

Date of Accident : 05.02.2021 Accident Time: 5 pm (24-HR-Format)

Accident Place : Tampines street 12 Towards Tampines Avenue 2 .

Vehicle. No. (Car Plate No.) : GBJ 8909A Make/Model: Toyota Hiace

Insurance Company : Liberty Policy No: S020V11403/VCV1R00

Owner or Company Name /IC No. : Newrange Marketing (53113914 W)

Owner or Company Contact No. : _____ Owner's Hp - Company Tel _____

DRIVER'S Name / IC No. : Tan Keng San (S1R07946A)

DRIVER'S Date Of Birth : 08.06.1967 DRIVER'S License Pass Date 03.10.1984 .

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner .

DRIVER'S Address : Bik 282 Tampines Street 22 #08-284 (S) 520282 .

DRIVER'S Contact No./ Alt No. : 1) 96744713 . 2) _____

DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)

Email Address : gtnewrange @ gmail. com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1 Driver

Was there any video Captured by car camera: YES \ NO .

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose .

Any Injury (If YES, Pls state): NO .

Other Party Driver's Particular (if any)

Vehicle. No: <u>STH 3675Y</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

NEW RANGE MARKETING
 Bik 44 Kallang Place #04-06
 Four Star Building
 Singapore 339172
 Tel: 9674 4713 Fax: 6781 2365

DMKSM

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 willful 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 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.

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.

NEWRANGE MARKETING

Blk 44 Kallang Place #04-06
Four Star Building
Singapore 339172
Tel: 9674 4713 Fax: 6781 2365

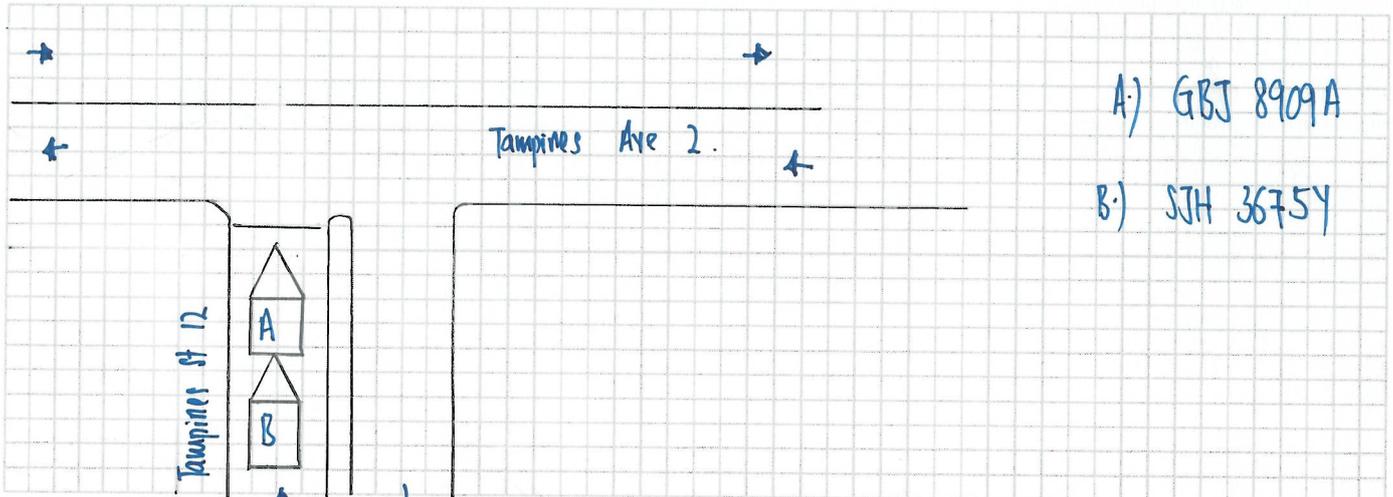


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 05.07.2021 at about 5pm, I was travelling along Tampines Street 12
Towards Tampines Avenue 2. I was stationary as I was checking for incoming
vehicle from the main road. Suddenly Vehicle B hit on my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

NEWRANGE MARKETING

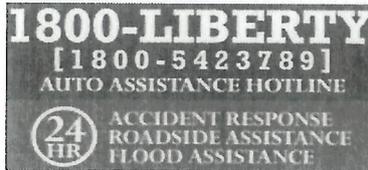
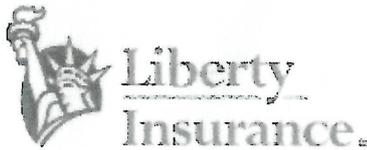
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



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)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD20V11403 /VCV /R00
Form	MZ300A
Date Of Issue	23-SEP-2020
1.Index Mark and Registration No. of Vehicle:	GBJ8909A
2.Chassis number of Vehicle:	JTFHT02P800249433
3.Name of Policyholder:	NEWRANGE MARKETING
4.Effective date of Commencement of Insurance for the purposes of the Act:	27-SEP-2020 00:00 AM
5.Date of Expiry of Insurance:	26-SEP-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  <hr/> 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 S\$100
FINANCE COMPANY:	ABWIN PTE LTD
PRODUCER NAME:	SEE LAY KUAN LINDA

SCKH/SCKH/23-SEP-20

S1_CI_T1_T3_OE_Template2-Ver1.

23-SEP-20