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D.O.A W 19 10 W	Veh No: VMH 6THZ	E-mail (within Shrs, AIC 2hrs)		
Description		i-Motor Claim Form		
Photo Uploaded Assessment/Survey Report As		i-Motor W/O (Within: OD 2h)	rs, TP 4hrs)	
Professed Wksp / INC Assign Wksp / QW:	OD / (FP) Reporting Only	i-Photo Uploaded		
Ass't Report by Fax / Hand to Owner/N/Sp Preferred Wksp / INC Assign Wksp / QW:	TP Inturer	Assessment/Survey Report		
TP Particulars:	Tr mourer	Ass't Report by Fax / Hand	to Owner/Wksp	
Owner / Driver: (Preferred Wksp / INC Assign Wksp / QW:	(Tel: Fax	
Policy No. (TP Particulars: Veh No:	168335 INC()/Non-INC()	
Confirmed by: (Owner / Driver: (Tel:)
Insured/Driver Liability: (%) [Note-Est Stams (WO): N: 0-20%, P: 21-79%. P: 80-160%] Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks:- () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repoliter. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks:- (INC Inothine: 6788 6616)	Policy No: ()	Period: ()	Cover Type: ()
Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks:- () Walk-In Customer: Customer's information strictly Confidential & Strictly NO rafer of repairer. () Total Loss Case : to e-mail Insurer URCENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks:- (INC hoffine: 6788 6616)	Confirmed by : (Date:	Time:)
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Invoice Preparation Checklist	3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		
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2 DA : Darrage Assessment (\$100); INC (\$80) iver/Owner: 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection \$75 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services:				Ant (5) Amt (
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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.
- 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

《大学》的企业是国际大学的发展的企业	ACCIDENT STATEMENT
Date Of Report	22/11/2019 13:33
Date Of Accident	22/11/2019 10:25
Exact Location Of Accident	CTE (AYE) BEFORE BALESTIER RD EXIT
Country/State of Loss	SINGAPORE
Company of the Compan	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH6531Z
Insured/Policyholder	
Name Of Registered Owner	ZHENG LUO
NRIC No	S8083022Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81236777
Alternative Phone No	OFFICE-81236777
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLA200 AMG LINE 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 CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V05226/VPC/R00
Cover Note Number	
Driver	
Name of Driver	ZHENG LUO
NRIC No	\$8083022Z
Date Of Birth	31/03/1980
Occupation	INDOOR
Date Of Driving Pass	17/12/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81236777
Fax Number	
Contact Number	OFFICE-81236777
EMail Address	NOEMAIL

Address

27 SEMBAWANG CRESCENT

#15-13 PARC LIFE

Postcode

757056

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

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?

12

Was any other material or property damaged? I have been approached by unknown person(s) YES

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.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJL6833S

Vehicle Make/Model/Colour

DAIHATSU

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

OW PENG PEI

NRIC/Passport Number

S8229465A

Contact Number

90018633

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please roport <u>entrectly</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 Drive;
- 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 repudiate policy Rabilly.
- 4. The issue and acceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance campanies.
- Any false recoming may be referred to the Police for investigation.
- 5. The report will be focuseded by the insurers of the GIA Records Management Control 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 ladgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copins of the report being made available aforesaid.
- 1. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (1) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, discuss 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/jaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my dalms:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (tv) administoring my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve disclosure of cortain 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 daines (collectively the "Purposes")
- (b) ell 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
- (a) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers on agents (including their lawyers flaw firms), which may be sted outside of Singaporo, for one or more of the above Purposes.
- any Personal Information will also be collected and used to compile distins history for the purpose of freud detection. investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be thated / 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 againers as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Potizyhologna Signature Date & Time:

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

Bamer

Reporting Centre Person let's Signature

KRIC/FIN No.:

BREFORE BACENTIEL

SKETCH PLAN	
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OH STATED TIME AND DATE .
I WAS TEAVALINED ON MY VEHICLE SMM 65312.
ALOND CTES TOWARDS POYE BEFORE BALESTIRE.
ON LAME I WAS STATIONARY ON THE CAME
DUA TO HEAVY TRAFFIC INFIDMY, SUDDENLY I FEL
AN HUGE IMPACT FROM THE REAR I AUGHED
FROM MY CAR THRY I RRAGISE SOL 68333
COLLIDED ON MY CAR REAR . WE BAY OWNER
EXCHANGE PHOTOUTHE AND ARGERD TO PROCEED
INSURANCE CLAIM.
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DECLARATION

TAVE declarathe foregoing particulars are true in every respect.

Policyholder's Signozure

Date & Turnto

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

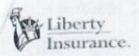
Reporting Contre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	2011 2019. Accident Time: 1025 (24-HR-Format)
Accident Place	: CTE TOWARDS AYE BEFORE BALKSTIMBEBLI
Vehicle Reg. No. (Cer Plate No.)	3m4 65312.
Vehicle Make/Model	GREA 200 MARC.
lasurance Company	LI BERTY. Policy No.
Owner or Company Name /IC No	= - · · · · · · · · · · · · · · · · · ·
Owner or Company Contact No.	9123 6747 Owner's HpCompany Tel
DRIVER'S Name / IC No.	AS ABOVE .
DRIVER'S Date Of Birth	3 103 1990 DRIVER'S License Pass Date_
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	PARC LIFE 3457058.
DRIVER'S Contact No./ Alt No.	
DRIVER'S Occupation	(INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: ADMIN @ MYC42 . COM .
Weather & Road Surface	:CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including	g Driver): 0
Was there any video Captured by	
Othe	er Party Driver's Particular (if anv)
Vehiclo Reg. No: 35L 69	Vehicle Reg. No:
Vehicle Make Wodel:	
Name Driver ON PRUG	PE 1 . Name Driver:
IC No. Driver: 68230 Driver's Contact & Add: 900	1465A · IC No. Driver:
Driver's Contact & Add: 900	01 8633. Driver's Contact & Add:







Certificate of Insurance

www.libertyinsurance.com.sg

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1967 (Malaysia); Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

Name of Policyholder:

ZHENG LUO

Date of Issue:

29 Apr 2019.

Registration No.:

SMH6531Z

Effective Date of Commencement: 30 Apr 2019 00:00

30 Mpt 2019 00:00

Chassis No.:

WDC1569432J353333

Certificate No.:

SI19V05226/ VPC / R00

Date of Expiry:

29 Apr 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 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.

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 hire or reward.

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

C) 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

HARD THE PROPERTY OF

Approved Insurers

For Information Only:

Coverage(s)

Sum Insured:

Excess

Name of Finance Company

Name of Producer

Comprehensive, Unlimited Windscreen

MARKET VALUE AT THE TIME OF LOSS

Section I - Named Drivers S\$600 Section I - Unnamed Drivers S\$1100 Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

TOKYO CENTURY LEASING (S) PTE LTD

SECURANCE SOLUTIONS (A1682-1)