: . pr at 1.7" NATIONAL Assessment Centre Services. (wel I Jan'05) . :MMA 11914487 Done by Date In: Date &Time Completed Jeb description 1/11/19 16:45 Ref No: MAI LIP19019353/44 SAS c-filling Veh No E-mail (&jula shes, AlC thes) SLT 8968 H DOA I-Motor Claim Form 3017/19 17:00 I-Motor W/O (Withles OD 2hrs, TP 4hrs) OD : TP ! Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Pax / Hand to Owner/Wksp Proforred Wksp / INC Assign Wksp / QW: ( TP Particulars: Veh No: SKM 1356T. INC ( )/Non-INC( Owner / Driver: ( Tcl: Policy No: ( Period: ( Cover Type: ( Confirmed by : ( Dates . Thues Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: ( Warranty: YES ( )/NO( Excess: (\$ Loading: \$1,000 ( )/\$2,000 Conditional Control of the Control o ) Walle-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ( )/ Towed-in ( ) : Invoice: YES ( ) / NO ( it of hote were first into the extension of the extension 1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : What blu 340/345 3) TV : Towing Fee Driver/Owner: \$120 4) PT : Follow-Through Survey 5) PT : Follow-Through Survey (Resurvey) Contact No: Por claiming against INC Only (wef 10 Jan 200) 6) TR : Re-larpsotion \$160 Damaged Portion: 7) NI ; Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): NS: Courtery Cor/Tpt Allowande 510 . Not Repair Co-ordination 323 \*N/ Post Repair Inspection +Na: DV / Collect Excess Coordination TP (NII) : TP (Nan INC) against INC at. 1: 9) N12: Idao Mobile Involve doted 2/3: Pas Charged Involce dated

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**EMail Address** 

- 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

AND THE PERSON OF THE PERSON O	ACCIDENT STATEMENT	
Date Of Report	01/11/2019 16:45	
Date Of Accident	30/07/2019 17:00	
Exact Location Of Accident	ALONG AYE NEAR LP 480	
Country/State of Loss	SINGAPORE	
MELOSON CONTRACTOR OF THE PARTY	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT8968H	
Insured/Policyholder		
Name Of Registered Owner	OC CARS PTE LTD	
Co Reg No	5 (1) 10 (1) 10 (1) 1 (1	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-92364860	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	C180	
Exact Purpose for which vehicle was being used at time of accident		
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	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	SD18V14798/VTN/R00	
Cover Note Number		
Driver		
Name of Driver	JI XIAOHONG	
Passport No/FIN	G0631613T	
Date Of Birth	03/07/1978	
Occupation	INDOOR	
Date Of Driving Pass	05/05/2015	
Driving Experience	4 YEARS AND 2 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-98251889	
Fax Number	ork in recognition displayed the Control of the Con	
Contact Number		

NOEMAIL

Address

NO 1 SOONLEE ST #06-17/18/22/23 PIONEER CENTRE

Postcode

627605

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

and the second second

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - VENDOR

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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. VEH HAD BEEN SOLD.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKM1356T

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**

- 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.
- 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:

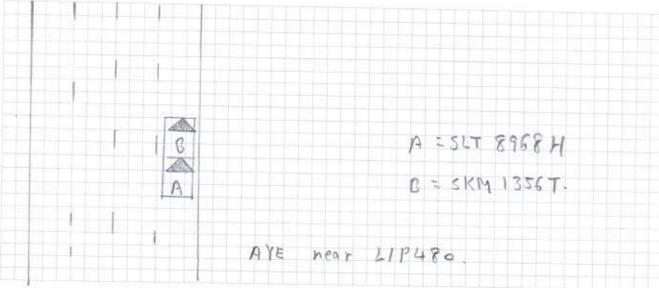
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

**************************************
I REPRESENT OC CHRS PIE CID TO REPORT THAT
WE ARE NOT INVOLVED IN THE ACCIDENT BETWEEN
SKM 1356T AND SLT 8968H
SLT 8968 H WAS TAKEN BY OUR WORKSHOP VENDOR
SOON XING ENGINEERING 1 SOON LEE ST #06-17/18/22/23
PIONEER CENTRE S(627605) FOR SPRAY PHINT, ON 30/07/20
WHILE THEY SEND BACK THE VENELE TO US, THE ACCIDENT
HAPPENED ALONG AYE.

## DECLARATION

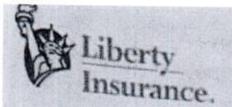
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Driver's Signature Date & Time: (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:



Liberty Insurance Pte Ltd

Registration no 199002791D 51 Club Street #03-00 Liberty House Singapore 059428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Website: http://www.libertyinsurence.com.sg

## THE SCHEDULE

# MOTOR TRADE-NAMED DRIVER (Comprehensive) Policy Number SD18V14798 / VTN / R00

Name and Address of Insured

OC CARS PTE LTD 1 CHANG CHARN ROAD #04-04/03, OC BUIDDING SINGAPORE 159630 Replacing No.

Account No.

B9008

Registration No.

Type of Body

MOTOR TRADE

Capacity/Tonnage

Engine No.

Chassis No.

Seating Capacity

including driver

Year of Mfg/Reg

Make / Model

MOTOR TRADE

**Profession or Business** 

RETAIL TRADE

Hire Purchase Owner/Leasing Company

Period of Insurance (Both Dates Inclusive)

From 21-DEC-18 To 20-DEC-19

Sum Insured

SGD 200,000.00

Named Drivers:

CALEB YANG CHIN LECK, DAVID MICHAEL JOHN MEDINA, GOH KIM GUAN, HENG CHEN HEE RENNY, KOH BOON SONG, PYAE PHYO AUNG, ROSLI BIN ABU BAKAR, TAN WEE KIAT GERALD

Excess

Section I - SGD 3000, Section II - SGD 3000, Windscreen Excess - SGD 300

Extra Coverage

Standard Operating Hours: 8 am to 11 pm, Geographical Area: Singapore only, Unlimited Windscreen, Demonstration Extension

Subject to the following Operative Endorsement attached:

V0001, V0013, V0061, V0065, V0085, V0095, V0097, V0108, V0113, V0153, V0224, V0233, V0244, V0281, Z0114

THE POLICY'S PREMIUM (IN SINGAPORE DOLLAR)						
Basic Premium 9.900.00	NCD 0 00 ( %	)	Fleet / Other Discounts	Good Driver Discount		
Extra Premium 0.00	Sub Total 9.900.00	693	GST 3.00 (7.00%)	Total Premium Payable		

This Schedule replaces any previous Schedule.

This Schedule and Policy are to be read together as one contract.

Person or classes of persons entitled to drive and limitation as to use, are as specified in the Certificate of Insurance issued in relation to this policy.

SINGAPORE For and on behalf of

Approved incures

Approved Insurers

Mon

Authorised Signature

SI\_TEMPLATE 21-DEC-18

PLYWIPLYWIZ1-DEC-18

