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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.
- 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 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 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,	
THE PROPERTY OF THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	29/10/2018 16:03
Date Of Accident	26/10/2018 18:10
Exact Location Of Accident	JUNCTION OF LOR CHUAN/BRADDELL RD TWRDS UNDERPASS
Country/State of Loss	SINGAPORE
THE PARTY OF THE P	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SF10P
Insured/Policyholder	
Name Of Registered Owner	NG KIM SWEE
NRIC No	S1728900D
Email Address	RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-96361740
Alternative Phone No	OTHERS-96361740
Vehicle Particulars	
Manufacturer	LAMBORGHINI
Model	AVENTADOR LP750-4 SUPERVELOCE
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	SD18V10989/VPS/R00
Cover Note Number	
Delver	

Driver

 Name of Driver
 NG KIM SWEE

 NRIC No
 \$1728900D

 Date Of Birth
 18/11/1965

 Occupation
 INDOOR

 Date Of Driving Pass
 25/07/1984

 Debites Experiences
 24 VEARS AND

Driving Experience 34 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96361740

Fax Number

Contact Number OTHERS-96361740

EMail Address RICHARDHARJANTO@EUROSPORTSAUTO,COM,SG

Address

10 PALM GROVE AVENUE

Postcode

547295

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?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver) Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

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

PLEASE REFER TO SKETCH PLAN

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

SKT3947M

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SIM YEOW HWEE

NRIC/Passport Number

S6807358H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

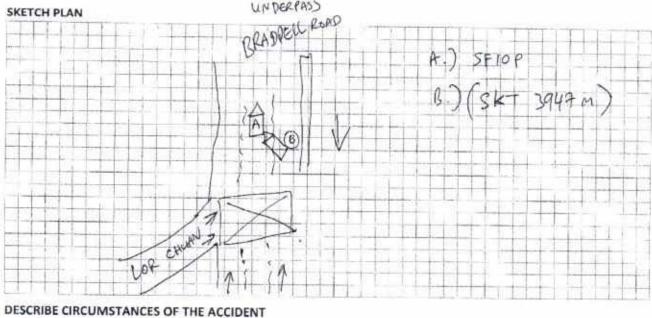
- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may 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.
- 5. Any faise 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 insurers) 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/iaw 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

NRIC/FIN No.:



papered on 26/10/18 at 6:10 pm vere moved amboroghini)

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signatus

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

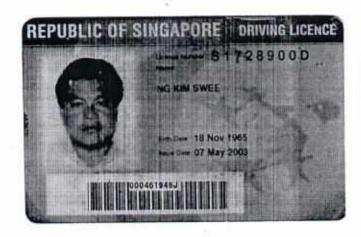
Accident Report Form:

Date of Report:	29/10/18	Date & Time of Accident:	26/10/18 6.10 pm		
Exact Location of Accident:	muchion of bor Ch	man & Graddell Road	Towards underpas		
Vehicle Reg. No.	SFIOP				
Name of Reg. Owner:	Ng kim swee	NRIC No.	S1728900D		
Mobile No.	9636 1740	Email Addr.			
Vehicle Make and Model	Landerghini LP 750	Private Use or Commercial	Private		
Choose one: Reporting Only	/ Own Damage Claim / Th	ird Party Claim			
Insurance Company	Liberty	Comprehensive / Third Part	ty / Fire& Theft		
Policy / Cover Note No.	SD18V10989/VPS/RO	2			
Name Of DRIVER	OWNET -	NRIC No. / Male/Female			
Date Of Birth.	18/11/1965	Date of Driving Pass	25/07/1984		
Mobile No.		Address. to PALM Gr	ove Ave S (547		
Employee of Insured ? / Rela	tionship with veh. Owner				
Type of Accident.	Side collision	_Weather / Road Condition	Dry		
Any Foreign Veh.?	NO	_Any Body Injured? Where.	NO		
Number of Passenger + Drv	2	_Any photo or video?			
Name of 3rd Party Driver	SIM YEOW HWEE		-		
Other Party Veh. Reg No.	SKT 3947 M	NRIC / Phone No.	S6807358H		
Need:	Driver NRIC / Passport and Driving License (Copy front and back)				
	Copy of Insurance Certific	cate			
	Take photo of Vehicle Damages, Mileage, Chassis number				
	Fill out the accident statement and draw sketch or diagram				
	Sign all forms				

RICHARDHARJANTO @ EUROSPORTS AUTO. COM. S9

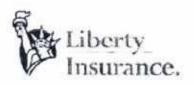
9799 9593













Liberty Insurance Pte Ltd
Registration no 1990027910
51 Club Street
903-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: http://www.libertyinsurance.com.ag

CERTIFICATE OF INSURANCE

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)				
Certificate No	SD18V10989 /VPS /R00			
Form	MX3			
Date Of Issue	05-OCT-2018			
1.Index Mark and Registration No. of Vehicle;	SF10P			
2.Chassis number of Vehicle:	ZHWEF3ZD7GLA04495			
3.Name of Policyholder:	NG KIM SWEE			
4.Effective date of Commencement of Insurance for the purposes of the Act:	19-OCT-2016 00:00 AM			
5.Date of Expiry of Insurance:	18-OCT-2019 23:59 PM			
6.Persons or Classes of Persons entitled to drive*:	NG KIM SWEE, TAN HWEE KHENG			
Provided that the person driving is permitted in accordance with the	he licensing or other laws or regulations to drive the Motor Vehicle or has			

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.

7.Limitations as to use*:

Use only for social, domestic and pleasure purposes and for the Policyhoider's business.

8. 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 I/V of the Road Transport Act, 1987 (Malaysia).

For and on behalf of LIBERTY INSURANCE PTE LTD

Approved Insurers

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen

SUM INSURED:

\$\$1400000

EXCESS:

Section I (Singapore) S\$40000, Section I (Outside Singapore) S\$80000, Windscreen Excess S\$2000

FINANCE COMPANY:

PRODUCER NAME:

ONG CHAI LAY

PLSL/-/05-OCT-18

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05-DCT-18