NATIONAL Assessment Centre	Services.	[wel 1 Jan'05] .	, MNA 1191099	19-01	
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TP Particulars: Veh Nor SMF	1 1917 6	, INC(.)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period	d: ()	Cover Type: ()	
Confirmed by : (tii.	Dater,	Times)	and the
Insured/Driver Liability: (%) [No	te-Est. Status ((WO): N: 0-20	%; P: 21-79%. P: 80	0-100%]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number EMail Address

Gender

- 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.

- 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.	or was a standard of the control and the control and to copies of the report being made available
下 公共 人名 医线线线 化	ACCIDENT STATEMENT
Date Of Report	21/08/2019 13:58
Date Of Accident	20/08/2019 08:55
Exact Location Of Accident	HAVELOCK RD JUNC WITH NEW MARKET RD
Country/State of Loss	SINGAPORE
THE RESERVE OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGL4648J
Insured/Policyholder	
Name Of Registered Owner	LEONG THIM CHEE ALAN
NRIC No	S1619879Z
Email Address	ALANLTC@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98194648
Alternative Phone No	OFFICE-98194648
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC 90 3.2
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SI19V00472/VPC/R12
Cover Note Number	
Driver	
Name of Driver	LEONG WEN JIA, NICHOLAS
NRIC No	S9106360C
Date Of Birth	17/02/1991
Occupation	INDOOR
Date Of Driving Pass	25/04/2012
	RESERVED AND AND AND AND AND AND AND AND AND AN

MALE

7 YEARS AND 3 MONTHS

(LOCAL) +65-97114648

ALANLTC@HOTMAIL.COM

Address

42 KIM YAM ROAD #16-03 SINGAPORE

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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)

2

involved in the accident

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)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: DAUGHTER

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

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

SMH1917C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHUA

NRIC/Passport Number

Contact Number

93843368

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

	ACCIDENT STATEMENT
ĄCC LOCA	ATION: MAURUCK ROAD JUINTUN WITH NEW MARKET ROAD (MEJE HOM,
	DETAILS OF VEHICLE GIVEHICLE NUMBER: SGL 4648] DINSURANCE COMPANY: LIBERTY INSURANCE CIPOLICY NUMBER: SZ 19 VOO 472 / VPC /R12 /400
e e e e e e e e e e e e e e e e e e e	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) DIMAKE & MODEL: VOLVO X C 90 3-2 () TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) DIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) DIPURPOSE OF USING AT ACCIDENT TIME: A DIVERY
2.,	I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER A) NAME: LEEN A THIM CHEE ALAN
PASSENGER - (DAUGHTER) LEONG SIA YU, MICHELLE	C)ADDRESS: 42 194 794 POND. #16-03 OLGANAS CESIDENCE . SINGAPOLE 239347 * CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER
*Ho of passongo. Clududing driver.) (2)	DRIVER

*d) DATE OF BIRTH: (17 / 02 / 1991)(DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUIDOOR) DON'E OF DRIVING PASC 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION 8. THIRD PARTY VEHICLE

-14 He of passinger (Including driver)

a) VEHICLE NUMBER: SMN 1917C b) DRIVER'S NAME: MR CHO

C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE

to No of passenger (Including driver)

d) VEHICLE NUMBER:

DRIVER'S NAME:

VIDEO

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.
- 3. 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:
 - 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

10534

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

1 8 2019 11.35am

Reporting Centre Personnel's Signature

Name:

NRIEFIN No .:

ONE USUs PORTS SKETCH PLAN FLIKAMA CITY CENTRE MINISTRY OF PAMILY JUSTOR COUNTS MANPOWER

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	(1445) (Fraginal 2012) 19 (Fraginal 2012) 19 (Fraginal 2012)
ON 200	H AUGUST 2019 AT 0855H ALONG HAVELOCK ROAD JUST BEFORE JUNCTION
	EN MARICET ROAD (NEAR MINISTRY OF MANBOUGE, FAMILY JUSTICE COURTS),
	ITC (TOTOTA WISH) STORPED SUDDENLY IN FRONT OF MY VEHICLE (SEE YE'VE
	LLEGED THAT MY VEHICLE CONTACTED MIS VEHICLE.
	STOPPING AND EXAMINING BOTH VEHICLES, THERE IS NO DANAGE TO
	WHICH BUT THERE ARE MANY SCRATCHES ALONG THE LENGTH OF
	EAR BUMPER OF SMM1917C WHICH SELMED OLD AND NOT CAUSED
A77 33941	4 VEMICLE.
THE M	IR CHUA (9384 3568), DRIVER OF SMM 1917 C JUAS ASKED TO SEND
	MOTATION FOR AMY ASSESSMENT FOR CEPAIN. ON SUBSEQUENT
PHONE	COMMUNICATION, MR CHUA DEMANDED \$ 180 BAT
REFU	Sho to provide ANY audition FOR REVIEW

DECLARATION

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

Policyholder's Signature

Date & Time:

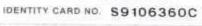
Driver's Signature (If driver is not the policyholder)

11.35 am.

Reporting Centre Personnel's Signature

Name: NRIC/PIN No.:

REPUBLIC OF SINGAPORE





LEONG WEN JIA, NICHOLAS

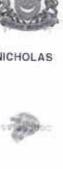


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CHINESE

17-02-1991

SINGAPORE





S9106360C



12-07-2006

42 KIM YAM ROAD #16-03 SINGAPORE 239347

NRIC No: \$81063600

Date: 21/06/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with <<7 passengers, exclusive 25 Apr 2012 of the driver; and other motor vehicles =< 2500kg



NP 428A





Certificate of Insurance

www.libertyinsurance.com.sq.

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:

LEONG THIM CHEE ALAN

Date of Issue:

07 Jan 2019

Registration No.:

SGL4648J

Effective Date of Commencement:

26 Feb 2019 00:00 Chassis No.:

YV1CZ985671366825

Certificate No.:

SI19V00472/ VPC / R12

Date of Expiry:

25 Feb 2020 23:59

Type of Certificate:

MX1

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

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

Limitations as to use:

Use only for social domestic and pleasure purposes and for the Policyholder's business

The Policy does not cover:

A) Use for nire or reward

B) Use for racing, pace-making, reliability thats or speed-testing

(i) 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).

Third Party Fire & Theft

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess

Name of Finance Company:

Name of Producer:

CUSTOMER SERVICES CENTRE (D9999-CSC)



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA 119 109918 Vehicle Registration No: SGL 4648 J Name (as shown in NRIC): Leong wen In, nicholas NRIC/FIN/PassportNo: \$9106360C (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : 42 klm Yam road #16-03 Singapore Address ____Singapore()3(347) 9711 4648 Contact (Tel) Mobile No.: : Alan LTC (a) Hotmail. com Email Address Date of Accident : 20/08/2019 ____Time of Accident: 88:55 : Haveleck RD June with new market RD Place of Accident Insurance Company: LIBERTY INSURANCE (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amena TP VEH Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name:

NRIC/FINNO .: Dote: