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	Assessment/Survey Report			,-
TP Insurer:	Ass't Report by Fax / Hand	o Owner/Wksp		
Professed Wksp / INC Assign Wksp / QW: (C. A. MICHAEL PROPERTY OF THE PARTY OF THE P	Tul:	Fax:	count
	7561 R INC (.)/Non-INC(-)		
Owner / Driver: (Tel:)	
Policy No: () Period:	()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
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SN0920CN000E / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 23/12/2020 15:53 (SGT) SUBMITTED BY: Celine Fong Wai Li

VERSION: 1 (23/12/2020 15:53 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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

23/12/2020 15:53 (SGT)
22/12/2020 16:50 (SGT)
Thomson Rd, Singapore
Singapore

DETAILS OF OWN VEHICLE

Handa

Vehicle Registration Number	 SMS8459D	

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHOON LEE
NRIC No	SXXXX186H
Email Address	TOMMYLIM2757@GMAIL.COM
Mobile Phone No	(Phone) +65-84841919
Alternative Phone No	+65-84841919

VEHICLE PARTICULARS

Manuelanturar

Manufacturer	rionua
Model	Shuttle
Variant	2
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V03543/VPC/R00
Cover Note Number	

DRIVER

Name of Driver	LIM CHOON LEE
NRIC No	SXXXX186H
Date Of Birth	29/10/1969
Occupation	Indoor

Date Of Driving Pass	22/12/1989
Driving experience	31 YEARS
Gender	Male
Mobile Number	(Phone) +65-84841919
	아이 나이 작가지를 하는 것을 잃어지지 않는 것이 되었다.
Alt. Phone Number	+65-84841919
Email Address	TOMMYLIM2757@GMAIL.COM
Address	BLK 236 TAMPINES ST 21 #11-595
Address complement	
Postcode	520236
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	No
Does Driver Own Other Vehicle Owned by Driver	NO
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
187 - f - i bisk involved in the conident?	NA.
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
	32/01
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	2
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT	
REFER TO STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
Trus divided in a data reserved.	114
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SKT7561R
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	ent/evill
Vehicle Manufacturer	<u> </u>
Vehicle Model	Š.
Vehicle Variant	•
Vehicle Colour	•
Vehicle Category	Private car
Name of Driver	TO THE PROPERTY OF THE PROPERT
Contact Number	
Address	

Address complement
Postcode
Insurance Company Name

Nature Of Damage	********************************
Details of property damaged in accide	ent
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM CHOON LEE
Address	2
Address Complement	2
Post Code	2
Approximate Age Years Old	
Injuries Sustained	BODY
Injured person in which vehicle?	SMS8459D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report carrectly 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 enquires by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, 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:

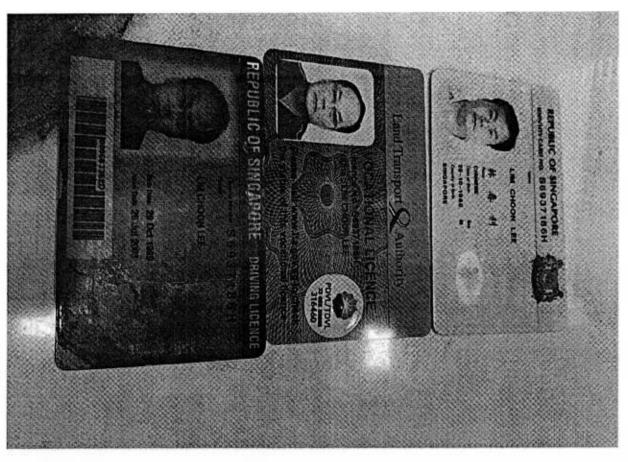
Reporting Centre Personnel's Signature Name:

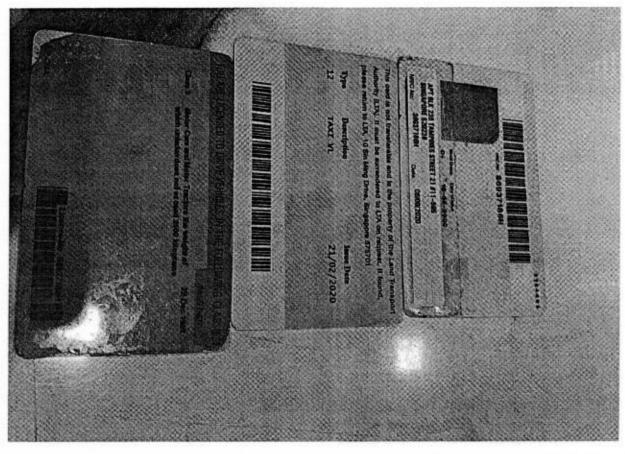
NRIC/FIN No.:

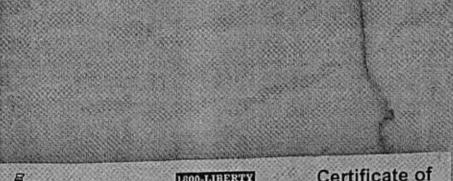
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SKETCH PLAN					
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CLARATION					
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icyholder's Signature	Oriver's Signature		Panastic - V	antes Dave N 20	- Andrew
e & Time:	(If driver is not the po	licyholder)	Name:	entre Personnel's Si	gnature
DAN Sherratelle salescent etc.	Date & Time:	47	NRIC/FIN No	5.1	

SENDALI SHELIFITERE PROPERTY











Certificate of Insurance

SD20V03643/ VPC / R00

17 Mar 2021 23:59

Type of Certificate:

w.libertyinsurance.com.sq

Motor Vehicles (Trind-Party Risks And Compensation) Act (Chapter 189), Motor Vehicles (Trind-Party Risks And Compensation)
Rules, 1960; Road Transport Act, 1967; Road Transport (Amongment) Act 2019; The Motor Vehicles (Trind-Party Risks) Rules, 1969.

Effective Date of Commencement: Date of Expiry: 18 Mar 2020 10:07 17 Mar 2021 23:

Name of Policyholders

LIM CHOON LEE

25 Mar 2020

Chassis No.: GK82103487

A) The Policyholder.

B) Any other person who is driving on the Poscyholder'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 exactment 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.

Initiations as to use:

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-insting.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) Ose 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.

t/We hereby certify that the Policy to which this Certificate rolates is issued in accordance with the provisions of the Moior Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1967.

Prime Car Traders Pte Ltd 61 Ubi Avenue 2 #01-03/04 Automobile Megamart Singapore 408888 Tel: 6779 #500 Hp: \$100 8500

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

For Information Only; Coverage(s):

Name of Producer:

Congrehensive Unlimited Windscreen
MARKET VALUE AT THE TIME OF LOSS

Section 1 - Named Drivers S\$500, Section 1 - Unnamed Drivers S\$1,000 Additional Excess for Young, Elberty & Inexpensional Drivers, S\$5000, Windowsen Excess, S\$100 SING INVESTMENTS & FINANCE LTD

PRIME CARS CREDIT PTE LTD (A1410-2).

Berry Insurance Pte Ltd (Registration No. 19800279 (D) [GST Registration No. M2-0031571.3 1 Club Street M3-05 Liberty House Singapore 008428 | Tel. 1800-LIBERTY (542-3789) | Fax: (+65) 6223-8434

SD 20 V03543/ VPC / ROO

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
 Please report correctly on the details of the accident to speed up the claim process.
 This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful and accurate as possible. Any willful 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 12/12	1700	(DD/MM/YY) Time: 4:50 pm		(HH:MM)
Exact location of accident	Thomson	PJ	towers	neren	(Tritalial)

Details of vehicle

Vehicle registration number	Sms 8459 p
Vehicle make and model	Hear & Shu till
Type of vehicle	Saloon D MPV CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Phirote 1
Are you claiming under your own insurance company?	Yes D No. if no, please select: Third part claim B Reporting only D

Insurance information

Policy number Po 26V 03'543 V7C Feo	Insurance company	liberty		
Type of policy	Policy number		43 1 12/1 / 10	
	Type of policy	Comprehensive of	Third party fire & theft	TP only

Insured / Policy holder

Lim (han lu	Mala - / Paris
	Male a Female o
771 760 900 0	4T & 520231)
	2484 1919

Same as insured above (skip to D.O.B) Driver

Name	The state of the s	Male 🗆	Familia -
NRIC / Fin / Passport number		INIBI6 🗆	Female 🗆
Contact			
Address			
Email address	tommylim J757 (epneil com		
Date of birth	21/0 /11/19		
Occupation	Indoor o Outdoor o		
Driving date pass	2211211984		

General information of the accident

Was driver an employee of the insured's company?	Yes a No a If no, relationship of the driver and insured:
Accident captured by camera	
Weather condition	Clear Raining Others:
Road surface	Dry a Wet a
No of passenger	(Inclusive of driver)
Passenger 1	
Name	
Gender	Male D Female D
Passenger 2	
Name	
Gender	Male D Female D
Passenger 3	
Name	/ /
Gender	Male D Female D
Passenger 4	
Name	
Gender	Male Female Female
Passenger 5	
Name	
Gender	Male p Female p
Passenger 6	
Name	
Gender	Male D Female D
Other information	
Was anybody Injured?	Yes Ø , No 🗆
Was other vehicle damaged?	Yes p No p
	The state of the s
Details of police action	
	Yes No, of If yes, please state which police station.

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	S 1 = 2511 =
Vehicle registration number Vehicle make model	SKT 1561R
Venicie make model	
Third party vehicle 2	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 3	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 4 Name	/
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 5	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle registration number	
Vehicle registration number Vehicle make model	
Vehicle registration number Vehicle make model Third party vehicle 6	
Vehicle registration number Vehicle make model Third party vehicle 6	
Vehicle registration number Vehicle make model Third party vehicle 6 Name Contact number	

Witness 1	
Name	
Witness 2	
Name	
Injured person 1	Dilv
Name	Lim Choon Lee
Injuries sustained	Bedy
Which vehicle person in?	8MS 8459P
Were seat belts worn?	Yes to No o
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 2	1
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to nospital by ambulance?	Yes D No D
Injured person 3	
Name	
njuries sustained	
Which vehicle person in?	
Vere seat belts worn?	Yes D No D
Was injured conveyed to ospital by ambulance?	Yes D No D
Injured person 4	
lame	
njuries sustained	
Vhich vehicle person in?	
Vere seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to lospital by ambulance?	Yes D No D