	ntre Services Met 1 Jan'05] M	NAIDEOGO	
Date In: 9/7/18-18:42	Jeb description	Date &Time Completed	Done py
Ref No. NA UP180 12485/24	SAS e-filing		
Veh No: SKW 29234	E-mail (within Shrs, AIC 2hrs)		18-73 30-100-0
D.O.A : 60/8-16:15	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2)	irs, TP 4hrs)	
OD (TP) Reporting Only	i-Photo Uploaded		
TRI	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	:(	Tel: Fax	:
TP Particulars: Veh No: 5	CHNYDOSD . INC	)/Non-INC( ).	V.0*
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( 9	%) [Note-Est. Status (WO): N: 0-:	20%; P: 21-79%. P: 80-100	9%]
Year of Registration: (	) Warranty: YES ( )/NO(	)	
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### 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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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 Report	09/07/2018 18:42
Date Of Accident	06/07/2018 16:15
Exact Location Of Accident	CARPARK OF PARKWAY PARADE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW2923Y
Insured/Policyholder	
Name Of Registered Owner	LAURA ANTOINETTE CHEW TEOW BOON
NRIC No	S1572353Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98379551
Alternative Phone No	OFFICE-98379551
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A180 (R17)
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
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	COMPREHENSIVE
Fleet Policy	NO.
Policy Number	SD17V10092/VPC/R00
Cover Note Number	
Driver	

Name of Driver CHAN GUO RONG, GABRIEL

 NRIC No
 S9131519Z

 Date Of Birth
 07/09/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 04/11/2016

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98379551

Fax Number

Contact Number OFFICE-98379551

EMail Address NOEMAIL

Address BLK 122 PENDING ROAD

#02-62

Postcode 670122

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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) 0

**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?

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

SGN4005D

Vehicle Registration Number

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.
- 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
- 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)
  - (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
- (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 mañaging 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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature Date & Time:

CARMOS ROPARISTORY

Driver's Signature (If driver is not the policyholder)

Date & Time: NRIC/FI

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

LOCATION: MY PAYY OF PAYY WAY PAYAD!  1. DETAILS OF VEHICLE  OIVERICIE NUMBER: SEW 1933Y  DINSURANCE COMPANY: WALLY  CIPOLICY NUMBER: SPY 1000 1 VPC 100 [E 00  CIPOLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE ATHEFT)  DINAKE & MODEL: WILLIEGUE, SHITE A 160  ITTYPE: (SALGON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  ITYPE: (SALGON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  OIVERICLE CATEGORY: (PRO ATE / COMMERCIAL / MOTORCYCLE)  DINERCY OL CLAMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEAS STATE (THIRD PARTY CLAMIN / REPORTING ONLY)  2. INSURED / POLICY HOLDER  AINAME: LAUTU ANTOINCE (LAUN TEON BOOM (MALE / FEMALE)  DINEC/FINIPASSPORT: S1572532 CONTACT:  CIADDRESS: 1 SUNGYANG BAY NVC H12-05 S(54411)  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINEC/FINIPASSPORT: S1572532  CIADDRESS: 1 SUNGYANG BAY NVC H12-05 S(54411)  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINEC/FINIPASSPORT: S1572532  CIADDRESS: 127 YENGING POMA 402-80 S(540122)  **d)DATE OF BIRTH: [N] / A/ 1991 JODAMMYYYY)  DIOCCUPATION: (INDODRY / OUTDOOR)  (I) VEAS OF DRIVING EXPRENENCE: 1994  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: S0N-1N-10W  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  B. HIRD PARTY VEHICLE  OF WHICH MUMBER: SAN 4005D MODEL:  DI OVEHICLE NUMBER: SAN 4005D MODEL:  OI VEHICLE NUMBER: MODEL:  OINTACT:  Including driver)  ORVER'S NAME:  OI VEHICLE NUMBER: MODEL:  OINTACT:  Including driver)  ORVER'S NAME:  OINTACT:  OVEHICLE NUMBER: MODEL:  OINTACT:  OVEHICLE NUMBER: MODEL:  OINTACT:  ONTACT:  ONTAC	ACCIDENT DATE: 06 / 07 / 3018 1(DD/MM/YYYY), TIME: 10 : 13 //
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CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY)  a) MAKE & MODEL: WEYER A 180  i) THE (SALGON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  i) THE PARTY (PROTOR / COMMERCIAL / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PROTATE / COMMERCIAL / MOTORCYCLE /  g) VEHICLE CATEGORY: (PROTATE / COMMERCIAL / MOTORCYCLE /  i) PURPOSE OF USING AT ACCIDENT TIME: MYALE  i) PROPERTOR ONLY)  2. INSURED / POLICY HOLDER  A) NAME: LOWY A ANTOINCHE (LAW TEAM BEOW) (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: \$1572532 CONTACT:  C) ADDRESS: 1 SUNGY AND EAST ANC H12-05 S[544511]  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINNEC/FIN/PASSPORT: \$1572532 CONTACT:  C) ADDRESS: 12 PRINTING FORM HILLOUS S[544511]  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINNEC/FIN/PASSPORT: \$15164 CONTACT: \$379551  D) NRIC/FIN/PASSPORT: \$15164 CONTACT: \$379551  C) ADDRESS: 122 PRINTING FORM H12-83 S(540122)  **d) DATE OF BIRTH: (13) / (M/ 1401 190/MM/YYYY)  a) OCCUPATION: (INDODOR / OUTDOOR)  1) YEARS OF DRIVING EXPRESIENCE: 2 VEGY.  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 160)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \$00/-10/-10/-10/-10/-10/-10/-10/-10/-10/-	DINENDANCE COMPANY: Where
GIVENICLE CATEGORY: (PRYACE)  h)PURPOSE OF USING AT ACCIDENT TIME: PAYALO  i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: LAUVIA ANTOINICTIC (MAN TEAM BOOM (MALE / FEMALE)  D)NRIC/FIN/PASSPORT: S15723532 CONTACT:  C) ADDRESS: 1 SUNYAMY TAY AND HILLOUS (544411)  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  O) NAME: (MAN TAU) POVIA, TAUNO!  (Induding shiver)  D)NRIC/FIN/PASSPORT: S13131312 CONTACT: S379551  **OJADRESS: 122 PENDING PORA #102-83 S(140122)  **OJADRESS: 122 PENDING PORA #102-83 S(140122)  **OJADRESS: 123 PENDING PORA #102-83 S(140122)  **OJADRESS: 124 PENDING PORA #102-83 S(140122)  **OJADRESS: 125 PENDING PORA #102-83 S(140122)  **OJADRESS: 126 PENDING PORA #102-83 S(140122)  **OJADRESS: 127 PENDING PORA #102-83 S(140122)  **OJADRESS: 128 PENDING PORA #102-83 S(140122)  **OJADRESS: 129 PENDING PORA #102-8	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY
i) ARE YOU CLAMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: LAWYA ANTOINCTH, CALM TRAW BOOM (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: SIST 25932 CONTACT:  C) ADDRESS: 1 SUNGYAND ROLL HILL DE S (544811)  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  CINCLAING ANTO!  DRIVER  C) NAME: (MAY TWO POYA, FAMIL!)  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C) NAME: (MAY TWO POYA, FAMIL!)  **DINRIC/FIN/PASSPORT: 9(1) 15/18 CONTACT: 98379551  D) NRIC/FIN/PASSPORT: 9(1) 15/18 CONTACT: 98379551  **OJDATE OF BIRTH: (M) / (M) 1901 (D) 190/MM/YYYY)  **OJDATE OF BIRTH: (M) / (M) 1901 (D) 190/MM/YYYY)  **OJDATE OF BIRTH: (M) / (M) 1901 (D) 190/MM/YYYY)  **OJDATE OF BIRTH: (M) / (M) 1901 (D) 190/MM/YYYY)  **OJDATE OF BIRTH: (M) / (M) 1901 (D) 190/MM/YYYY)  **OJDATE OF BIRTH: (M) / (M) 1901 (D) 190/MM/YYYY)  **OJDATE OF BIRTH: (M) / (M) 1901 (D) 190/MM/YYYY)  **OJDATE OF BIRTH: (M) / (M) 1901 (M) 1902 (M) 19	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
2. INSURED POLICY HOLDER  A)NAME LAWY MATOMICTIC (MW TROW BOOM (MALE / FEMALE)  D)NRIC/FIN/PASSPORT: \$15725532 CONTACT:  C)ADDRESS: 1 SONGYAMY ROY AND HIZ-05 S(544411)  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (Including driver)  C)ADDRESS: 120 PRINTING FORM \$102-80 S(640122)  **d)DATE OF BIRTH: (1)3 / CA / 1991 JOD/MM/YYYY)  #*d)DATE OF BIRTH: (1)3 / CA / 1991 JOD/MM/YYYY)  #*d)DATE OF BIRTH: (1)3 / CA / 1991 JOD/MM/YYYY)  #*d)DATE OF BIRTH: (1)3 / CA / 1991 JOD/MM/YYYY)  #*d)DATE OF BIRTH: (1)3 / CA / 1991 JOD/MM/YYYY)  #*d)DATE OF BIRTH: (1)3 / CA / 1991 JOD/MM/YYYY)  #*d)DATE OF BIRTH: (1)3 / CA / 1991 JOD/MM/YYYY)  #*d)DATE OF BIRTH: (1)3 / CA / 1991 JOD/MM/YYYY)  #*D)OCCUPATION: (INDÓDOR) OUTDOOR)  #*d)DATE OF BIRTH: (1)3 / CA / 1991 JOD/MM/YYYY)  #*D)OCCUPATION: (INDÓDOR) OUTDOOR)  #*d)DATE OF BIRTH: (1)3 / CA / 1991 JOD/MM/YYYY)  #*D)OCCUPATION: (INDÓDOR) OUTDOOR)  #*D)OCCUPATION: (INDÓDOR) OUT	HIPPORPOSE OF USING AT THE COURT OWN INSURANCE (YES/NO)
DINRIC/FIN/PASSPORT: SING FAME #12-05 S(544511)  *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  O)NAME: (MAY GUO POYIA, GAME) (MARE/FEMALE)  D)NRIC/FIN/PASSPORT: 913/16/18 CONTACT: 837955  C)ADDRESS: 122 PRINCING FAMA #02-80 S(670122)  *d)DATE OF BIRTH: (MY MY M	A NAME LOUYA ANTOINETTE CHEW TEAM BOOM (MALE / FEMALE)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  Cladiding shirer)  Cladiding shirer)  Cladding shirer)  Claddress: 122 PENGING FORM #12-83 S(640122)  "d)DATE OF BIRTH: (1) / (M/1991) (IDD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 2 VEW  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \$0M-14-14W  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DR) / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  4. Ho of passenger a) VEHICLE NUMBER: \$6N 4005D MODEL:  C) NRIC/FIN/PASSPORT: CONTACT:  C) NRIC/FIN/PASSPORT: CONTACT:  C) VEHICLE NUMBER: MODEL:	b)NRIC/FIN/PASSPORT: S191 E193 LIZ-DE ((ENALL))
Cladiding driver  Cladiding dr	
CJADDRESS: 122 PRIMING FORM #12-8) S(670122)  "d)DATE OF BIRTH: (D) / (M) 1991 (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 2 VEW.  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. G)WEATHER CONDITION: (C(EAR / RAINING / OTHERS) b)ROAD SURFACE: (D(R) / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE 4 Ho of passenger G) VEHICLE NUMBER: 56N 4005D MODEL: (Induding driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT:  (01) 9. THIRD PARTY VEHICLE G) VEHICLE NUMBER: MODEL:	14 Ho of persongs DRIVER (MAIR FLOW FUND FRANCE) (MALE/ FEMALE)
"d) DATE OF BIRTH: (1) / (M/ 1991) (1)D/MM/YYYY)  e) OCCUPATION: (INDÓOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 2 \ (UV)  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. G) WEATHER CONDITION: (C) PAR / RAINING / OTHERS  b) ROAD SURFACE: (DR) / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) 7. G) REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE (Induding driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT:  1 No of passenger c) VEHICLE NUMBER: MODEL:  1 No of passenger c) VEHICLE NUMBER: MODEL:	
# DOCCUPATION: (INDÉDR / OUTDOOR)  1) YEARS OF DRIVING EXPRENENCE: 2 VON  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  15 NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \$0N-14-16 W  5. G) WEATHER CONDITION: (CEAR / RAINING / OTHERS	CIADDRESS: 121 YENGING FUND TO SO STOTES
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	e)OCCUPATION: (INDOOR)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
5. a) WEATHER CONDITION: (C(EAR / RAINING / OTHERS) b) ROAD SURFACE: (DR) / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  **Ho of passenger a) VEHICLE NUMBER: SEN 4005D MODEL:  (Induding driver) b) DRIVER'S NAME:  (OI) 9. THIRD PARTY VEHICLE  **Ho of passenger a) VEHICLE NUMBER: MODEL:  **Ho of passenger a) VEHICLE NUMBER: MODEL:	IF NO. RELATIONSHIP OF THE DRIVER WITH INSURED: SON-IN-10W
6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  1F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  8. THIRD PARTY VEHICLE  (Induding driver) b) DRIVER'S NAME:  (Induding driver) b) DRIVER'S NAME:  (OI) 9. THIRD PARTY VEHICLE  (Induding driver) b) VEHICLE NUMBER:  (OI) 9. THIRD PARTY VEHICLE  (Induding driver) b) DRIVER'S NAME:  (OI) 9. THIRD PARTY VEHICLE  (Induding driver) ADDIVER'S NAME:  (Induding driver) b) DRIVER'S NAME:  (Induding driver) ADDIVER'S NAME:	5. a) WEATHER CONDITION: (C(E) AR / RAINING / OTHERS
7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  B. THIRD PARTY VEHICLE  4 No of passenger a) VEHICLE NUMBER: SKN 4005D MODEL:  (Induding driver) b) DRIVER'S NAME:  (O1) 9. THIRD PARTY VEHICLE  4 No of passenger a) VEHICLE NUMBER: MODEL:	
IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  4 HO of passenger of VEHICLE NUMBER:  (Induding driver) b) DRIVER'S NAME:  (OI) 9. THIRD PARTY VEHICLE  4 HO of passenger of VEHICLE NUMBER:  MODEL:  DRIVER'S NAME:  OF PASSENGER OF PA	
# Ho of passenger a) VEHICLE NUMBER: SKN 4005D MODEL:  (Induding driver) b) DRIVER'S NAME:  (01) 9. THIRD PARTY VEHICLE  HO of passenger a) VEHICLE NUMBER: MODEL:	
(Induding driver) b) DRIVER'S NAME:  (01) 9. THIRD PARTY VEHICLE  DI VEHICLE NUMBER:  DRIVER'S NAME:  MODEL:	B. THIRD PARTY VEHICLE  HO of Dassenger Of VEHICLE NUMBER: SEN 4005D MODEL:
(01) 9. THIRD PARTY VEHICLE  THIRD PARTY VEHICLE  Of pressenger at DRIVER'S NAME:  OF PRESSENGER AND PROPERTY NAME:	(Induding driver) b) DRIVER'S NAME:
Ho of passinger al Delver's NAME. MODEL:	CONTACT:
THO OF PASSENGET OF DENER'S NAME.	•
Induding driver) f) NRIC/FIN/PASSPORT: CONTACT:	\$ NO OF DASSENAGE
( ) NRIC/FIN/FASSFORT.	Induding driver) (1 NIDIC/EIN/PASSPORT:
P DAY TO WE THE THE THE THE THE THE THE THE THE TH	( ) NKIC/FIN/FASSFORT. CONTACT.

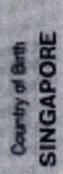
email =

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# IDENTITY CARD NO. \$1572353Z REPUBLIC OF SINGAPORE







NRICHG S1572353Z

Scool Group Date of Man

10-12-1991

# 1 SENGKANG EAST AVENUE #12-05 SINGAPORE 544811

Date: 10/12/2015

NRIC No: \$1572353Z

# REPUBLIC OF SINCTAPORTE - DELIVERY OF STREET



Licence Number: S 9 1 3 1 5 1 9 Z

Name:

**CHAN GUO RONG, GABRIEL** 

Birth Date: 07 Sep 1991

Issue Date: 04 Nov 2016



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S9131519Z





Name

CHAN GUO RONG, GABRIEL



Race

CHINESE

Date of birth

Sex

07-09-1991

Country of birth



SINGAPORE

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

04 Nov 2016

NP 428A



3930197



NRIC No. S9131519Z



Date of Issue

09-09-2006

APT BLK 122 PENDING ROAD #02-62 SINGAPORE 670122 S9131519Z

03/01/2014





# 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:		Certificate No.:			
LAURA ANTOINETTE CHEW	TEOW BOON	SD17V10092/ VPC / R00			
Date of Issue:	Effective Date of Commencement:	Date of Expiry:			
28 Aug 2017	21 Jul 2017 00:00	25 Oct 2018 23:59			
Registration No.:	Chassis No.:	Type of Certificate:			
SKW2923Y	WDD1760422J394103	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): Comprehensive, Unlimited Windscreen

Sum Insured: MARKET VALUE AT THE TIME OF LOSS

Excess: Section I -Named Drivers S\$600, Section I -Unnamed Drivers S\$1100, Additional Excess for Young,

Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company: MAYBANK

Name of Producer SD CONTEGO SERVICES (A1429-2)