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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.
- 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.

《 一种 对	ACCIDENT STATEMENT
Date Of Report	06/02/2020 11:45
Date Of Accident	25/01/2020 16:20
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
A PART OF THE PART	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGF7083A
Insured/Policyholder	
Name Of Registered Owner	CHUI WAI YIN (XU WEIXIAN)
NRIC No	SXXXX312I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96831246
Alternative Phone No	OTHERS-96831246
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLC 250
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	SI19V07638/VPC/R00
Cover Note Number	
Driver	
Name of Driver	CHUI WAI YIN (XU WEIXIAN)
NRIC No	SXXXX312I
Date Of Birth	16/02/1976
Occupation	INDOOR
Date Of Driving Pass	12/05/2003
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96831246
Fax Number	100 11 (1 × 100 11 2 × 11 × 12 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100
Contact Number	OTHERS-96831246

NOEMAIL

Address

127A FIDELIO STREET

Postcode

458510

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)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: PASSENGER

GENDER:

: MALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY:

Police Station Address Police Station Contact

SINGAPORE TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200130/2189

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH THE POLICE OFFICER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBQ1204J

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

MOTORCYCLE

Page 2 of 18

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 acodent 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</u> and <u>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)

l 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 motices 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 anti/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

(n) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time

Driver's Signature

(if criver is not the palicyholder)

Date & Time

Reporting Centre Per

Name

NRIC/FIN NO

SKETCH PLAN

VOL. ICE A- 56 FT083A Whick B: FBQ 1204 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to police	roport no.	7/20200130/2189.
			100 M

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:

Redring Centre Personnel's Skrietufund AD NRIC/FIN No.

ACCIDENT STATEMENT

LOCAT	(ON:	PIE ((hary))	
	D) INSURANCE COMP C POUCY NUMBER:_ d POUCY TYPE: (CON D)MAKE & MODEL:_ 1)TYPE: (SALOON / CO D)VEHICLE CATEGOR h)PURPOSE OF USING I) ARE YOU CLAIMING	SI 19 VO 1688/ DEPENSIVE / THIRD PAR DUPE / MPV /V AN / LORR Y : P > V ATE / COMMERCE AT ACCIDENT TIME: UNDER YOUP OWN INSU ITHIRD PARTY CLAIM / RE LOER WO Y Y IN T: 576033121	RTY / THIRD PARTY FIRE &THEFT! GLC 250 Y / MOTORCYCLE / OVERS! 50 IAL / MOTORCYCLE! Private usc IRANCE (YES/EO) EPORTING ONLY!
4No of passenger Lineading driver) (03) I male I temple	DRIVER d'NAME; b)NRIC/FIN/PASSPOR c)ADDRESS:	16 107 1076 1100	[MALE / FEMALE]
4.	WAS DRIVER AN EM	PLOYEE OF THE INSUR IP OF THE DRIVER WIT DN: (QLEAR / RAINING /	ED'S COMPANY? (YES / 62) H INSURED: Other
7.	WAS ANYBODY INJUR DIREPORTED TO POLI IF YES, PLEASE STATE THIRD PARTY VEHICLE O) VEHICLE NUMBER	CE (TES / NO) WHICH POLICE STATION	MODEL SOUTH NPC
(OI)	 b) DRIVER'S NAME; c) NRIC/FN/PASSPO THRÖ PARTY VEHICLE 	ORT:	GONTACT:
s his of passings-	d) VEHICLE NUMBER	11	MODEL:
(Indukling delser)	I NRICYFIN/PASSPO	ORT:	CONTACT:

email: cassandra chua @ autosprint. com so





1 of 3

Report No. T/20200130/2189

Police Station Of Origin; Bedok South N.P.C

20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 22:07	Made:	Vide Report No.: Station Dia G/20200125/0152 43	
Informa	nt's Partic	ulars	TO THE SECRETARY	THE RESERVE OF THE PROPERTY OF THE PARTY OF
Name of CHUI W	f Informant: AI YIN		Address: 127A FIDELIO STREET SING	GAPORE 458510
CONTRACTOR OF THE PROPERTY OF	/ ID No.: D / S76033	121	Contact No.: Home/Office: Mobile: 96831246	
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 43	Date of Birth: 16/02/1976	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Fund manager			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/01/2020 16:20	Type of Location Straight Road
100000000000000000000000000000000000000	EXPRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
		Traffic Control:	10	Traffic Volume:
Traffic Flow: One Way		Not Controlled		Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBQ1204J	Motorcycle	KAWASAKI		Black	No Damage	0
SGF7083A	Car	MERCEDES BENZ		White	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGF7083A	LIBERTY INSURANCE PTE LTD			





2 of 3

Report No. T/20200130/2189

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

Details of Perso	n Involved	S ST. MA			100	
Any Pedestrian I	rvolved: No					
No. of Pedestrians Injured: NIL Use of		Use of Ped	Pedestrian Crossing: NA			
Driver			BIN SE IN SECTION		Berlin,	
Name	CHUI WAI YIN		ID No	10.	S7603312I	
Related Vehicle	SGF7083A (Car)		Conta	ct No.	96831246	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 25/01/2020 at about 1620hrs. I was driving my vehicle bearing the registration plate number SGF7083A along PIE heading towards Changi. My vehicle was at the most extreme right lane. The traffic flow was slightly heavy as it was the peak period. The road surface was dry and weather was clear.

I was inside the vehicle together with my parents. As I was driving straight, the vehicle infront of me did a sudden brake. I was caught off guard by it and as such, immediately pressed onto my brake too. I did not came into contact with the vehicle infront at all. However, I heard a loud crash from my rear. I made a check on my rear mirror and did not notice any vehicles nearby.

I checked my left side mirror and noticed one black in colour motorcycle on the floor with the rider slightly away from the motorcycle. The motorcycle was seen on the lane just beside my vehicle on the left side. I quickly came down from my vehicle to make a check on the rider. I checked on the rider's condition and he informed that he was able to walk to the side of the road.

I noticed that the rider had slight cuts on his arm and lips were slightly chapped.

Ambulance and traffic police came down and made a check on both of us. I handed over my in-car camera recording to the traffic police and was issued with a case card. I was advised to lodge a report to any nearby police posts reference to G/20200125/0152.

I was unable to exchange particulars with the rider as he was conveyed by the ambulance. My parents and I did not sustained any injuries.

My vehicle was slightly damaged due to a medium-sized dent caused by the collision.





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

3 of 3 Report No. T/20200130/2189

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 MARYANI BINTE SANI	I hat
Signature Of Interpreter: Not applicable	Date/Time: 30/01/2020 22:07
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sgt 3 RASHIDAH BINTE AZMANIGAPORE Contact No.: 65476216 POLICE FORCE	
Authentication Stamp	





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 1987 (Malaysia); Motor Vehicles (Third-Party Risks) Rules 1959 (Malaysia)

Name of Policyholder:

CHUI WAI YIN (XU WEIXIAN)

Date of Issue:

18 Jun 2019

Registration No.: SGF7083A

Effective Date of Commencement:

22 Jun 2019 00:00 Chassis No.:

WDC2533462F420729

Certificate No.:

SI19V07638/ VPC / R00

Date of Expiry:

21 Jun 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

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.

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.

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 Approved Insurers

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

FYCHES

Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

DBS BANK LTD

Name of Producer:

G & C GENERAL INSURANCE AGENCY (A1460-2)