Date In: 1/13/19 - 12:00	Jeb description	Date & Time Completed	Done by
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Veh No: GOCENSTA	E-mail (within Shrs, AIC 2hrs)	T I	
D.O.A: 37/0/19-68:00	i-Motor Claim Form		
C.	i-Motor W/O (Within: OD 2hr	s, TP 4brs)	
OD / TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	to Owner/Wksp	- SAN
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	« :
TP Particulars: Veh No: See	16174 . INC ()/Non-INC()	882
Owner / Driver: (Tel:)
	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	0%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,	,000()/\$2,000()		
General Remarks:-			
() Walk-In Customer : Customer's inf	the state of the s	ALTERNATION AND ADDRESS OF THE PARTY OF THE	***************************************
() Total Loss Case : to e-mail Insu			
			
Drive-In ()/ Towed-In (); Invoice	ce: YES() / NO(); T	owing Co: (
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
	Courtesy Car ()		***************************************
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2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	()		
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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.	sent to the archiving of this report at the centre and to copies of the report being made available
AND CARROLL TO SEE AND SECURITION	ACCIDENT STATEMENT
Date Of Report	01/10/2019 12:20
Date Of Accident	30/09/2019 08:00
Exact Location Of Accident	KJE TWDS BKE
Country/State of Loss	SINGAPORE
The second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF6235U
Insured/Policyholder	
Name Of Registered Owner	QCK SUPPLIER
Co Reg No	34724900X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86869975
Alternative Phone No	OFFICE-86869975
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE 3.0 M
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V01447/VCH/R00
Cover Note Number	
Driver	

Name of Driver QUEK CHIN HOE NRIC No S1156548D Date Of Birth 18/10/1955 OUTDOOR Occupation 30/07/1976 Date Of Driving Pass 43 YEARS AND 2 MONTHS **Driving Experience** Gender MALE Mobile Number (LOCAL) +65-86869975 Fax Number

OFFICE-86869975 Contact Number

EMail Address NOEMAIL Address BLK 710 JURONG WEST STREET 71

#09-22

Postcode 640710

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

modratice company of briver's Own Verticie

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER: : MALE

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

NO

Was there any video captured by Car Camera?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKE2615G

Vehicle Make/Model/Colour

Was there any audio recorded?

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLX1133A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

- 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 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:
 - (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

Reg. No. 347249003

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Reg. No. 34724900X

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

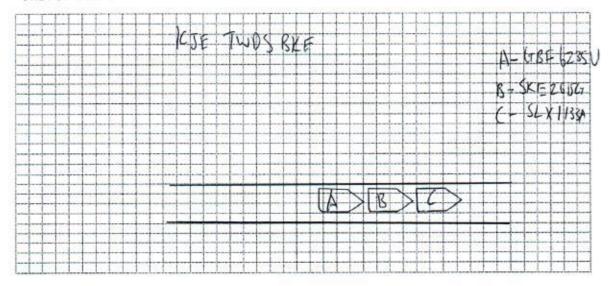
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

NTO VEHICL	LLING ALONG KJE TOWARDS BKE. THERE WAS A VEHICLE CUTTING E C LANE CAUSING VEHICE C TO JAM BREAK. I COULD NOT STOP IN
TIME AND RE	AR ENDED VEHICLE B.

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)

Reg. No. 34724900X

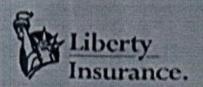
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC / FIN No.:

CATION OF ACCIDENT XACT Purpose use during accident AME OF OWNER CLAIM TYPE ASSENDER ASSENDER CENTRO ASSENDER CENTRO ASSENDER CENTRO ASSENDER CONTAC NO. COLOR HOVE CELLATIONSHIP COLOR HOVE EMPLOYEES CONTAC NO. COLOR HOVE EMPLOYEES CONTAC NO. COLOR FROM COLOR IN COLOR COLO	GBF6235U	M. COLL: TOYOTA HIACI	
COCATION OF ACCIDENT MARE OF OWNER CLP NO 86869975 MRIC 34724900X OD / THIRD PARTY / Reporting Only OD SURANCE CO. LIBERTY COMPrehensive / Third Party / Third Party Fire & Theft COLICY NO. MARE OF DRIVER Male ST156548D Any passengers: TE OF BIRTH COCUPATION Outcody / Indoor DATE OF DRIVING PASS SENDER Male Male Female SENDER Male Male Female SONTAC NO. NO / If yeas: Responsive / Third 99-22 S(640710) NO / If yeas: Responsive / Third Party / Third Party Fire & Theft COCUPATION Outcody / Indoor DATE OF DRIVING PASS ORIVER HAVE ANY OWN Vehicle RELATIONSHIP Employee / If No. Cleer / Raining / Other: RAINY ROAD SURFACE Dry / Wet / Other: WET NO / If yeas: Who? OUTCOMPASS ONLY ANY INJURIES NO / If yeas: Who? SKE2615G Any Passenger:	OF ACCIDENT	30/9/19 /	
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QCK SUPPLIER BLP NO	TION OF ACCIDENT	KJE TOWARDS BKE	
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Comprehensive / Third Party Fire & Theft POLICY NO. AMME OF DRIVER As above / if No: IRIC S1156548D Any passengers: 1 Mu TE OF BIRTH DOCUPATION DATE OF DRIVING PASS SENDER Mels / Female SCONTAC NO. ADDRESS 710 JURONG WEST STREET 71 # 09-22 S(640710) NO / If yes : Reg (no): Outlood / Relationship MEATHER CONDITION Clear / Raining / Other: RAINY MANY INJURIES NO / If yes : Who? CONTAC NO. POLICE REPORT No / If yes : Where? SKE2615G Any Passenger: ANY Passenger: ANY Passenger: ANY Passenger: ANY Passenger: ANY WITNESS WITNESS CONTACT NO. Any Passenger: ANY WITNESS WITNESS CONTACT NO. Any Passenger: ANY WITNESS WITNESS CONTACT NO.			
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QUEK CHIN HOE As above / if No: IRIC S1156548D Any passengers: 1 Mu TE OF BIRTH OCCUPATION Outbook / Indoor DATE OF DRIVING PASS SENDER Melle / Female CONTAC NO. 86869975 Office: Home: ONDERSS / 710 JURONG WEST STREET 71 # 09-22 S(840710) DRIVER HAVE ANY OWN Vehicle NO / If yea: Reg No: 0 WWC RELATIONSHIP Employee / If No: WEATHER CONDITION Clear / Raining / Other: WET ANY INJURIES NO / If yes: Who? CONTAC NO. NO / If yes: Who? CONTAC NO. SKE2615G Any Passenger: AME CONTAC NO. SLX1133A Arry Passenger: Arry WITNESS WITNESS CONTACT NO.	7.000 S.C.		
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2 Kaki Bukit Ave 2 #02-19 AutoHub @ Vaki Bukit		Ryder Auto Pte Ltd	
Singapore 417921			
CONTACT PERSON	ACT PERSON		
ryderautoworkshop@gmail.com	10.	Tyderautoworksnop@gmail.com	





Liberty Insurance Pte Ltd

Registration no.1990627910 51 Club Street #03-00 Liberty House Singapore 055428 6) 6221 8611 Fax (65) 5225 6

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 1980

Certificate No	SD19V01447 A/CH-/R00
Form Date Of Issue	MZ301A 29-JAN-2019
1.Index Mark and Registration No. of Vehicle:	GBF6235U
2.Chassis number of Vehicle:	KDH2010204320
3.Name of Policyholder:	QCK SUPPLIER
4.Effective date of Commencement of Insurance for the purposes of the Act:	06-JAN-2019 00:00 AM
5.Date of Expiry of Insurance:	05-JAN-2020 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	

- A) Whilst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

 B) Whilst the vehicle is being used for social, domestic and pleasure purposes:

 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 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:

- 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 racing, pace-making, reliability trials or speed-testing.
 B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle,
 C) Use for the carriage of passengers for hire or reward.

*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:

Comprehensive Unlimited Windscreen

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I S\$600,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S \$3000,Windscreen Excess S\$100

FINANCE COMPANY:

UNITED OVERSEAS BANK LIMITED

PRODUCER NAME:

VIRTUAL INSURANCE AGENCIES PTE LTD

PLFMPLFM29-JAN-19

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29-JAN-19