NATIONAL Assessment Cen	YIII STAUTION		The state of the s	1 34	
11/1/2		33400)	Dute & Time Com	nleted . I	Done by
Date In: 19 [W] 2020 14:42	Jeb description		Date (Crairo Com)	-	
Ref No: NBB/2112000127334	SAS c-filling				
Veh No. GS 3942K - E-mail (bjule sur		-			
0.01. 18/11/2020 07/81	i-Motor Claim Po		b		
OD (TP) Reporting Only	I-Motor W/O (with	hin: OD Blest,	(P 4bri)		;·-
OD TO Talanting Only	I-Photo Uploaded				T
This state of	Assessment/Survey	Report			
TP Insurer:	Ass'l Report by Par	x/Handlo	Owner/Wisn		
Profurred Wittp / INC Assign Wksp / QW: (Tel:	Fext	
P Indiculars Veh Nor	J 5050Z	, MC()/Non-INC(<u>). </u>	7
Owner / Driver: (Tel:	<u> </u>	1
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by 1 (· D	ates,		P- RO-100%]	,
Insured/Driver Liability: (%) [Note-Est Status (WO)		%; P! 21-75 Vo.	1, 00-100-1	
Year of Registration: ()	1101101101	<u>, NO(</u>			· ·
Bxccss: (\$ ·) Londing: \$	1,000 ()/52,000 (NATURE OF THE PROPERTY OF THE	WAS CALL DATE OF THE PARTY OF T	3.12.2	Sec. 1.
2000%的控制提供是探探、表现所提供更高語的	的人运动分异种种种的结合分子的研	dividual a su	icily NO rafor of n	apolior.	
Fortifield Malledia Customar i Customara	Information strictly Conto	enual & ou			
() Total Loss Case 1 to e-mail In	surer UKGENILY.		owing Co: (.	2	·)
Drive-In ()/ Towed-In (); Inv	oice: VES()/NO	MONSHAM MAN	HARRIEGE HERRICHER		温をから、・・
	ASSETTING NO WASHINGTON OF THE SAME	ALIMAN WHAT WELL	MINISTER (1767)		
TO A PROCESSION OF THE PROPERTY OF THE PROPERT	Y.S. IAS ZURZAL ZULKEN KANDANIS ZULKEN KANDEN	GENERAL DATE	A PARTY NEW YORK	•	
1 / 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) / Courtesy Ctr ()	(GDA/AVAN-DA 44.)			
2) OC Cheok / Post Repair Inspection	(·)	000000000000000000000000000000000000000	- ч-		<u> </u>
2) OC Chook / Post Repair Inspection	(·)		W W W W W W W W W W W W W W W W W W W		
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:	(·)	GWWW DIA			
2) OC Chook / Post Repair Inspection	(·)				Shire
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:	(·)				Shu!
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:	(·)				Bank.
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:	(·)				Garage Control
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:	(·)				
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:	(·)				andangyanati
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:	(·) > \$3000] ()				andangyanati
2) QC Check/Post Repair Inspection 3) Uplood Resurvey Photo (Repair Cost Injury:	(·) > 53000] ()	All Analde	(SO)	THO GOOD	andangyanati
2) QC Check/Post Repair Inspection 3) Uplood Resurvey Photo (Repair Cost Injury:	(·) > \$3000] ()	DA Demet	Ritaporting (30))	PIO CHO Septer	andang yanate
NACON	(·) > \$3000) ()	DA Damet TV: Towler PT: Vollow-	Through Survey (Results and 1970)	PIO CHO Septer	and and a state of the state of
OC Check/Post Repair Inspection Oploed Resurvey Photo (Repair Cost Injury: Photo State of the Cost Injury: Priver/Owner:	(·) > 53000]	DA Demot TV: Towley VT: Vollow- VT: Vollow- Vor plaimlux	theporting (330); Assessment (5100); Fire orgh Survey (Results and Inc. (2100); and the orgh Survey (Results and I	PIO CHO Septer	Modific Viscotto
2) QC Check/Post Repair Inspection 3) Uplood Resurvey Photo (Repair Cost Injury: Priver/Owner: ontact No:	(·) > \$3000)	DA Demot TriTowler Privollow- Privollow- Perplainlin TRIRATES	theporting (\$30); Assessment (\$100); Fire of the Burvey (Figure 1); Interest the Burvey (Figur	UNG (310) \$40243 \$110 Vey) \$30 10 Jan 100)	
2) QC Chook/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: NATO ON river/Owner: oritaet No:	(·) > \$3000)	DA Denot TY, Towler PT: Follow- PT: Follow- For plaining TR: Rd-lay NI: Idea D. NI: Idea D.	Albertage (330); Albertage (330); Albertage (3100); Fig. Through Survey (Resultant) NG Only (Wasterstein); sellon (+5MRT Survey) Rosal Sorviceste	UNG (310) \$40243 \$110 \$110 \$110 \$110 \$110 \$110 \$110 \$110 \$110	Alegania A paratipp
2) QC Chook / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: NA 2006 Page 100 P	(·) > \$3000)	DA Demet TY: Towling PT: Follow- PT: Follo	The porting (300); Answerse (2100); Through Survey (Resursion) Assurance (2100); Through Survey (2100);	UNG (310) \$402'41 \$1110 \$402'41 \$1110 \$402'41 \$1110 \$711 \$711 \$711 \$711 \$711 \$711	
2) QC Chook / Post Repuir Inspection 3) Upload Resurvey Photo (Repuir Cost ///// //// //// /// /// /// /	(·) > \$3000)	DA Demet TV; Towley PT; Yollow- Per plaiming) TI; R4-lay) NI; R4-lay) NI; R4-lay) NI; R4-lay NI	The porting (\$10); Asserting (\$100); Through Survey (Resursition) Assignation (\$100); The Curry Survey (Resursition) Assignation Assignation Application	UNG (310) \$40.7431 \$110 Vey) \$30 10.Jun 1000) \$73 \$510 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$	Action Stants
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	(·) > \$3000]	DA Demot TV: Towler PT: Follow- PT: Follow	Through Survey (Results of Concerdingtion Concerdin	UNG (310) S-02-43 S-110 Vey) 330 10 Jun 200) 373 S-10 310 310 310 310 310 310 310 310 310 3	
2) QC Chook / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Oriver/Owner: Contact No: Ournaged Portion;	(·) > \$3000) 	DA Demet TV; Towley PT; Yollow- Per plaiming) TI; R4-lay) NI; R4-lay) NI; R4-lay) NI; R4-lay NI	Though Survey Through Survey	UNG (310) \$40.7431 \$110 Vey) \$30 10.Jun 1000) \$73 \$510 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$	

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 witholding of material facts may allow insurance companies to
- 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

A STATE OF THE PARTY OF THE PAR	ACCIDENT STATEMENT
Date Of Report	19/11/2020 14:42
Date Of Accident	18/11/2020 07:00
Exact Location Of Accident	BLK 707 CLEMENTI WEST STREET 2 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
THE REPORT OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ3942K
Insured/Policyholder	
Name Of Registered Owner	AQUARIUS SEAFOOD SUPPLIER
Co Reg No	5XXXX975K
Email Address	WILSON_TINGWEI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90690044
Alternative Phone No	OFFICE-90690044
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	
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	SD20V07207/VCV/R00
Cover Note Number	
Driver	
Name of Driver	LOW CHENG HOCK
NRIC No	SXXXX687Z
Date Of Birth	15/02/1971
Occupation	OUTDOOR
Onto Of Delivery Description	30/04/1993
	27 YEARS AND 6 MONTHS
Valuation 1	MALE
	(LOCAL) +65-90690044
ax Number	Windows Control (Active Active Acti
antact Number	OTHERS ORGANIA

Address BLK 706 CLEMENTI WEST STREET 2 #05-365

- Postcode 120706

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

NO

YES

NO

1

NO

NO

YES

NO

NO

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 ambulance?

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)

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YJ5050Z Vehicle Make/Model/Colour HINO (WHITE)

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MUHAMMAD SHAFIQ BIN ROSLAN

NRIC/Passport Number SXXXX264D 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.
- 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)

Lunderstand, 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 egents(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 eacht 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.

Palicyholder's Signature Date & Times

Driver's 5 guidant (if drivers a not the policyholder)

Date & House

April of Cartie Pary

failed, FIN tend

BIK 707 CLEMBUTI WEST STO OPEN SPACE CARPARK

SKETCH PLAN

vehicle B YJ 5050Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

est street 2 ofen space (crowk as my larry well lationary parked in the lot when I am Still	every and	collide	d onto	my	brny	af	BIK	707	cl	ument.
ationers parked in the lot when I am Still	nest stre	ef Z	open	Space	(crpw	F 6	s my	lor	rf	lve (
	Stationary	_	parked	in	-Ne	lot	when	I o	im.	still
CA CONTRACTOR CONTRACT	lide my lo	ry .								
lide my larry.										
noe my lorry										
not my lorry.										
noe my torry										
nd lory										
nd lory										

DECLARATION LIER

articulars are frue in every respect.

Foliatholder's Signature

Quite 8. Times

Driver's Synature

of direct is not the policy holden

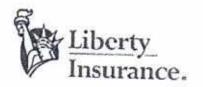
Date & Time:

Sporting Lentre For Box 2 muly M

tiere, FIN No.5

CCIDENT DATE & LOCATION	
ate & Time of Accident *	Date: (8/11/2020 Time: 07-00AM24 tu format)
cxact Location of Accident*	Blk 707 clementi west st 2 OSCP
NSURED / POLICY HOLDER / VEHICLE PARTICUL	ARS / DETAILS OF OWN VEHICLE
ehicle Registration Number *	GBJ 3942K Make & Type : TOYSTA DYNA
lame of Registered Owner *	A QUARIUS SEAFOOD SUPPLIER
RIC / FIN / Passport /Co Regn No. *	53055975K
Contact Number *	9669 0044 Email/Fax No: Winson - +ins wei @hotmail.
xact <u>Purpose</u> for which vehicle vas being used at Time of Accident	☐ Private Usage / ☐ Commercial or Company's Usage
kre you claiming under your own	☐ Yes / ☑No If No, Please state action to the taken
nsurance policy for repair to your vehicle?* NSURANCE COMPANY (OWN VEHICLE)	Third Party Claim (SYH / Other workshop?) / Reporting Only
Name of Insurance Company *	China / EQ / Etiga / MSIG / Tokio Marine/ Great American / Liberty
Type of Palicy "	Comprehensive, / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	5020V07207 /VCV/ROO
DRIVER	
Name of Driver *	LOW CHENG HOCK Gender Male / Female
NRIC / FIN / Passport Number *	S7121687Z
Date of Birth *	151021 (971 (dd/mm/yyyy)
Occupation *	☐ Indoor / ☐ Outdoor
Date of Driving Pass (Pass Date) *	30 4 / 1993
Contact Number *	70676044
Address	Bix 706 Clementi West St 2 #05-365 (2) 120
Email Address / Fax Number *	Email: Winson _ tingwei@hotmail. Com Fax: _
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others:
Does Driver Own any Vehicle, if YES pls Indicate	Veh No: 1) 2) 3)
Vehicle Number & Insurance Company *	Ins Co: 1) 2) 3)
GENERAL INFORMATION OF THE ACCIDENT	Louis 2011 1011 2 1 1 1 2 2 1 1 1 2 2 2 1 1 1 1
Type of Collision	Chain Collision / Side-Swipe/ Front to Rear/ Others:
Weather Conditions *	Clear / Raining / Others:
Road Surface * OTHER INFORMATION	Wet / (Dry) / Others:
Was anybody Injured in the accident? *	No / Dyes (Police Report required)
Was any injured conveyed to hospital	ØNo / DYes
by ambulance?	PROPRIORIE PARTOTOS
Was any foreign vehicle involved in this accident? *	☐No / ☐Yes Veh No: Veh Category:
Number of vehicles involved in the accident	(02)
Was there any witness?	⊠No / □Yes
Was any other VEHICLE / Property involve /damage?"	□No / BYes
Was there any video captured by Car Camera?	☑No / □Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police?	☐No / □Yes If Yes, Please state which Police Station
Was Notice of Intended Prosecution given?	No / Eyes If Yes, against whom?
Number of Passengers (Including DRIVER)?*	(01)
INTRODUCE DE L'aggrés l'includent a par la fille	
Passengers (modding brivery)	Name: Name:

Vehicle Registration Number *	1) YJ 5050Z	2)
Vehicle Make / Model / Colour	HINO / white	(4)
Damage to Vehicle/Property? Vehicle Category *	7 00-1170	
Name of Driver	Muhammad SHAFIR	BIN ROZLAN
NRIC/Passport Number	S 8936264D	BY KOZLAN
Contact Number	30136640	
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		





Liberty Insurance Pte Ltd Registration no. 199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 8890 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)

Certificate No	D-PARTY RISKS) RULES, 1959 (MALAYSIA) SD20V07207 /VGV /R00		
Form Date Of Issue	MZ300A 08-JUL-2020		
1.Index Mark and Registration No. of Vehicle:	GBJ3942K		
2.Chassis number of Vehicle:	JTFAT35Y40K212990		
3.Name of Policyholder:	AQUARIUS SEAFOOD SUPPLIER		
4.Effective date of Commencement of Insurance for the purposes of the Act:	02-JUL-2020 09:38 AM		
5.Date of Expiry of Insurance:	01-JUL-2021 23:59 PM		
6.Persons or Classes of Persons	WITHOUT EVENT FINI		

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

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:

Comprehensive, Unlimited Windscreen

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I S\$600,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S

\$3000, Windscreen Excess \$\$100

FINANCE COMPANY:

PRODUCER NAME:

VIRTUAL INSURANCE AGENCIES PTE LTD

PLFM/PLFM/08-JUL-20

S1_CI_T1_T3_OE_Template2-Ver1.

08-JUL-20