re Serulees was well	NAMAUS/3781	6
		. Done by
		-
		<u> </u>
	No. TP (hrt)	
*	1	<del></del>
		- · · · ·
TOTAL CHARGE CONTRACT OF THE PROPERTY OF THE PROPERTY.		
Ass't Report by Fax / Har	- Transcont 1 - 1111	Fux:
VOUSTO DELLE DE		
BRIMK YOUR . INC		)
Surface (		<del></del>
		)
The state of the s		0-100%]
	温度は対象を対象がある。	100 A
formation strictly Confidential	Strictly NO refer of repaire	ır.
	· · .,	
	Towing Co: ( ','	• )
		ANGEL MENTED
Courtesy Car ( )	NAMES AND ASSOCIATION OF THE PARTY OF	3450774
		7
******		
+ 1	annumit vermenter i rekiv	Control of the state of the second section of the
	e en la constantina de la constante de la cons	Wishow
Harris of the second of the se		
	ATTACH TO SERVICE AND ADDRESS OF THE PARTY O	
		An ann an ann an ann an an an an an an an
	aldent l'aporting (530);	Managara V Managarahi
HITTER THE PARTY OF THE PARTY O	nident Reporting (330); INC	(CLO)
(TIES AND	aldent Importing (530); maye Assessment (5100); INC	(C10) 540/45 5120
3) TF: Tou 4) FT: Foli 3) FF: Feli Forelain	aldent Importing (330); mage Assessment (5100); INC ring Pre ow-Through Survey ow-Through Survey (Resurvey) this assinat INC Only (well 0 Jan.)	(00) \$100
2) DA 1 Dec 2) TF 1 Tow 4) FT : Foli 2) FT : Fell For slain 6) TR : Re-	aldent Importing (330); Image Assessment (5100); INC Image Assessment (5100); Inc Image Assessment (51	2120 240243 (CHO)
3) TF: Tow 4) FT: Foll 5) FT: Foll 5) FT: Foll Forelain 6) TR: Re- 7) N1: ide	aldent Importing (330); mage Assessment (5100); INC ring Pre ow-Through Survey ow-Through Survey (Resurvey) this assinat INC Only (well 0 Jan.)	(210) \$40745 \$120 \$100 \$75
3) TF: Tow 4) FT: Foli 5) FT: Foli 9) FT: Foli For slain 6) TR: Ra- 7) N1: Ida 4) NTUCA OD:	aldent Reporting (330); Image Assessment (\$100); INC ring Pee ow-Through Survey ow-Through Survey (Resurvey) white assinst INC Only, (well 0 Jin is imposition o DA + SMRT Survey (dditional Survices:-	(210) 340/45 \$120 \$100 \$75 \$160
3) TF: Teu  4) FT: Foil  5) FT: Feil  Fer slain  6) TR: Re  7) N1 1 Ida  4) NTUC A  Oh!  N6: Ita	aldent Reporting (330); Insert Assessment (\$100); INC ring Pre- ow-Threatch Survey ow-Threatch Survey (Resurvey) ohns assinat INC Only (Pref 10 Jan) inspection o DA + SMRT Survey (dditional Services):  urtery Cer/Tpl Allowence petr Co-ordination	(210) 340/45 5120 530 530 5160 53 5160 53 510 520
3) TF : Tou 4) FT : Foil 5) FT : Foil 5) FT : Foil 6) TR : Re- 7) N1 : Ide 4) NTUC A Off: • N5: Co • N6: ILe	aldent Reporting (330); Insert Assessment (\$100); INC ring Pee ow-Through Survey ow-Through Survey (Resurvey) alterestinat INC Only (weffo Jan) in DA+SMRT Survey additional Services:  urtery Cer/Tpt Allowanus pair Co-ordination at Repair Inspection of Co-ordination at Repair Inspection	1 (210) 3 (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
3) TF : Tou 4) FT : Foil 5) FT : Foil 5) FT : Foil 6) TR : Re- 7) N1 : Ide 4) NTUC A Off: • N5: Co • N6: ILe	aldent Reporting (330); Insert Assessment (\$100); INC ring Pre- ow-Threatch Survey ow-Threatch Survey (Resurvey) ohns assinat INC Only (Pref 10 Jan) inspection o DA + SMRT Survey (dditional Services):  urtery Cer/Tpl Allowence petr Co-ordination of Repetr Inspection // Collect Excess Coordination () TP (Non INC) example 1996 as Mobile	(210) 340/345 5120 370 370 375 3160 33 310 32 33 3420 30
	Jeb description  SAS e-filling  E-mail(viola shir, Ato 2his  I-Motor Claim Form  I-Motor W/O (Withla: OD  I-Photo Uploaded  Assessment/Survey Report  Ass't Report by Fax/Han  Period: (  Dates:  [Note-Est Status (WO): N:  Warranty: YES ( )/NO ( ,000 ( )/52,000 ( )  formation strictly Confidential & arer URGENTLY.	SAS e-filing  E-mail(Lipida shri, Ato 2his)  I-Motor Claim Form  I-Motor W/O (Within: OD 2his, TP 4his)  I-Photo Uploaded  Assessment/Survey Report  Ass't Report by Fax/Hand to Owner/Wissp  Tol:  Period: ( ) Cover Type: ( Date: Times  [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80  Warranty: YES ()/NO ()  formalion strictly Confidential & Strictly NO refer of repaired  forer UttGENTLY.  ce: YES ()/NO (): Towing Co: (  Courtesy Car ()  ()  ()  ()  ()  ()  ()  ()  ()  ()

1 . p/t at 1.3"

### 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.
- Information provided must be as <u>truthful and accurate</u> 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

SECULAR DESIGNATION OF THE SECULAR DESIGNATION OF THE SECULAR DESIGNATION OF THE SECULAR DESIGNATION OF THE SECURITY OF THE SE	ACCIDENT STATEMENT
Date Of Report	16/10/2019 15:07
Date Of Accident	15/10/2019 17:45
Exact Location Of Accident	MANDAI CREMATORIUM
Country/State of Loss	SINGAPORE
State of the District of the D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SGY1002Z
Insured/Policyholder	
Name Of Registered Owner	HAMBALI LEONARDI
NRIC No	S7677159F
Email Address	HALI317@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96386950
Alternative Phone No	OTHERS-96386950
Vehicle Particulars	
Manufacturer	RENAULT
Model	GRAND SCENIC
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	C0091016
Driver	
Name of Driver	HAMBALI LEONARDI
NRIC No	S7677159F
Date Of Birth	17/03/1976
Occupation	INDOOR
Date Of Driving Pass	04/01/1996
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96386950
Fax Number	
Contact Number	OTHERS-96386950
EMail Address	HALI317@GMAIL.COM

Address

335 BUKIT TIMAH ROAD

#14-03

Postcode

259718

Was driver an employee of the Insured's Company

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

COLLIDED INTO PROPERTY

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 1

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 NO

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

1

Number of Passengers (Including Driver)

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

Vehicle Make/Model/Colour

Details Of Properties

BARRIER POLE

Vehicle Category

NAJUNKNOWN

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 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 <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.
- 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sign

Name:

NRIC/FIN No.:

	MANDON ORAMA JORUM
	SGY 1802Z  Pole Sole Carpar  Barrier
SCRIBE CIRCUMS	rit the pole barrier a lile

	hit	the	pole	barri	er a lile	
	coming	ort	of	My	carparti	lot.
CLARATIO	M					

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

Policyhalder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Mame: NRIC/FIN No.:

Cold Williams

		ACCIDENT STATEMENT
		ENT DATE: 15.10, 30 [9(DD/MM/YYY), TIME: 17:45 (HH:MM)
	ACCID	
	LOCATI	ON: MANDAI CREMATORIUM
	1,	DETAILS OF VEHICLE SGY 1002 7
		diversible Numbers
		officionate community
		CIPOLICY NUMBER: COOT 1016
9	Ť.	d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT)
		ALLIANE I MARCHINE REPORTED TO CELLER OF THE PROPERTY OF THE P
(30)		HITTE /SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
		g) VEHICLE CATEGORY (PRIVATE) COMMERCIAL / MOTORCYCLE)
0.80		DIPLIPPOSE OF LISING AT ACCIDENT TIME: '
		TIABE YOU O' AIMING LINDER YOUR OWN INSURANCE (YES/NO)
(8)		IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2.,	INSURED / POLICY HOLDER
		AINAME: + HATOBALL DE COMPANIE MALE MANAGES
		DINRIC/FIN/PASSPORT: 5 1699 BICONTACT: 96388
		CIADDRESS: 17677159F
11		235 BT TIMAY RO X14-03 3 (103.7)
20		* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER
tho of pa	1850 n 1032	10.0 M PECEN
Circluding		d NAME:
- Includable	) striver,)	binric/fin/Passport:CONTACT:
(-1-)		c)ADDRESS:
1		*d) DATE OF BIRTH: (17) 03(971) (DD/MM/YYYY)
		ADDATE OF BIRTH I TO THE PROPERTY OF THE PROPE
		e OCCUPATION TINDOOR JOUTDOOR JAN 2003 .
	500	MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	4.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED!
		G) WEATHER CONDITION; (CLEAR / RAINING / OTHERS
	:97.6	b ROAD SURFACE: (DRY / WET / OTHERS
	- 4	WAS ANYBODY INJURED (YES / NO)
	7	a) REPORTED TO POUCE (YES / NO)
	(6.3	IF YES, PLEASE STATE WHICH POLICE STATION:
	8.	THIRD PARTY VEHICLE BARRIE
He of pa	SSAMOLEY	a) VEHICLE NUMBER;MODEL:
Includia	n driver)	b) DRIVER'S NAME:
	1	c) NRIC/FIN/PASSPORT:CONTACT:
(,	) γ.	THIRD PARTY VEHICLE
telm d.	1000mm	d) VEHICLE NUMBER: MODEL!
clan at t	ng, dirliver	e) DRIVER'S NAME:
( Industi	ing, diriver	f) NRICYFIN/PASSPORT:CONTACT:
1 400	N.	

email: HALISI7@GMAIL. OM VIDEO



www.libertyinsurance.com.sg

# Motor Cover Note

Name of Producer:	Cover Note No :
WEARNES AUTOMOTIVE PTE LTD (A1716)	C0091016
Date of Issue:	Quotation/ Proposal/ Policy No.:
28 Dec 2018	addition Proposal Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

#### Details of Schedule

Name of Insured:	HAMBALI LEONARDI
Period of Insurance:	From: 29 Dec 2018 00:00 To: 28 Dec 2018 23:59
Registration No.:	SGY1002Z
Make and Model:	RENAULT GRAND SCENIC IV 1.5T
Type of Body:	MPV
Capacity/Tonnage:	1461 ONE
Year of Manufacture/Registration:	2018/2018
Chassis No.:	VF1RFA00961665900
Engine No.;	K9KF649D058594
Sum Insured:	MARKET VALUE AT TIME OF LOSS
Name of Finance Company:	HL BANK
Type of Plan:	Comprehensive
Excess:	AS AGREED

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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).

Not valid unless counter-signed by authorized person.

Date: 28 Dec 2018 18:59

For and on behalf of

LIBERTY INSURANCE PTE LTD

#### IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

A1716/A1716-90/28-Dec-2018/Motor/MCoverNote/v1.0