NATIONAL Assessment Contre				in perturbilities with under		
	Services see	Ja-105	2 4		The second	
Date In: 07/08/20	Job description	-	ate &	Time Completed	Done by	y
Ref No. NA/2/02000 \$194/13	SAS e-filing					7.00
CONTRACTOR OF THE PROPERTY OF	E-mail (widon Shra,	A let Short				
Veh No. 2653/035						-
D.OA: 06/08/20 1340			al est			
OD TP Repotung Only	i-Motor W/O (wi	Andrew Control of the	anrs)		polyment (* ) *	
	Assessment/Surve	Report				
TP Insurer:	Ass't Report by F	x / Hand to O	wner	Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	LEE SHENG		Tol:		Fax:	
	BC1975R	. INC(	)/No	n-INC( )		
Owner / Driver: (			Tel:		)	
Policy No. ( ) Per	riod: (	) 0	over	Гуре: (		
Confirmed by : (	L	ater		Time:	)	
Insured/Driver Liability: ( %) []	Note-Est. Status (WO	): N: 0-20%	; P:	21-79%. F: 30	100%]	*****
	Warranty: YES ( )	/NO( )				
Excess: (\$ ) Loading: \$1,0	00 ( )/\$2,000 (	)	-		-	
General Remarks	CONTRACTOR		200	haring a his	1. 15-1	
( ) Walk-In Customer: Customer's info	rmation strictly Confid	ential & Strict	ly NO	rafer of repaire	1	
( ) Total Lass Case : to e-mail Insure	er URGENTLY.					
		( ); Tov	ving C	To. (		)
	. 165( ). 16	The second second second			W. Car. Dinna	hv
Remarks: (INC horling: 6788 6616)		V 50005451	Dates	Tune Completed	1,124, 5,010	-
1) 1 19 19 19 19 19 19	Courtesy Car ( )				-	-
2) QC Check / Post Repair Inspection	( )				-	
				The second secon		
3) Upload Resurvey Photo [Repair Cost > \$:	3000] ( )		_		1	-
CONTROL THE PROPERTY OF	3000] ( )					. ,
Injury :	3000] ( )		Pesso		1	
CONTRACTOR THE PROPERTY OF THE	3000] ( )	1000			San	
Injury :	3000] ( )				1	
Injury :	3000] ( )			53.627	1	
Injury :	3000] ( )		73993 73993		1	
Injury :	3000] ( )				1	
Injury :  Onfe/Time Actions		Invoice Prep	,	on Chroddist	1	· Ada (
Injury:  Dafe/Time Actions  Actions		AR : Accident I	arati	n Checklist	Anic (S)	· Ada (
Injury:  Dafe/Time Actions:		) AR : Accident I ) DA : Damage A ) TF : Towing Fe	arati	on Checklist (530); ent (5100); INC	Anic (5) (4.Bill) (580) 540/545	· Alta (
Injury :  Dafe/Time Actions:  Actions:  Actions:  July 2000000000000000000000000000000000000		) AR : Accident I 2) DA : Damage A 3) TF : Towing Pe 4) FT : Follow-Th	arati	on Checklist s (530); eat (5100); INC	Anic (S)	· Ada (
Injury:  Onfertime Actions  Actions  Injury:  Onfertime Actions  Actions  Onfertime Actions  Actions  Onfertime Actions  Actions  Actions  Onfertime Actions  Actions  Actions  Onfertime Actions  Actions  Actions  Actions  Onfertime Actions  Actio		AR: Accident I DA: Damage A TF: Towing Pe FF: Follow-Th FF: Fullow-Ta	ar atte	on Checklist (530); ent (5100); INC	(\$50) \$40,545 \$120 \$10 2005)	· Ada (
Injury:  Dafe/Time Actions:  Actions:  Injury:  Injury:  Injury:  Oriver/Owner:  Contact No:		AR: Accident I DA: Damage A TF: Towing Fe FF: Follow-Th For claiming as TR: Re-inspec	Reportir sassasarn rough S rough S	ort Chricklist  s (530); ent (5100); INC  ourvey  ourvey (Resurvey)  of Only (wef 10 Jen.	(\$80) \$40/\$45 \$120 \$30	· Ada (
Injury:  Dafe/Time Actions:  Chairmant's Particulars:  Driver/Owner:  Contact No:		AR: Accident I DA: Damage A TF: Towing Fe FT: Follow-Th FT: Fullow-Ta For claiming as TR: Re-inspec NI: Idao DA  NI: Idao DA  NUC Additio	Reportir ssessment rough S rough S rough S rough S rough S	on Chroldist  s (530); ent (5100); INC  curvey survey (Resurvey)  C Only (wef 10 Jen  Survey	(\$80) \$40/545 \$120 \$30 \$205) \$75	· Ada (
Injury:  Dafe/Time Actions  Actions  Dafe/Time Actions  Chairmant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:		AR: Accident I DA: Damage A TF: Towing Pe FT: Follow-Th For claiming as TR: Re-inspec NI: Idee DA: NTUC Additio	Reportir sassasam rough S rough S rough S rough S rough S rough S rough S	of Chroldist  g (530); ent (5100); INC  curvey Survey (Resurvey)  C Only (wef 10 Jen  Survey vicas:	(\$3.0) \$40,545 \$120 \$10 2005) \$75 \$160	· Ada (
Injury:  Onfe/Time Actions:  Display to 4090  Injury:  Oriver/Owner:  Contact No:  Damaged Portion:		AR: Accident I DA: Damage A TF: Towing Pe FT: Follow-Th For claiming as TR: Re-inspec NI: Ideo DA: NTUC Additio OD: *NS: Courtesy *NG: Repair C	Reportir sassasarn rough S rough S rough S rough S rough S rough S rough S rough S	of Chricklist  s (530); ent (5100); INC  curvey survey (Resurvey)  C Only (wef 10 Jen  Survey vicas:-	(\$3.0) \$40,7545 \$120 \$10 2005) \$75 \$160	· Ada (
Injury:  Dafe/Time Actions  Actions  Actions  Dafe/Time Actions  Claimant's Particulars  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):		AR: Accident I DA: Damage A TF: Towing Pe FT: Follow-Th For claiming as TR: Re-luspee NT: Idao DA NTUC Additio OD: NS: Courtesy NS: Courtesy NS: Post Rep NT: Post Rep NS: DV / Col	Reportir sassasari rough S rou	on Chricklist  s (530); ent (5100); INC  curvey survey (Resurvey)  C Only (wsf 10 Jen  Survey vices:-  p Allowence siton costs Coordination	(\$3.0) \$40,545 \$120 \$10 \$205} \$160 \$5 \$10 \$5 \$10 \$5	· Alta (
Injury:  Onfe/Time Actions  Chalmant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):  Autilitors' Comments:		AR: Accident I AR: Re-impec AR: NTUC Addition AR: NTUC AD	Reporting see arm a see ar	Survey  Survey  Survey  Survey  Allowance  at on  cetion	(\$8.0) \$40.754.5 \$120 \$30 \$2005) \$75 \$160 \$25 \$31 \$31 \$32 \$32 \$33 \$33 \$33 \$33 \$33 \$33	· Add S
Injury:  Dafe/Fime Actions  Actions  Cinimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):		AR: Accident I DA: Damage A TF: Towing Pe FT: Follow-Th For claiming as TR: Re-luspee NT: Idao DA NTUC Additio OD: NS: Courtesy NS: Courtesy NS: Post Rep NT: Post Rep NS: DV / Col	Reporting see arm a see ar	on Chricklist  s (530); ent (5100); INC  curvey survey (Resurvey)  C Only (wsf 10 Jen  Survey vices:-  p Allowence siton costs Coordination	(\$8.0) \$40/545 \$120 \$30 \$75 \$160 \$3 \$10 \$20 \$3 \$10 \$20 \$3	Add B

## 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.
- Information provided must be as <u>truthful and accurate</u> 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.

	ACCIDENT STATEMENT			
Date Of Report	07/08/2020 15:57			
Date Of Accident	06/08/2020 13:40			
Exact Location Of Accident	JUNC OF WOODLANDS AVE 12 & WOODLANDS AVE 5			
Country/State of Loss	SINGAPORE			
The second second second second	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SGS3103J			
Insured/Policyholder				
Name Of Registered Owner	LEE SHENG AUTO PTE LTD			
Co Reg No	2XXXXX701R			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-96663031			
Vehicle Particulars				
Manufacturer	NISSAN			
Model	CEFIRO			
Exact Purpose for which vehicle was being used a 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	THIRD PARTY FIRE AND/OR THEFT			
Fleet Policy	NO.			
Policy Number	SI20V01768/VPE/R03			
Cover Note Number				
Driver				
Name of Driver	KUAH KAR SENG			
NRIC No	SXXXX882D			
Date Of Birth	28/11/1964			
Occupation	INDOOR			
Date Of Driving Pass	26/08/1982			
Driving Experience	37 YEARS AND 11 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-96663031			
Fax Number				
Contact Number				
220 00:00:00:00				

NOEMAIL

8 JOO CHIAT LANE Address #04-03

428094 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - DIRECTOR

2

NO

NO

NO

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident 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

Was any body injured in the Accident? NO

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.

Number of Passengers (Including Driver)

Details of Police Action

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

Was there any audio recorded?

YES

NO.

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

GBC1975R

COMMERCIAL VEHICLE

## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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

in for complying with requirements under any regulations, laws or court orders.

1, Kaki Bukit Ave 5 #01-60 Singapore 417863 Tel: 6747 7397

Emalls leastishe@gsinghet.no.mag

fe

Driver's Signature (If driver is not the policyholder)

Date & Time:

Report de Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

Woodland Pare	S January D	
	* ( ) = = = = = = = = = = = = = = = = = =	(ASGS 3103) (B) GBC 1975R
Ar DESCRIBE CIRCUMSTANCES (	3,2,1	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was driving along woodland Aue 12 on H	re
3rd lane. Before Woodland Ang 5, sty while	
cruising around 60 km/h syddenly a van	
came crashing and the year of my vehicle	
S & S 3 10 3 J !	
My vehicle surge forward but juck	V
the car in front was quite far away.	1
my dehicle sustain hear portion dama	ess
ry heritale sastation	8

DECLARATION O PTE LIVE

If We declare the foregoing particulars are true in every respect.

Singapore 417863 Yel: 6747 7397

Email: lesslining@singnet.com/e)

Policyholder's Signature

Date & Time:

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

Name: NRIC/FIN No.:



## ACCIDENT REPORT

1	Vehicle No.	SG-S 3103-1	Model/Make: N.C.	in celiva		
2	Date of Accident	06-08-2020		cheng a singuet com		
3	Time of Accident	No of Passenger + Driver :				
4	Location of Accident		- 141			
5	Name of Owner	Lee Sherry	Auto P. L			
6	Address of Owner	1, Kaki Bukit Aue 6 #01-60				
7	Owner's NRIC No. /Company ROC no	2-16 201000701 R				
8	Owner's Contact No.	HP: 9666303   Res: Off:				
9	Exact Purpose:	Private / Commercial / Hire & Reward				
10	Type of Claim	OD ( Third Party / Reporting				
11	Insurance Company	Librety				
	Type of Policy (	Comprehesive / Third	Party Fire & Theft / Thi	rd Party		
13	Fleet Policy	Yes (No				
14	Policy No.	999994156/ <	120V0176	8 IVPE		
15	Name of Driver	1 1 1 1 2 -	sens	A CONTRACTOR OF THE PROPERTY O		
16	Driver's NRIC No.	S1641988=	20.			
17	Driver's Date of Birth	28-11-6	54			
	Driver's Occupation	Dinector	,			
_	Driver's Year of Driving Experience		Years	Months		
_	Driver's Gender	Male Female				
21	Driver's Contact No.	HP: 5663031	Res:	Off:		
_	Driver's Address	& Jos chi	- 1	+04-03 (42809		
	Relationship of Driver with the insured		The same of	10/02 (1-00)		
-	Weather Condition (	Clear / Raining / Other	rs			
	Road Surface	(Dry / Wet / Others				
-	Any Injuries ?	No / if Yes : In which car ? Female/Male				
	Convey to hospital by ambulance ?	NO	and the second s			
27	Any Material or Property Damage ?	Yes / No				
	Any Police Report Lodged ?	(No.) if Yes : Where ?				
	Any Notice of Intended Prosecution ?	Yes / NO				
30	Any Witness ?	No./ if Yes: Name of Person & NRIC No.				
31	Vehicle B's Registration No.	GBC 1975R	TP Driver's NRIC No.			
32	Name of TP Driver	chen Zhigh	nng			
3	Any passenger in TP vehicle	I donner to diss	Male /Female A	male. 1+		
33	Document needed	1) IC 2) Driving Licence	e 2)Ins Cert. 3)Co. Stan	np for company car		
1	Sketch Plan		Description of Acciden	it		
	= -;					
	_					
1						
	Particulars of Motor Workshop:		1000 to			
	200	HP:	Off:	Fax:		





# 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; Road Transport (Amendment) Act 2019. The Motor Vehicles (Third Party Risks) Rules, 1959.

Name of Policyholder:

LEE SHENG AUTO PTE. LTD.

Date of Issue:

10 Feb 2020

Registration No.:

SGS3103J

Effective Date of Commencement: 10 Mar 2020 00:00

Chassis No.:

JN18DUJ31Z0050553

Certificate No.: \$120V01768/ VPE / R03

Date of Expiry:

09 Mar 2021 23:59 Type of Certificate:

MX4

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.

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 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

For Information Only:

Coverage(s)

Third Party Fire & Theft

Sum Insured

MARKET VALUE AT THE TIME OF LOSS

Excess:

Name of Finance Company:

HONG LEONG FINANCE LTD

Name of Producer:

BIC VENTURE (A1324-2)