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Th Burdenfury Veh Nor	SMP 3396M	MC(,)/Non	-INC().	
Owner / Driver: (Tel:	,)
Policy No; ()	Period: () Cover Ty	po: (.)
Confirmed by ; (· Date	u,	Timer) .
Insured/Driver Liability: (%)	Note-Est Status (WO):	N: 0-20%; P: 21	-79%. P: 80-10	101/1
Year of Registration: ()	Warranty: YES ()/N	0()		
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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 13/10/2020 11:23

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

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.
- 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.

ntale de la Sinting de la companya d	ACCIDENT STATEMENT
Date Of Report	13/10/2020 10:57
Date Of Accident	11/10/2020 18:30
Exact Location Of Accident	LORONG CHUAN SLIP ROAD TOWARDS SERANGOON GARDEN
Country/State of Loss	SINGAPORE
THE REPORT OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGB8080Y
Insured/Policyholder	
Name Of Registered Owner	TOH LEONG SAN
NRIC No	SXXXX856A
Email Address	RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-97808483
Alternative Phone No	OTHERS-97808483
Vehicle Particulars	
Manufacturer	LAMBORGHINI
Model	URUS-4.0 (A)
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
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI20V0300I/VPS/R01
Cover Note Number	
Driver	
Name of Driver	TOH LEONG SAN
NRIC No	SXXXX856A
Date Of Birth	08/06/1967
Occupation	INDOOR
Date Of Driving Pass	17/05/1995
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97808483
E 1721 - 27	

OTHERS-97808483

RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG

Address

25 LI HWAN VIEW

Postcode

556914

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 ambulance?

NO

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

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?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMD3396M

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

- 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 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.
- 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:
 - 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:

Name:

NRIC/FIN No.:

MARK SHIPS THE TOTAL TOTAL

	A.) SGB8080Y
< Towards Serangoon Garden.	B.) SMD 3396M
TA LORONG C	HUAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was stationary at the line when vehicle B cannot stop in time and collided to the rear sumper
B cannot stop in time and collided to the rear sumper
LIV VENICLE AT
Vehicle A has dent or damage to the rear bumper.
Vehicle A has dent or domage to the rear bumper.

DECLARATION

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

Policyholder's Signature

Date & Time: 12/10/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Accident Report Form:

24

Date of Report:	12/10/2020	Date & Time of Accident:	11/10/2020 (6.30 pm.)
Exact Location of Accident:	LORONG CHUAN SLIP	RIAD TOWARD SERANGOOD	N GARPEN
Vehicle Reg. No.	20808080Y		
Name of Reg. Owner:	TOH LEONG SAN	_NRIC No.	S1817856A
Mobile No.	97808483	Email Addr. RICHARDHARJA	NTO @ EUROSPORTSAUTO, COM. S.G.
Vehicle Make and Model	LAMBROHIM - URUS	Private Use or Commercial	PRIVATE
Choose one: Reporting Onl	y / Own Damage Claim / T	hird Party Claim	
Insurance Company	LIBERTY	Comprehensive Third Par	ty / Fire& Theft
Policy / Cover Note No.	SI 20 V 0 3001/VPS/R	01	
Name Of DRIVER	TOH LEONG SAN	NRIC No. / Male/Female	S1827856 A /MALE
Date Of Birth.	08/06/1967	Date of Driving Pass	17/05/1995
Mobile No.	9780 8483	Address. 25 Li HWAN	VIEW (S. 556914)
Employee of Insured ? / Rela	ationship with veh. Owner	OWNER	
Type of Accident.	Front to Real	Weather / Road Condition	CLEAR
Any Foreign Veh.?	NO	_Any Body Injured? Where.	NO
Number of Passenger + Drv	_2	_Any photo or video?	Yes
Name of 3rd Party Driver			
Other Party Veh. Reg No.	SMD 3396M	NRIC / Phone No.	_
Need:	Driver NRIC / Passport a	nd Driving License (Copy fron	it and back)
	Copy of Insurance Certific	cate	853
	Take photo of Vehicle Da	mages, Mileage, Chassis nur	mber
	Fill out the accident state	ment and draw sketch or diag	ram
	Sign all forms		





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.libertyinsurance.com.sg

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)

S120V03001 /VPS /R01		
MXI		
06-Mar-2020		
SGB8080Y		
ZPBEA1ZL6KLA02853		
TOH LEONG SAN		
15-MAR-2020 00:00		
14-MAR-2021 23:59		

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 licerating 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

7 Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

8. 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 impenative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Acc, 1987 are not to be included under these headings

I/We hereby sertify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Mutor Vehicles (Third Party Rinks and Compensation) Act (Chapter 189) and Part IV of the Bond Transport Acc (987)

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers



Authorised Signature

for l	mform	atho	10.0	nly:

COVERAGE:

Comprehensive, Unlimited Windscreen, NCD Protection, Valet Extension

SUM INSURED (SS)

MARKET VALUE AT THE TIME OF LOSS

EXCESS (SS).

Section 1 - Named Drivers - Singapore \$\$12,000 / Outside Singapore \$24,000 00, Section 1 - L'invanced Drivers (Between 25 to 70 Years Old With At Least 36 Months Driving Experience & No Claim Record For Paul 3 Years) - Singapore \$520000 / Outside Singapore \$40,000 00, Windscreen Expens

\$1,000.00

FINANCE COMPANY

PRODUCER NAME

ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD