NATIONAL Assessment Centre	Services	part i harrist	MMA 1181	27123		1
Date in 1/10/18 /5:20	Jeb description		Date & Time	Completed	Done	bs
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	Assessment/Su	avey Report				
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Professed Wksp / INC Assign Wksp / QW; (Tol:	Faot:)
2000 MARK AND	B 4873E.	INC () / Non-INC	2()		
Owner / Driver: (Tel.)	
Policy No. () Perio	od: ()	Cover Type:)	
Confirmed by : (Date:	Tim	est transporter and the)	
	ote-Est. Status (V		0%; P: 21-79°	Vo. 1': 30-100'	7u]	
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000		The second secon	0.100.000 part 1.18"	eranses reg		gaalenty eventien
General Remarks:		May Avoign		Marie Correct	A Trans	14.114
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() Total Loss Case : to e-mail Insurer	The second secon	,		17	*	
Drive-In () / Towed-In (); Invoice:	YES () / N	10 () ; T	owing Co. (4		Alexander victoria
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30	urtesy Car ()	Date & Time C	4	Done	
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Inimant's Particulars:-		2) DA : Damage 3) TF : Towing F	Assessment (\$100); INC (580) \$40/\$4	5	
Driver/Owner:		4) FT : Follow-T	hrough Survey	\$12	0	
Contact No:		5) FT : Follow-T For claiming a	hrough Survey (Research Survey (Res	vef 10 Jan 2005)		
amaged Portion;		6) TR : Re-inspe 7) N1 : Idao DA	etion	516		
3		8) NTUC Addition				
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Auditors' Comments			lect Excess Coordi	astion 3	3	
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		Invoice dated		Fee Charged	Billian Land	COLUMN TO THE PARTY OF THE PART

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.
- 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 aforeseed.

the child in the second state of the second second in	ACCIDENT STATEMENT
Date Of Report	01/10/2018 15:21
Date Of Accident	29/09/2018 10:45
Exact Location Of Accident	SENGKANG E RD SLIP RD INTO SENGKANG EAST AVE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH7258L
Insured/Policyholder	
Name Of Registered Owner	SIM SOON HENG COOKING INGREDIENTS PTE LTD
Co Reg No	<u> </u>
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62832868
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	3
Cover Note Number	C0087167
Driver	
Name of Driver	NG HOCK CHYE
NRIC No	S1358166E
Date Of Birth	09/03/1959
Occupation	OUTDOOR
Date Of Driving Pass	05/05/1979
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92333932
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 525 BEDOK NORTH ST 3 #05-444 Address

460525 Postcode

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR 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? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

Was any other material or property damaged?

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

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I STOP AT THE SLIP RD OF SENGKANG E RD TO CHECK ON THE SENGKANG E AVE TRAFFIC. ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKB4873E) FROM BEHIND COLLIDED ONTO MY VEH REAP PORTION.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKB4873E Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG HOCK CHYE Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

BODY

GBH7258L

YES

NO

SKETCH PLAN

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.
- 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:
 - (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 "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:
 - (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.

新順與醬料食品(未4。 SIM SOON MENG CROMING MARK

150 311154

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

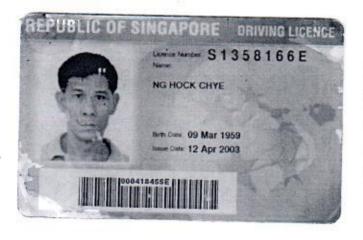
Date & Time:

Reporting Centre Personnel's Signature

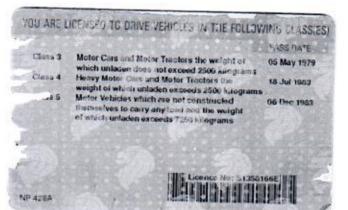
Name:

NRIC/FIN No .:

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www.libertyinsurance.com.sg

Motor Cover Note

Name of Producer:	Cover Note No.:
VIRTUAL INSURANCE AGENCIES PTE LTD (A1198)	C0087167
Date of Issue:	Quotation/ Proposal/ Policy No.:
06 Sep 2018	

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

Name of Insured:	SIM SOON HENG COOKING INGREDIENTS PTE LTD			
Period of Insurance:	From: 07 Sep 2018 00:00		06 Sep 2019 23:59	
Registration No.:	GBH4358L		00 00p 2018 20.33	S. Y.
Make and Model:	TOYOTA HIACE 3.0 AUTO			
Type of Body:	VAN .			
Capacity/Tonnage:	1.5 1.41			
Year of Manufacture/Registration:	2018/2018	-		
Chassis No.:	KDH2010230402	-	***************************************	A.P.
Engine No.:	1KD2740296	٠,		
Sum Insured:	MARKET VALUE AT TIME OF LOSS	-		- The state of the
Name of Finance Company:	NA United Overseus Bank Limited			.65°3 _m .
Type of Plan:	Comprehensive			
Excess:	AS AGREED			The same of

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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).

Not valid unless counter-signed by authorized person.

Date: 06 Sep 2018 18:11

For and on behalf of

LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.