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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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 lability.

 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 aforesaid.

ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	29/09/2021 17:24 (SGT) 25/09/2021 10:30 (SGT) Singapore OUTRAM ROAD AFTER SUPERLAND PRE SCHOOL Singapore
--	--

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ3716M
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address	Yes TONG CHIN SOON CANOPY 5XXXX813K ALDRIN1222@GMAIL.COM

ALDRIN1222@GMAIL.COM

(Phone) +65-90489408

(Office) +65-90489408

VEHICLE PARTICULARS

Mobile Phone No

Alternative Phone No

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V13893/VCV/R00
Cover Note Number	-

DRIVER

Name of Driver	PEH CHIN CHYE
NRIC No	SXXXX819D

Date Of Birth	
Occupation	26/05/1951
Date Of Driving Pass	Outdoor
Driving experience	29/10/1981
Gender	39 YEARS AND 11 MONTHS
	Male
Mobile Number	(Phone) +65-90489408
Alt. Phone Number	3 -
Email Address Address	ALDRIN1222@GMAIL.COM
	BLK 163 ANG MO KIO AVE 4
Address complement	#01-450
Postcode	560163
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number 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	Clear
Road Surface	Dry
	ы
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	www.
Number of vehicles involved in the accident	No
Was anybody injured in the Accident	2
Was anybody injured in the Accident?	No
Was any other vehicle or property demand 2	
Was any other vehicle 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	
Was the accident reported to the police?	
Was notice of intended Prosecution given?	No
If yes, against whom?	No
ii yes, against wiloili?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Was .
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
The thore any additionable in the control of the co	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	CMC6277A
Vehicle Manufacturer	SMS6277A
Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	- Private car
Name of Driver	- Invalo Cal
Contact Number	

90093633

Address
Address complement

Postcode	
Insurance Company Name	•
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	- 1



SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- This Farm must be completed by the Policyholder and/or the Authorised Driver.
- 3 Information provided must be as truthful and accurate as possible. Any wilful micropresentation 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.
- S 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.
- 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 ano/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 dains (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:

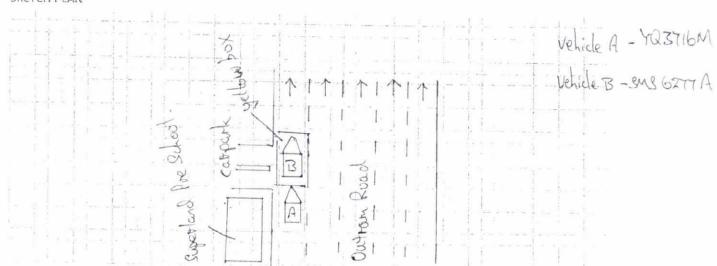
Criver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personne 's Signature

Walkle

NRIC/FIN No:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The Accident
While waiting for traffic light to turn green, my vehicle very
Stowle toll front and touch the lack of unlike ?
I wish to highlight vehicle B had only scoatches on his year bumper
but few hours later, he said that his right rear fender inner trim
crack and wanted to claim insurance.
Attach are the phitos of vehicle B

DECLARATION

I/We declare the foresoing perficultation are true in every respect.

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.:

DATE OF ACCIDENT	MAKE & MODEL: Canter AUTO M.
TIME OF ACCIDENT	25 109 12021 °C.C.
LOCATION OF ACCIDENT	1030 (M)/ PM
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT/ PRIVATE USE / PRIVATE HIRE
	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	Tong Chin Soon Canopenail. aldrin 1222 of gmail. com
TELP NO	Mobile, 90489408 Office, Home,
NRIC	53003&13 K
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY.	YES / NO)?
INSURANCE CO.	liberty
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	COURSON SONIVISERS IVENIER
NAME OF DRIVER	E
NRIC OF BRIVER	AS ABOVE / IENO: Peh Chin Chye
DATE OF BIRTH	1 31234810 D
ANY PASSENGER	26 105 11961
NAME OF PASSENGER	YES / NO)
GENDER OF PASSENGER OCCUPATION	MALE / FEMALE
DATE OF DRIVING PASS	Outdoor / Indoor
GENDER -	29 114 119
CONTACT NO.	Male / Female
EMAIL:	Mobile: 90489408 Office: Home.
ADDRESS	aldrin 1222 O gmail - com
	BIK 163 Ang Mo Kin Due 4 HOI-450 Singaran Hail
OOES DRIVER OWN OTHER VEHICLES?	INSURER:
VEATHER CONDITION	Employee / If No.
ROAD SURFACE	Clear / Raining / Other.
NY INJURIES	Dry / Wet / Other:
CONTACT NO.	No / If yes: Who?
OLICE REPORT	
	No/ If yes: Where?
OTICE OF INTENDED PROSECUTION GIVEN?	NOUF YES, WHO?
IAME	SMC 6277 A Any Passenger: NO
ONTACT NO.	
EHICLE C NO.	9009 3633
EHICLE D NO.	Any Passenger.
EHICLE E NO.	Any Passenger :
	Any Passenger :
EHICLE F NO. NY WITNESS	Any Passenger
/ITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO RECORDED?	YES (NO
SCENE ACCIDENT PHOTOS TAKEN?	i)/NO)
	0 - 1
ave you been approach by unknown person solic	fing (c) /
fering accident claims assistance?	
	YES / NO

Name of Producer.

ACORN INTERNATIONAL NETWORK PTE LTD (89139)

Date of Issue.

08 May 2021

Cover Note No.:

C0118077

Quotation/ Proposal/ Policy N

To: 09 May 2022 23:59

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule have been been been as the Company's usual form of Motor Policy applicable thereto for the period in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereup and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has risk.

Details of Schedule

Name of Insured:

Period of Insurance:

Registration No.:

Make and Model:

Type of Body:

Capacity/Tonnage:

Year of Manufacture/Registration:

Chassis No.:

Engine No.:

Sum Insured:

Name of Finance Company:

Type of Plan:

Excess:

TONG CHIN SOON CANOPY

From: 10 May 2021 00:00

TBA

MITSUBISHI CANTER FEADIBRISDEP

LORRY + TAILGATE

1.71

2021/2021

FEA01BA35137

4P10E33893

MARKET VALUE AT TIME OF LOSS

THINK ONE CREDIT PTE LTD

Comprehensive

AS AGREED

The Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189), Motor Vehicles (Third Party Risks and C Rules, 1960, Road Transport Act, 1987, Road Transport (Amendment) Act 2019, The Motor Vehicles (Third Party Ris and any subsequent revisions to the above Acts and Agreements.

tWe hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third-Part Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.

Not valid unless counter-signed by authorized person.

Ron

For and on behalf of LIBERTY INSURANCE P

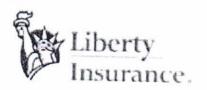
Date: 08 May 2021 17:10

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note Issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY LISE and and is yould for 20 days from the





Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611

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 ROAD TRANSPORT (AMENDMENT) ACT 2019

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959		
Certificate No	SD21V13893 /VCV /R00	
Form Date Of Issue	MZ300A 28-SEP-2021	
1.Index Mark and Registration No. of Vehicle:	YQ3716M	
2.Chassis number of Vehicle:	FEA01BA35137	
3.Name of Policyholder:	TONG CHIN SOON CANOPY	
4.Effective date of Commencement of Insurance for the purposes of the Act:	10-MAY-2021 00:00 AM	
5.Date of Expiry of Insurance:	09-MAY-2022 23:59 PM	
6 Danas and Clarent Cl		

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

> > Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen, Power tailgate SI S\$10,000.00

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

FXCESS.

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

\$3000, Windscreen Excess S\$100

FINANCE COMPANY:

THINK ONE CREDIT PTE LTD

PRODUCER NAME:

ACORN INTERNATIONAL NETWORK PTE LTD

PLSE/PLSE/28-SEP-21

S1_CI_T1_T3_OE_Template2-Ver1.

28-SEP-21