NATIONAL Assessment Centre Services. Interest Done by Date &Time Completed Date In: Job description Ref No: 1 SAS c-filling E-mail (Winda abrs, Ale 2hrs) Veh Noi-Motor Claim Form D.O A : I-Motor W/O (Withle: OD 2hrs, TP 4hrs) OD / TP / Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Proforred Wksp / INC Assign Wksp / QW: (Faxt INC ()/Non-INC (Veh No: TP Particulars: Tel: Owner / Driver: (Cover Type: (Period: (Policy No: (Dates . Times Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Loading: \$1,000 (Execss: (\$)/\$2,000(Gondon Bombelle & S. C. Son State Black Black Control of the Contr) Walle-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY.) Total Loss Case) ; Towing Co: (Drive-In (); Invoice: YES ()/Towed-in (romantes septime from texeras perfections and the fall of the 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : MA1901546 1) AR : Accident Reporting (530); Chamilion anni-cleanas e i 2) DA : Damege Assessment (\$100) \$40/\$4 3) TF : Towing Fee \$120 Driver/Owner: 4) FT : Pollow-Through Survay 5) PT : Follow-Through Survey (Resurvey) 230 Porelalming against INC Only (wof 10 Jen 200) Contact No: 6) TR: Re-impection \$160 Damaged Portion: 7) NI : Idea DA + SMRT Survey 8) NTUC Additional Services:-OD! *NS; Courlesy Car / Tpl Allowance QC Checked by (Engr-In-Charge): 510 *Not Repair Co-ordination \$25 *N7; Fost Repair Inspection *No; DV / Collect Excess Coordination Auditors Comments & 35 TP (NII): TP (Non INC) equinat INC at. 1: 9) N12: Idao Mobile ANTER ST Involve deted 2/3: Per Charged Involce dated

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- 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.
- 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 ladgement 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 STATEMEN	Ī
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Date Of Report

27/02/2019 12:51

Date Of Accident

26/02/2019 17:45

Exact Location Of Accident

JUNCTION JLN BT MERAH/QUEENSWAY/ALEXANDRA RD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKW492L

Insured/Policyholder

Name Of Registered Owner

LIM WEI MENG

NRIC No.

S0035591G

Email Address

MMDGG32@YAHOO.COM.SG

Mobile Phone No.

(LOCAL) +65-97883145

Alternative Phone No.

OTHERS-97883145

Vehicle Particulars

Manufacturer

MERCEDES-BENZ

Model

C180 EXCLUSIVE

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?

If No, Please state action to be taken

REPORTING ONLY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

LIBERTY INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

SD18V11181/VPP/R00

Cover Note Number

Driver

Name of Driver

LIM WEI MENG

NRIC No

S0035591G

Date Of Birth

13/11/1952

Occupation

INDOOR

Date Of Driving Pass

07/07/1973

Driving Experience

45 YEARS AND 7 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97883145

Fax Number

Contact Number

OTHERS-97883145

EMail Address

MMDGG32@YAHOO.COM.SG

Address

32 JALAN RABU

Postcode

577048

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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 STATEMENT AND ATTACHMENT

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

FBN7572Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 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 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 companies.
- 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) 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
- 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.

Policyholder's Signature

Date & Time: 27/62/2019

Driver's Signature

(If driver is not the policyholder)

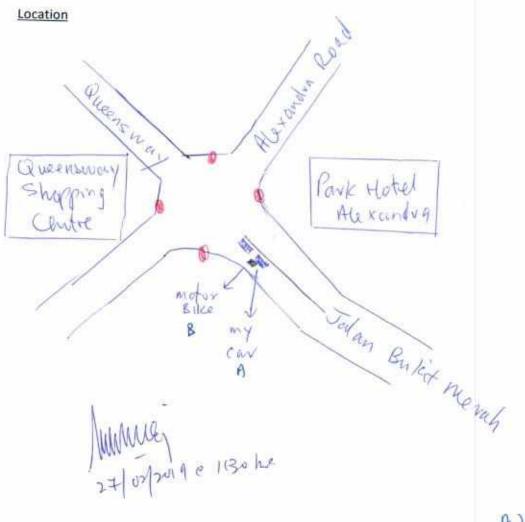
Date & Time:

Reporting Centre Personnel

SKETCH PLAN All Delt While DESCRIBE CIRCUMSTANCES OF THE ACCIDENT JAMMAN DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnell's Signature Policyholder's Signature Driver's Signature Date & Time: >7101 (If driver is not the policyholder) -Name: 1130 /1 Date & Time: NRIC/FIN No.: GDVMM' SustabPlanForm, V3

Accident Report

On 26 Feb 2019 (Tue) @ 5.45 pm, I stopped my car at the Queenway-Jalan Bukit Merah/Alexandra Road traffic junction when the traffic light turned red. I was behind another car and was on the side of the road opposite Park Hotel Alexandra. Suddenly a motorbike bearing registration no: FBN7572Y (see photo attach) was moving beside on the left side of my car. The bike driver tried to manoeuvre his motorbike towards the front of my car. As he was passing my car, he accidently banged on to the left side front fender of my car as there was slight screeching noise. I stopped my car engine and went to have an inspection together with the motorbike driver. The driver is a young Malay teenager. We discover 3 slight scratches on the fender just immediately after the wheel (see attach). The young teenager apologised to me and pleaded with me that he just started working and cannot afford to pay for the damage. Out of sympathy for the teenager and saw that the scratches were slight, I decided to forego the issue and told him to be careful next time. We then drove off in separate directions without taking each other's particulars. That's all



On 27 (0x/2019)
Roph hostors

A) SKW 492L

B) FBN 75724







Cim wei meny.

Avalorborg Rosa, Cumbon

ACCIDENT STATEMENT

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					MOTORCYCLE / OTHER	(S)
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	h)PUR	POSE OF USING	AT ACCIDEN	TTIME: PERS	SONAL USE	9
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	IF NO	, PLEASE STATE (THIRD PARTY	CLAIM / REPOI	RTING ONLY)	69
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email = mmdggs= @ yahoo.com-sg.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0035591G





LIM WEI MENG

CHINESE

13-11-1952

County of Beth

SINGAPORE

S0035591G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licertos Number: S 0 0 3 5 5 9 1 G

LIM WEI MENG

Birth Date: 13 Nov 1952 Issue Date: 17 Feb 2004





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

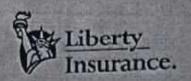
PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 islog ams Class 3

97 Jul 1973

NP 428A







Liberty Insurance Pte Ltd Registration no. 1830027910 51 Club Street 903-00 Liberty House Singapore 089428 Tel: (95) 9221 8511 Faic (85) 9225 6590 Website: http://www.libertylnaurance.com.eg

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	SID18Vii1181 /VPP /R00		
Form Date of Issue	MX1 09-OCT-2018		
I.Index Mark and Registration No. of Vehicle: 2.Chassis number of Vehicle: 3.Name of Policyholder: 3.Effective date of Commencement of Insurance or the purposes of the Act:	SKW492L WDD2050402R105768 LIM WEI MENG 15-OCT-2018 00:00 AM		
Date of Expiry of Insurance: Persons or Classes of Persons entitled to	14-00T-2019 23:59 PM		

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 Coun 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 Policyholder'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 IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only:

COVERAGE : SUM INSURED: Comprehensive Unlimited Windscreen, NCD Protection

MARKET VALUE AT THE TIME OF LOSS.

EXCESS:

Section I -Named Drivers S\$1000, Section I -Unnamed Drivers S\$1500, Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

FINANCE COMPANY: PRODUCER NAME:

MAYBANK

AAS INSURANCE AGENCY PTE. LTD.

PLTF/PLTF/09-OCT-18

S1_CI_T1_T3_OE_Template2-Vert.

09-OCT-18