAN

UBI PVEB.

UBI PVEB.

A. 261496A0D

B. QGFE 5170H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	No. 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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BOUNDS.	OUT OF SUDDEN UZH B DASH OUT TROW UBI
ROAD 2	AND HIT ONTO MY VZH 1277 HAND DORTION.

DECLARATION

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

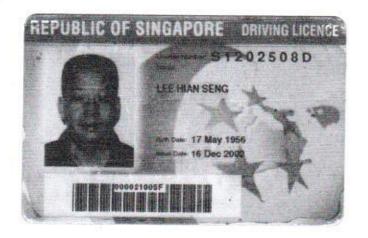
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

HS HS AUTOMOTIVE SERVICES

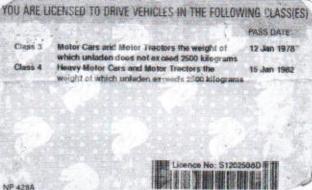
Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #0Z-25 SINGAPORE 417921.
TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

DATE OF ACCIDENT 18 09 2018 TIME 16 HR 15 MIN AM(PM) LOCATION OF ACCIDENT UBL AVX 3 TOWARDS JACAN ZUNUS. EXACT PURPOSE USE DURING ACCIDENT WORKING	OSI	196ADD	MAKE/MODEL:	TOYOTA	A1718.	
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SINGAPORE









Certificate of Insurance

Certificate No.:

Date of Expiry:

MX1

14 Apr 2019 23:59

Type of Certificate:

SI18V03836/ VPE / R01

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)

Effective Date of Commencement:

15 Apr 2018 00:00

Chassis No.:

Name of Policyholder:

LEE HIAN SENG

Date of Issue:

26 Mar 2018

Registration No.:

MR053ZEC107156310 SGY9640D 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:

Name of Producer:

TAN TECK BENG (A0770-2)