Date In: Milig 16: 14	Job description	Date &	Time Completed	Done	pi.
Res No: LIA LIPIG 22065Try	SAS e-filing				
Vch No JK M8853L	E-mail (within Shrs,	AIC 2hrs)	T		
D.O.A : Miling 5:3	i-Motor Claim F				5115 × 500
OD / TA! Reporting Only	i-Motor W/O (w	thin: OD 2hrs, TP 4hrs)			
OB TO Reporting Only	i-Photo Uploade	d			
TP Insurer:	Assessment/Surve	Report			
	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax	ti.	
TP Particulars: Veh No \$ 17	11654	. INC( , )/Nor	n-INC( ).		
Owner / Driver: (		Tel:		)	
Policy No: ( )	Period: (	) Cover T	урс: (	)	
Confirmed by : (	D	ate:	Time:	)	VERNOUS IN
Insured/Driver Liability: (%)	[Note-Est. Status (WO)	N: 0-20%; P: 2	1-79%. F: 80-100	0%]	
Year of Registration: ( )	Warranty: YES ( )	'NO( )			
Excess: (\$ ) Loading: \$1	1,000 ( )/\$2,000 (	)			
General Remarks:-	RESERVATION OF THE	,	180412 1751.75		
( ) Walk-In Customer: Customer's in	formation at letter Confiden			019 713 - 5	- 1
	CONTRACTOR OF STREET,	ntial & Strictly NO F	eter di repailer.	g museum in	
Drive-In ( )/ Towed-In ( ); Invoi			· · · · · · · · · · · · · · · · · · ·		
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES ( ) / NO (	) ; Towing Co	- +		)
Remarks:- (INC hotline: 6788 6616)		Date&Ti	me Completed	Done	by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )		- 1		
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost > :	\$30001 ( )				
Injury:		<del></del>			
Injury: ————————————————————————————————————		1			14 714 00
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Date/Time Actions  MA 1908bh  sumant's Particulars :- iver/Owner:	1) A 2) D 3) T 4) F	oice Preparation ( R: Accident Reporting A: Damage Assessment F: Towing Fee F: Follow-Through Surve	\$30); \$100); INC (\$80) \$40/\$4 / \$12	fst Bill	1 2 3 3
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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Date Of Driving Pass

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.
- 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.	
	ACCIDENT STATEMENT
Date Of Report	12/11/2019 16:14
Date Of Accident	12/11/2019 15:30
Exact Location Of Accident	BLK 213 BEDOK NORTH ST 1 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU8853L
Insured/Policyholder	
Name Of Registered Owner	MATTHEW LEE CHANG GUANG
NRIC No	S9213344C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87221006
Alternative Phone No	OFFICE-87221006
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V00302/VPL/R00
Cover Note Number	
Driver	
Name of Driver	MATTHEW LEE CHANG GUANG
NRIC No	S9213344C
Date Of Birth	19/04/1992
Occupation	OUTDOOR

05/05/2011

MALE

NOEMAIL

8 YEARS AND 6 MONTHS

(LOCAL) +65-87221006

OFFICE-87221006

113 LORONG 3 GEYLANG Address

#03-77

381113 Postcode

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

#### General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions 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

NO Was any body injured in the Accident?

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 0

NO

Number of Passengers (Including Driver)

#### **Details of Police Action**

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ONTO THE CARPARK LOT. VEHICLE B WAS PARKED BESIDE OF MY VEHICLE HE REVERSED FROM THE CARPARK LOT AND HIT ONTO MY VEHICLE RIGHT PORTION.

### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

SFT1165A Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category LEE KWANG PAI Name of Driver

S0044091D NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

#### 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
  - (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 Signature Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Suprised State Communitation of Association (Community Communitation)
Refer to	Heada Angal
100	OP TO MOP
-	

# 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) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





#### Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 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	SD19V00302 /VPL /R00	
From	MZ400B	
Date Of Issue	31-DEC-2018	
1.Index Mark and Registration No. of Vehicle:	SKU8853L	
2.Chassis number of Vehicle:	MR053ZEE106124733	
3.Name of Policyholder:	MATTHEW LEE CHANG GUANG	
4.Effective date of Commencement of Insurance for the purpose of the Act:	31-DEC-2018 10:25 AM	
5.Date of Expiry of Insurance:	04-JAN-2020 23:59 PM	
6.Persons or Classes of Persons entitled to drive*:		
For Uber/Grabcar Usage :	MATTHEW LEE CHANG GUANG	

For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.

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 for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic and pleasure purposes.

## 8. Policy does not cover:

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

B) Use whilst drawing a trailer except the towing (other than for reward) of 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: Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)

SUM INSURED: MARKET VALUE AT THE TIME OF LOSS

EXCESS: Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S

\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100

FINANCE COMPANY: ABWIN PTE LTD

PRODUCER NAME: COLLIN LIM BENG TECK

PLYW/PLYW/07-JAN-19

S1\_CI\_T1\_T3\_OE\_Template6-Ver1. 07-JAN-19