NATIONAL Assessment Coure	Services	re day.				
Date In 10/12/19	Jeb description		Date & Time	Completed	Done	by
Rel No NA /LIP 1902/713/13	SAS e-filing	CONTRACTOR OF THE STATE OF THE	1			
Vel No Smk 1084P	E-mail (widen	Slas, AIC 2hrs,			astrone s	
DOA 04/13/19 0010	i-Motor Clair					
60 x8 (Barrers O. b.	i-Motor W/O	(Within: OI) 2hr	s, TP 4hrs)			
OD). TP ' Reporting Only	i-Photo Uplo	aded				
TP Insurer:	Assessment/Su	rvey Report				
i msurer.	Ass't Report b	y <u>Fax / Hand</u> t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: S	5C03210J	INC () / Non-IN(()		
Owner / Driver: (Tel:	The section of the se)	
Policy No: () Perio	od: ()	Cover Type:)	
Confirmed by : (Date:	Tim	c:)	
Insured/Driver Liability: (%) [Ne	ote-Est. Status (V	7O): N: 0-20	0%; P: 21-799	4. F: 80-100%	6]	
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000	0 () / \$2,000	()				
General Remarks:-			12 Years	lega Service		
() Walk-In Customer: Customer's inform	nation strictly Cor	fidential & St	rictly NO refer of	of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.			AURITH THE STATE OF THE STATE O	- CHEST OF THE	
Drive-In () / Towed-In (); Invoice:	YES()/N	O();T	owing Co. ()
Remarks:- (INC horline: 6788 6616)			Date&Time C	omulet::d	Done	by
N - The state of t	urtesy Car ()				
2) QC Check / Post Repair Inspection	()		-			(K1) -301
3) Upload Resurvey Photo [Repair Cost > \$30)	i karanaanaan	-		
Injury:						
Date/Time Actions				<u>(</u>	A. L.	
		THE STATE OF THE S				
)			

NA1909264		Invoice Pre	paration Chec	klist	Ant (\$)	Amt (\$) Add Bill
Claimant's Particulars :-		1) AR : Accident				
	3,000,000,000,000	2) DA : Damage 3) TF : Towing F	Assessment (\$100 ce); INC (\$80) \$40/\$45		
Driver/Owner:	·	4) FT : Follow-T	hrough Survey	\$120 urvev) \$30		
Contact No:			hrough Survey (Res gainst INC Only (w			
Damaged Portion:	4.0	6) TR : Re-inspe 7) N1 : Idae DA		\$75	-	
		8) NTUC Addition	which the second section is a description of the second	3100		
C Checked by (Engr-In-Charge):		OD*	Car / Tpt Allowan	e \$5		
* 1, 9		*N5: Courtesy *N6: Repair C		\$10		
Auditors' Comments :-		*N7: Fost Rep	oair Inspection Heet Excess Coordin	\$25 ation \$5	(Hill - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	
at 1:	1977		(Non INC) against	NAME OF TAXABLE PARTY.		4
at. 2 / 3;		9) N12: Idee Mo Invoice dated	bile	30 Fee Charged		10000
Sharper -		Invoice dated		Fee Charged		

SINGAPORE ACCIDENT STATEMENT

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.
- 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.
 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.

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- 14	u	u	u	41	ΟI	ΑI	EΝ	-	

Date Of Report 10/12/2019 12:12 Date Of Accident 04/12/2019 00:10

ALONG NORTH BRIDGE RD NEAR 69 SOUTH BRIDGE RD Exact Location Of Accident

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

SMK1084P Vehicle Registration Number

Insured/Policyholder

FORTE AUTO LEASING PTE LTD Name Of Registered Owner

201631486C Co Rea No NOEMAIL **Email Address**

Mobile Phone No

OFFICE-91449265 Alternative Phone No.

Vehicle Particulars

Manufacturer HONDA GRACE

Exact Purpose for which vehicle was being used at GRAB time of accident

Are you claiming under your own insurance policy

for repair to your vehicle? If No. Please state action to be taken

PRIVATE HIRE Vehicle Category

Insurance Company

LIBERTY INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

SD19V04508/VPZ/R00 Policy Number

Cover Note Number

Driver

MATTHEW WONG YEANG TUCK Name of Driver

NRIC No S7521043D Date Of Birth 15/07/1975 OUTDOOR Occupation 13/02/2001 Date Of Driving Pass

Driving Experience 18 YEARS AND 9 MONTHS

Gender MALE

(LOCAL) +65-98792036 Mobile Number

Fax Number Contact Number

EMail Address MATTHEWWONG00075@GMAIL.COM

Page 1 of 23

BLK 607 ANG MO KIO AVE 4 Address

#02-1291 560607

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

NO

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Remarks/ Reasons: NOT WORKING

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLQ3210J Vehicle Registration Number Vehicle Make/Model/Colour MERCEDES

Details Of Properties

Vehicle Category PRIVATE CAR

SEET JOO TONG, DANIEL Name of Driver

NRIC/Passport Number

88583923 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 23

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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:
 - (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:

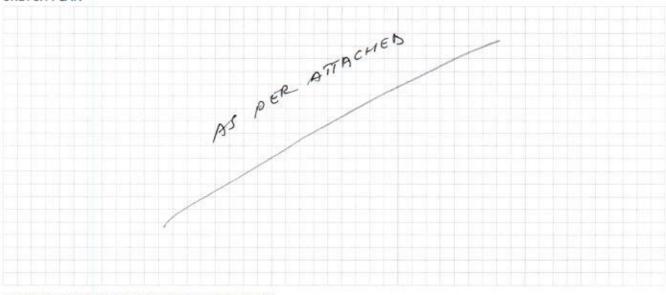
10 12 2019

1225 hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	,				
Pls 1	of to	the atta	ched stat	ement.	
	-				
					7.

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:

10/12/2019

1225 WS.

sym 10/12/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

On 04 December 2019, at about 0008 hrs, I was driving vehicle, SMK 1084P, Honda for Grace, along North Bridge Road near 69 South Bridge Road (V club 3)

As the road was dimmed, I did not realised that there was a black coloured car parked infront of 69 South

Bridge Road and as I cruised by the road, manted to my car side swiped the black car roloured car.

I anickly chopseel my vehicle car loade.

keep to left lane,

I quickly stopped my vehicle, smk 1084p, and realised that my front left tyre punctured, front left dented, front left mirror (outer snell) damaged.

The dark coloured can is a too dark brown Mercedes E200, vehicle Number SLR 3210J.

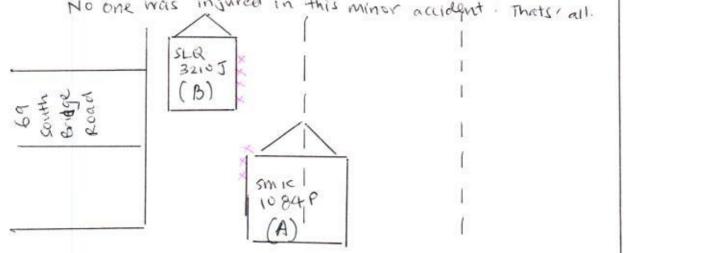
In side the cur.

The damage on SLQ 3210 I is on its right rear rear tyre (scratches), right rear boot (scratches), right rear passenger door (scratches)

I front rear passenger door (stratches).

Driver of reflicte SLQ 3210 J is seet Joo Tong, Daniel, Hp.88583923

No one was injured in this minor accident. That's all.







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.libertvin.

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	SD19V04508 /VPZ /R00		
Form	MZ406C		
Date Of Issue	09-APR-2019		
1.Index Mark and Registration No. of Vehicle:	SMK1084P	0.55	
2.Chassis number of Vehicle:	GM41207673		
3.Name of Policyholder:	FORTE AUTO LEASING PTE LTD		
4.Effective date of Commencement of Insurance	28-MAR-2019 00:00 AM		
for the purpose of the Act:			

5.Date of Expiry of Insurance:

18-MAR-2020 23:59 PM

6.Persons or Classes of Persons entitled to drive*:

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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, pleasure and business purposes of any person to whom the vehicle is hired.

C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.

8. Policy does not cover:

A) Use for racing, pace-making, reliability trial 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

> Du 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 S\$1500. Section II S\$2000, Windscreen Excess S\$100

FINANCE COMPANY:

THINK ONE CREDIT PTE LTD

PRODUCER NAME:

ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD

PLYW/PLYW/09-APR-19

S3_CI_T1_T3_TEMPLATE2-VER1 09-APR-19