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Ref No: NA LIPI80 14 57 6/24	SAS e-filing				
Veh No: JUJ930C	E-mail (within Shrs, AIC 2hr	s)			•
D.O.A: (2) - 9. (3)	i-Motor Claim Form				
OD TP Reporting Only	i-Motor W/O (Within: Of	2hrs, TP 4hrs)			
OB . 11 Insporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey Repo	rt			
II moutor.	Ass't Report by Fax / Ha	nd to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fau	c :)
TP Particulars: Veh No: SBS	218'L IN	C()/Non-INC	().		
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: () Cover Type: ()	
Confirmed by : (Date:	Time	er)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%	F: 80-10	0%]	
Year of Registration: ()	Warranty: YES ()/NO ()		48321800-3000	
Excess: (\$) Loading: \$1,0	000()/\$2,000()				
General Remarks:	All the second	"是"。""		Mr Server	
() Walk-In Customer : Customer's info	ormation strictly Confidential &	Strictly NO refer o	f repairer.		
() Total Loss Case : to e-mail Insur		N	2		
Drive-In ()/Towed-In (); Invoice		; Towing Co: ()
Remarks:- (INC horline: 6788 6616)			1977	******************************	William I.
Remarket HNG bottome 6388 66161					
		Date&Time Co	inpie, od	S. T. ADORO	ру
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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.
- 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	02/08/2018 15:33	
Date Of Accident	01/08/2018 15:00	
Exact Location Of Accident	HOUGANG AVE 2 TWDS UPP SERANGOON RD	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL5930C	
Insured/Policyholder		
Name Of Registered Owner	LEE KIN KWONG	
NRIC No	S1578358C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97318285	
Alternative Phone No	OFFICE-97318285	
Vehicle Particulars		
Manufacturer	HONDA	
Model	CITY 1.5 SV CVT	
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	SI18V02173/VPC/R01	
Cover Note Number		
Driver		
Name of Driver	LEE KIN KWONG	
NRIC No	S1578358C	
Date Of Birth	18/05/1963	
Occupation	INDOOR	
Date Of Driving Pass	12/08/1983	
Driving Experience	34 YEARS AND 11 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97318285	

OFFICE-97318285

NOEMAIL

Address

BLK 958 HOUGANG STREET 91

#06-264

Postcode

530958

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

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

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)

NO

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

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

SBS8718L

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category Name of Driver

CHENG LEI WAN

NRIC/Passport Number

S8378788J

Contact Number

63837212

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.
- 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.
- 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 A: 51159304 B: SBS 8718L

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DECLARATION

I/We declare 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 Personne's Signature

Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

THE PROPERTY OF STREET	ACCIDENT DETAILS	Participation of the second second
Date of accident	01/08/18	(DD/MM/YY)
Time of accident	1500	(HH:MM)
Exact location of accident	Hougang Ave 2 before turning	towards upper searnger a

WAS THE RESIDENCE OF THE PARTY	DETAILS OF VEHICLE
Vehicle registration number	SLL 5930 C
Vehicle make and model	Honda City.
Type of vehicle	Saloon of MPV CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private Z Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □

THE RESIDENCE OF THE PARTY.	INSURANCE IN	FORMATION	THE RESIDENCE OF STREET
Insurance company	Libec		
Policy number	SI	18 VOZ 173 / UPC / ROI	
Type of policy	Comprehensive 🗷	Third party fire & theft	TP only

La constitue de la constitue d	INSURED / POLICY HOLDER	· · · · · · · · · · · · · · · · · · ·
Name	Lee kin kwong	Male 🗹 Female 🗆
NRIC / Fin / Passport number	SIS 78358C	
Contact	97318285	
Address	1311c 958 Houghy sheet q,	\$ 06 - 264 S(530958')

DRIVER	SAME AS INSURED ABOVE (SK	IP TO D.O.B)
Name		Male 🗷 Female 🗆
NRIC / Fin / Passport number		
Contact		
Address		10
Email address	Sam @ emac.com.sg.	
Date of birth	18/05/1963	
Occupation	Indoor Outdoor	
Driving date pass	12(08)1983	

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Was other vehicle damaged?	Yes 🗷	No 🗆		
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1578358C



Nume

LEE KIN KWONG

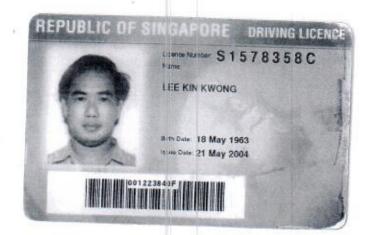


CHINESE

Date of birth 18-05-1963

SINGAPORE

S15/8358C



5943542



IIIIC No. S1578358C

23-05-2018

APT BLK 958 HOUGANG STREET 91 #06-264 SINGAPORE 530958

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

PASS DATE

Class 2B Motorcycles not a caeding 200 cc Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

20 Mar 1984 12 Aug 1983

NP 428A





Certificate of Insurance

Certificate No.:

Date of Expiry:

MX1

01 Mar 2019 23:59

Type of Certificate:

SI18V02173/ VPC / 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)

Name of Policyholder:

LEE KIN KWONG

Date of Issue:

20 Feb 2018 Registration No.:

SLL5930C

Effective Date of Commencement:

02 Mar 2018 00:00 Chassis No.:

MRHGM6660HP000587

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.

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

Section I S\$600, Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Sum Insured:

Excess

MARKET VALUE AT THE TIME OF LOSS

Name of Finance Company:

DBS BANK LTD

Name of Producer:

KAH MOTOR COMPANY SDN BERHAD (A1572-7)