Date In: 29 1 19-18-29		MHA 119070 198	
	Job description	Date & Time Completed	Done by
Ref No: Majupia 22 95 45 124	SAS e-filing		
Veh No: 6004827	E-mail (within Shrs, AIC 2hrs)	1	
D.O.A: 24/5/19-08132	i-Motor Claim Form		
OD : Preporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4brs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
· · · · · · · · · · · · · · · · · · ·	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(ax:
TP Particulars: Veh No: 6	INC (-
Owner / Driver: (Tel:	·)
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%, P: 80-10	00%]
Year of Registration: ()	Warranty: YES ()/NO()	
Excess: (\$) Loading: \$		/	
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2) QC Check / Post Repair Inspection	()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 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.

Date Of Report 29/05/2019 18:39 Date Of Accident 29/05/2019 08:30 Exact Location Of Accident SLIP RD PIE TWDS PAYA LEBAR RD Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number GBC2482T Insured/Policyholder Name Of Registered Owner L S TYRES & AUTOMOTIVE PTE LTD CO Reg No 200618874E MOBILE Phone No Alternative Phone No OFFICE-89999999 Vehicle Particulars Manufacturer CITROEN Modol BERLINGO L2 1.6 BLUEHDI S&S ETG6 Exact Purpose for which vehicle was being used at time of accident in the of accident of the text of the other country of the part of the part of the other country of the part of the		ACCIDENT STATEMENT
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Driving Experience 28 YEARS AND 10 MONTHS Gender MALE Mobile Number (LOCAL) +65-91516061 Fax Number OFFICE-91516061	Occupation	OUTDOOR
Gender MALE Mobile Number (LOCAL) +65-91516061 Fax Number Contact Number OFFICE-91516061	Date Of Driving Pass	13/07/1990
Mobile Number (LOCAL) +65-91516061 Fax Number Contact Number OFFICE-91516061	Driving Experience	28 YEARS AND 10 MONTHS
Fax Number Contact Number OFFICE-91516061	Gender	MALE
Contact Number OFFICE-91516061	Mobile Number	(LOCAL) +65-91516061
3.7102-3131001	Fax Number	
EMail Address NOEMAIL	Contact Number	OFFICE-91516061
	EMail Address	NOEMAIL

Address BLK 81 CAVENAGH ROAD

#02-09

Postcode 229626

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

Type Of Accident COLLISION - HEAD TO REAR

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?

YES

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) 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GW4240T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

Page 2 of 18

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAY KAI YONG (DAI KAIRONG)

NECK & BACK **GBG2482T**

YES

NO

SKETCH PLAN

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</u> and <u>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:
 - 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;
 - (lii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the malling 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.

Policyholder's Signature

TOA

LSTA

Date & Time:

Driver's Signature

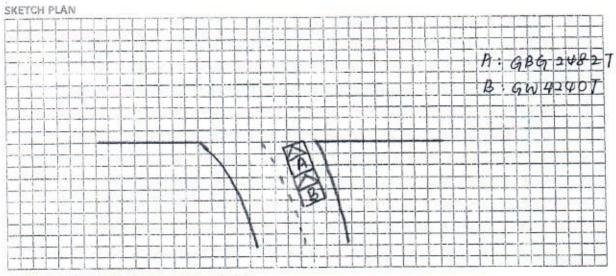
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE exit Paya Lebar slip road on the
most right lane. I was stationary to make sure that the
most right lane. I was stationary to make sure that the main road is clear before I turn out. Suddenly I felt a huge impact from my rear. When I got down from my rehicle, I realised that vehicle B collided onto my rear portron of
impart from my rear. When I got down from my rehicle, I
realized that vehicle B collided onto my rear portron of
TEMPISES PART VENTURE O SAMPLES SAME OF
my vehicle.

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)

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personne's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

MPORTANT 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 wliful 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.

Date of accident	29/05/2019	(DD/MM/YY
Time of accident	8:30 am	(HH:MM
Exact location of accident	Along PIE exit Paya Lebar slip road	

	DETAILS OF VEHICLE
Vehicle registration number	GBG 2482 T
Vehicle make and model	Ci-troen Berlingo
Type of vehicle	Saloon
Vehicle category	Private Commercial Motorcycle Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

THE PARTY OF THE P	INSURANCE IN	FORMATION	
Insurance company	Liberty		
Policy number	3		
Type of policy	Comprehensive □	Third party fire & theft	TP only

Name	LS	Tures	8	Automotive	Pte	Ltd	Male □	Female 🗆
	-	9.64					STATE OF STATE	
NRIC / Fin / Passport number								
Contact							West Control	
Address								

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	Tay Kai Yong Male Female				
NRIC / Fin / Passport number	37219698H				
Contact	9157 6061				
Address	Apt Blk 81 Carenagh Road # 02-09 S(229 626)				
Email address	Ø .				
Date of birth	03/06/1972				
Occupation	Indoor D Outdoor				
Driving date pass	13/07/1990				

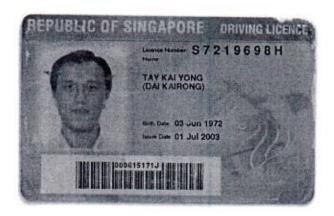
THE RESIDENCE OF THE PROPERTY	Market Harrison Company	SECTION AND DESCRIPTION OF THE PERSON OF THE	OF THE ACCIDENT
as driver an employee of	Yes	No 🗆	t to and incorporate
ne insured's company?	The second secon		ne driver and insured:
ccident captured by camera?	Yes	No 🗆	Others
Veather condition	Clear	Raining D	Others:
oad surface	Drye	Wet 🗆	(Inclusive of drive
lo of passenger			(motors and
	MATERIAL SERVICES	PASSENG	ED 1 COMPANY OF THE PARK OF TH
		PASSENC	ERT THE PARTY OF T
lame		- 1	
Sender	Male 🗆	Female c	
		NEW PROPERTY.	
5/5岁左台为成年(794)。		PASSEN	SERZ
Name			
Gender	Male 🗆	Female	
亚拉克斯里克 电影響用影響		PASSEN	GER 3
Name			
Gender	Male □	Female	
企业的基础的		PASSEN	GER 4
Name			Satisfaction of the satisf
Gender	Male	Female	0
	/		
以现在中国		PASSEN	GER 5
Name	AND REAL PROPERTY.		
Gender	Male □	Female	
·		SECONO AGUINANIEZON	
explained of the state of		PASSEN	IGER 6
Name			
Gender	Male 🗆	Female	
Oction.			
	The same of the same	OTHER INFO	DRMATION
Was anybody injured?	Yes	No□	
Was other vehicle damaged?	Yes	No□	
was other venicle damaged.	1,007		10.00
	D	ETAILS OF P	OLICE ACTION
Reported to police?	Yes□	Noø	If yes, please state which police station.
Police station name	100 =		
Police station name			
		WITA	IESS 1
San San Carlotte Control of the Cont	NAME OF STREET		
Name			

Name

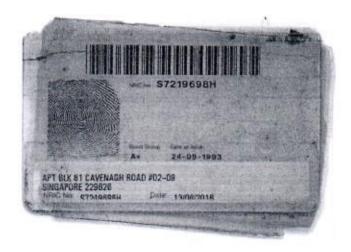
AND THE REAL PROPERTY.	THIRD PARTY VEHICLE 1
Vehicle registration number	GW 4240T
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
CONTRACTOR OF THE PROPERTY OF	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
entonic association and an artist of the	THIRD PARTY VEHICLE 5
Mating angiotration number	The state of the s
Vehicle registration number Vehicle make model	
The state of the s	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
MALESTEN SOUTH FOR THE	/ ITINO PARTY VEHICLE V
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
Name / Passport numbe	

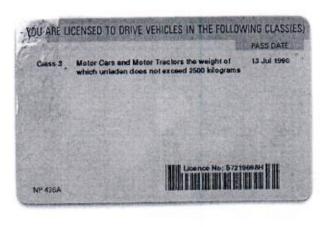
	INJURED PERSON 1	Trans.
ame	Tay Kai Yong	105
njuries sustained	Back and neck	
Vhich vehicle person in?	GBG 1482 T	
Vere seat belts worn?	Yes P No D	175
Vas injured conveyed to	Yes - Nod	
ospital by ambulance?		
产品的	INJURED PERSON 2	TO Y
lame	A CONTRACTOR OF THE PROPERTY O	
njuries sustained		/
Which vehicle person in?		
Vere seat belts worn?	Yes No	
Vas injured conveyed to nospital by ambulance?	Yes No No	
	INJURED PERSON 3	
The Seal Landson	INJURED PERSON 5	Sel Jack
Vame		
njuries sustained		
Which vehicle person in?	Yes D No D	
Were seat belts worn?		
Was injured conveyed to nospital by ambulance?	Yes D No D	
lospital by ambarance.		
	INJURED PERSON 4	
	INJURED PERSON 4	
Name	INJURED PERSON 4	
injuries sustained	INJURED PERSON 4	
Injuries sustained Which vehicle person in?		
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes No Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes No Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes No Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No Yes No INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No Yes No INJURED PERSON 5 Yes No Yes No	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes No Yes No INJURED PERSON 5 Yes No Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes No Yes No INJURED PERSON 5 Yes No Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No No No No No No No N	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes No Yes No INJURED PERSON 5 Yes No Yes No	





For LKK/NAC Use Only









Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 089428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Website: http://www.libertyinsurance.com.sg

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	SI18V06870 /VCV /R01
Form Date Of Issue	MZ300A 10-DEC-2018
1.Index Mark and Registration No. of Vehicle:	GBG2482T
2.Chassis number of Vehicle:	VF77FBHYMGJ869380
3.Name of Policyholder:	L S TYRES & AUTOMOTIVE PTE. LTD.
4.Effective date of Commencement of Insurance for the purposes of the Act:	23-JUN-2018 00:00 AM
5.Date of Expiry of Insurance:	28-JUN-2019 23:59 PM

6.Persons or Classes of Persons entitled to drive*:

Any person who is driving on the Policyholder's order or with their 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

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*:

A) Use in connection with the Policyholder's business.

B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

C) Use for social, domestic and pleasure purposes.

8. The Policy does not cover:

A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.

B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.

*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 MARKET VALUE AT THE TIME OF LOSS

EXCESS: Section I \$\$500,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S

\$3000, Windscreen Excess SS100

FINANCE COMPANY:

PRODUCER NAME:

VPRIME INSURANCE AGENCY PTE LTD

CSJP/CSJP/10-DEC-18

S3_CI_T1_T3_TEMPLATE2-VER1 10-DEC-18