

June 1, 1968

19 MAY 2006 329

TP Insurer:

Preferred Week / INC Assign Week / QW: (

Yolk

Front

***11* Particulars:**

Veh No:

GW 4825X

INC() / Non-INC()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by : (

Date:

Times

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 ()

() Walk-In Customer ; Customer's Information strictly Confidential & Strictly NO Refor of repalor.

() Total Loss Case : to e-mail Insurer **URGENTLY**.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for 'Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection

3) Upload Resurvey Photo (Repair Cost > \$3000)

Информация

2A2003847

Driver/Owner:

Contract No:

Damaged Portion:

Checked by (Engr-In-Charge):

Winters, 2000]

2011

213

INVOICE		DATE	BY
1) AIR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$10)		
3) TP: Towing Fee	\$40/43		
4) PT: Follow-Through Survey	\$110		
5) PT: Follow-Through Survey (Re-survey)	\$30		
For claim against INC Only (see 10 Jan 2000)			
6) TR: Re-inspection	\$75		
7) NI: Issue DA + SMRT Survey	\$160		
8) NIUC: Additional Service			
ON:			
*NI: Courtesy Car / Tpt Allowance	\$3		
*NI: Repair Coordination	\$10		
*NI: Post Repair Inspection	\$25		
*NI: DV / Collision Warrants Coordination	\$3		
TP (NI) / TP (NI) INC against INC	\$20		
TP (NI) / TP (NI) INC	\$0		
9) NI: Issue Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

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 withholding 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	27/07/2020 17:04
Date Of Accident	25/07/2020 12:55
Exact Location Of Accident	CHOA CHU KANG ROAD TOWARDS BT PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5357L
Insured/Policyholder	
Name Of Registered Owner	SEASON REFRIGERATION PTE. LTD.
Co Reg No.	AXXXXXX228D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96365933
Alternative Phone No	OFFICE-96365933

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V05495/VCV/R00
Cover Note Number	

Driver

Name of Driver	LEE TIAN HIN
NRIC No.	SXXXX069I
Date Of Birth	05/09/1966
Occupation	INDOOR
Date Of Driving Pass	24/03/1986
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96365933
Fax Number	
Contact Number	OTHERS-96365933
Email Address	NOEMAIL

Address	BLK 452 FAJAR ROAD #07-720
Postcode	670452
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	SIDE SWIPE
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?	NO
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)	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW4825X
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

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 withholding 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. 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.
7. 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:
- (i) 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.:

SKETCH PLAN

WOODLANDS ROAD

CHUA CHU LANG ROAD

BUKIT PANJANG ROAD

VEHICLE (A) TRAVELLING STRAIGHT

VEHICLE (B)
CUT INTO LANE 3 FROM LANE 2

A - GRJ 5357 L
B - SJW 4825 X

1 was travelling along chon chu kang Road towards Bulcit Panjang Road on the extreme left lane of a 3 lane road. I was travelling straight. Suddenly vehicle (B) cut into my lane and collided onto RH BRT portion of my vehicle.

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

Date & Time:

(If driver is not the policyholder)

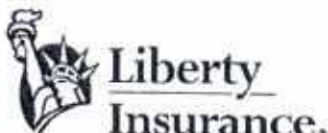
Date & Time:

Name: _____

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 25 JUL 2020	TIME: 12:55 hrs	(HH:MM) 24 hrs Format		
LOCATION: CHOA CHU KANG ROAD TOWARD BUKIT PANJANG ROAD BEFORE WOODLANDS ROAD				
VEHICLE NUMBER: GBJ 5357 L				
INSURED NAME: SEASON REFRIGERATION PTE LTD				
NRIC/FIN: A 200504228D	CONTACT: 6774 7301			
MAKE: NISSAN	MODEL: NV 200			
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY: LIBERTY				
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER: SD20V05495/VCC/ROD				
NAME DRIVER: LEE TIAN HIN () SAME AS INSURED				
NRIC/FIN: S255B0691	CONTACT: 9636 5973			
DATE OF BIRTH: 05 SEP 1966				
DRIVING PASS DATE:				
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR				
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE				
EMAIL ADDRESS: fanhin@seasonrefrigeration.com () NO EMAIL				
ADDRESS OF DRIVER: BLK 452 FAJAR ROAD #07-720 S (670452)				
Number Of Passenger Include Driver: DRIVER ONLY				
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle? () YES (<input checked="" type="checkbox"/>) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface: (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO				
If YES, Injured details:				
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party	Name	NRIC	Contact	No. of Paxs (incl' driver)
Veh B	SW 4825 X			() / Not Sure (<input checked="" type="checkbox"/>)
Veh C				() / Not Sure ()
Veh D				() / Not Sure ()
Veh E				() / Not Sure ()
Veh F				() / Not Sure ()
Veh G				() / Not Sure ()



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6226 3360

Certificate of Insurance

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1958

Certificate No SD20V05495 /VCV /R00
Form MZ300A
Date Of Issue: 20-MAY-2020
1. Index Mark and Registration No. of Vehicle: GBJ5357L
2. Chassis number of Vehicle: VM20132845
3. Name of Policyholder: SEASON REFRIGERATION PTE. LTD.
4. Effective date of Commencement of Insurance for the purposes of the Act: 27-MAY-2020 00:00 AM
5. Date of Expiry of Insurance: 26-MAY-2021 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.

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 in connection with the Policyholder's business.
- B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- C) Use for social, domestic and pleasure purposes.

8. The Policy does not cover:

- A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.
- B) Use whilst drawing a trailer except the towing or 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 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.

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

Authorised Signature

For information only:

COVERAGE:

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen

MARKET VALUE AT THE TIME OF LOSS

Section I: \$3000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: \$3000, Windscreen Excess: \$3100

TAN CHONG CREDIT PTE LTD

LEE CHEN PENG

SCJC 20200520

Ver.1.260705