NATIONAL Assessment Centre		: SM09213400	
Date In:	Jeb description	. Date &Time Completed	Done, by
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Veh No SMU 2233 S	E-mail (while shes, AIC thrs)		
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	1-Motor W/O (within: OD 2	hrs, TP +hrs)	
(11), - (P) Reporting Only	I-Photo Uplonded		
TP Insurer:	Assessment/Survey Report	193	
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TP Particulius: Veh No: 51	ME 436 X INC	()/Non-INC(·).	
Owner/Driver: (19 1907.	Tel:)
Policy No: () Peri	od: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 8d-10	. [%0
Year of Registration: () W	brranty: YES ()/NO ()	
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SINGAPORE ACCIDENT STATEMENT

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

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.

The issue and acceptance of this 7 of the Police for Investigation.
 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.
 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

04/03/2021 15:47 (SGT) Date of Submission 03/03/2021 10:00 (SGT) Date of Accident Seah St, Singapore 189768 Exact Location of Accident Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SMU2233S Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? LEE BENG HUP ANTHONY Name Of Registered Owner SXXXX213E NRIC No. ANTHONY1962.AL@GMAIL.COM Email Address (Phone) +65-93693793 Mobile Phone No +65-93693793 Alternative Phone No

VEHICLE PARTICULARS

Mercedes Manufacturer GLC300 Model Variant 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? Vehicle Category Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Liberty Insurance Name of Insurance Company Comprehensive Type of Coverage Fleet Policy SD20V07773/VPC/R00 Policy Number

Cover Note Number

DRIVER

LEE BENG HUP ANTHONY Name of Driver SXXXX213E NRIC No 01/09/1962 Date Of Birth Indoor Occupation

01/01/1985 Date Of Driving Pass 36 YEARS AND 2 MONTHS Driving experience Male Gender (Phone) +65-93693793 Mobile Number +65-93693793 Alt. Phone Number ANTHONY1962.AL@GMAIL.COM Email Address BLK 19B HILLVIEW AVE #06-02 Address Address complement 669555 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Major/Minor Rd Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION No Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SME436X Vehicle Registration Number

 Vehicle Registration Number
 SME436X

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

LEE BENG HUP ANTHONY

BODY

SMU2233S

Yes

No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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' law yers/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.

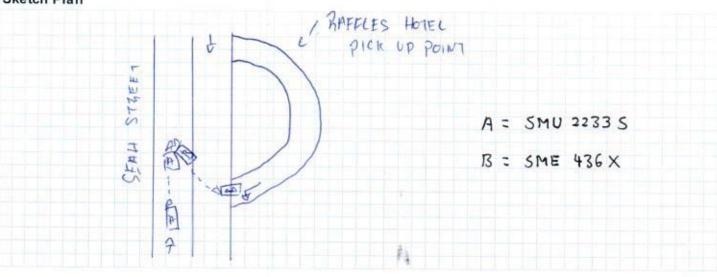
(collectively the "Purposes")

- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Witnessed by Reporting Centre Personnel

Sketch Plan



CN THE STATED DATE & TIME I WAS TRAVELLING ON SEAH TOWARDS RAFFLES HOTEL AS I WAS TRAVELLING STADICAT CODEMLY USH B. CAME OUT FROM MY DRIVER SIDE FROM RAFFLES HOTEL PILK UT POINT & COLLIDED ONTO MY DRIVES DOOD I RIMS & MY CAR WAS PUSHED TO MY AVENT SIDE OF THE PATHWAY KERB.	ON T	HE STA-	IED T	PAIE	2 TIM	E	WAS	TRAVE	LLINE	ON	SEAH	2
RAFFLES HOTEL PICK OF POINT & COLLIDED ONTO MY DRIVER DOOR & RIMS & MY CAR WAS PUSHED TO MY ALLIT SIDE OF												
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

H

Witnessed by Reporting Centre Personnel





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:		Certificate No.:
LEE BENG HUP ANTHONY		SD20V07773/ VPC / R00
Date of Issue:	Effective Date of Commencement:	Date of Expiry:
21 Jul 2020	16 Jul 2020 00:00	15 Jul 2021 23:59
Registration No.:	Chassis No.:	Type of Certificate:
SMU2233S	WDC2539842F735812	MX1

Persons or Classes of Persons entitled to drive*:

- 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 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.

Limitations 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-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):

Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess for

Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

MAYBANK SINGAPORE LTD

Name of Producer:

CAR TIMES INSURANCE AGENCY PTE LTD (A1200)

Date of Accident	: 3/3/21 Accident Time: 1000 (24-HR-Format)
Accident Place	: SEAH STREET BESIDE RAFFLES HOTEL
Vehicle No. (Car Plate No.)	: SMU22335 Make/Model: GLC 300 4MATIC
Insurance Company	: LIBERTY Policy No:
Owner or Company Name /IC No.	: LEE BENG HOP ANTHONY / SI530213E
Owner or Company Contact No.	: <u>9369 3793</u> Owner's Hp Company Tel
DRIVER'S Name / IC No.	: SAB-
DRIVER'S Date Of Birth	: 01/09/1962 DRIVER'S License Pass Date 1965
Relationship of Owner & Driver	: Spouse\Parent\Children\Sibling\Employee\Others: OUNE
DRIVER'S Address	: BLK 19B HILLVIEW AVE
DRIVER'S Contact No./ Alt No.	:1) 9369 3793 2)
DRIVER'S Occupation : IND	OUTDOOR (e.g. working inside or outside office)
Email Address	: ANTHONYINGS. AL EGMAIL COM
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Repo	orting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dri	ver):
Any Injury (If YES, Pls state):	peing used at time of accident: Private use \ Work Purpose
The second secon	ty Driver's Particular (if any)
Vehicle. No: SME 436 x	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:

Anthony 1962 . AL @ gmail . com