Job description Date & Time Completed Done by  SAS e-filing  E-mail (within shis, ALC 2hrs)  O.A: 26   07   22   0.20   I-Motor Claim Form  I-Motor W/O (within: OD 2hrs, TP 4hrs)  I-Photo Uploaded  Assessment/Survey Report  Ass't Report by Fax/Hend to Owner/Wksp  Tel: Fax:  P Panticulars: Veh No: 5 6 6 5. INC ( )/Non-INC ( )  Tel: )	ITIONAL Assessment Cent	re reprices.	(wel 1 Jan'08) .			
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C. Checked by (Engr-In-Charge):    S) NTUC Additional Services:    OD*   NS: Courtesy Car / Tpt Allowance   S5     NS: Courtesy Car / Tpt Allowance   S10     NS: Repair Co-ordination   S25     NS: Post Repair Inspection   S25     NS: DV / Collect Excess Coordination   S3     NS: DV / Collect Excess Coordination   S20     TP (N11): TP (Nan INC) against INC   S20     Solutions   S20     OD*   NS: Repair Co-ordination   S10     NS: DV / Collect Excess Coordination   S3     NS: DV / Collect Excess Coordination   S3     OD*   OD*   NS: DV / Collect Excess Coordination   S3     OD*   OD*   NS: DV / Collect Excess Coordination   S3     OD*	Thement's Particulans :  >river/Ov/ner:		2) DA 3).TP 4) F7	: Damege Assessment : Towing Fee : Follow-Through Surv	ey	\$120
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## SINGAPORE ACCIDENT STATEMENT

#### 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

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.

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

26/07/2022 15:13 (SGT) 26/07/2022 10:20 (SGT) Singapore **GENTING LANE** Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SME437T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

No CHING PAT CHING (ZHANG BAQUN) SXXXX059I CPC\_787@YAHOO.COM.SG (Phone) +65-97896855

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer 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 Transmission CC

Honda Odyssey

Private use

Yes Private car Auto 2356

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Liberty Insurance Pte Ltd SI21V10889/VPC/R01

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

CHING PAT CHING (ZHANG BAQUN) SXXXX059I 02/07/1976 Indoor

19/12/2002 Date Of Driving Pass 19 YEARS AND 7 MONTHS Driving experience Male Gender (Phone) +65-97896855 Mobile Number Alt. Phone Number CPC\_787@YAHOO.COM.SG Email Address 148 MEI LING ST #25-109 Address Address complement 140148 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 - Cross Junction Type of Accident Raining Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes 2 Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement FOREIGN VEHICLE 1 JJT8605 Vehicle Registration Number Commercial vehicle Vehicle Category DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1 JJT8605 Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour
Vehicle Category
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)

### Commercial vehicle

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#### 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 Actual Driver.
- 3. 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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:

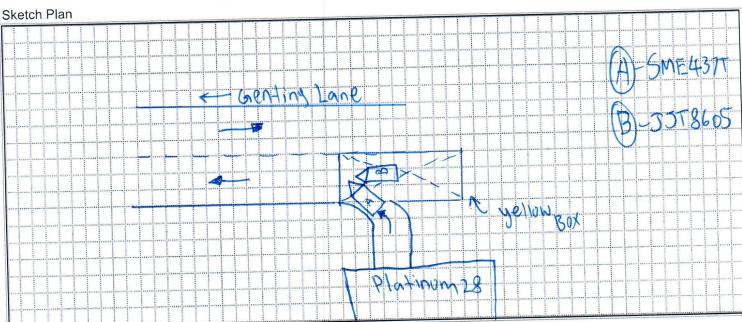
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personne

(Name as in NRIC/ID card)



scribe Circumstance of the Accident	
I was exiting platinum	into my Right Front Fenter.
and vehicle 55+8'605 hit	into my Right Front Fenter.

Declaration

I/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

Witnesses by Reporting Centre Personnel (Name as in NRIC/ID card)

# AGCIDENT'STATEMENT.

ACCID	ENT DATE: (26/07/2022) (DD/MM/YYY), TIME: (10. 20) (HH:MM)
LOCATI	
•	
٦.	a) VEHICLE NUMBER: SME 437T
	-IDONOV FILLINGS.
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	11 A LUM HOLLOW HOLLOW WAR AND
	FITYPE-ISALOON / COUPE / MPV /VAN / LORRY / MOTOROTELE. / OTHERW
	AIVEHIOLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORO)
	h) PURPOSE OF USING AT ACCIDENT TIME: Private  1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES)
ü	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	
	AINAME! CHINA POST CRIMEZENIA
	DIMICITALITY
	C) ADDRESS: 148 Mei Ling St X. 25-109 . 140148.
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
WHO of personges	DRIVER (MALE / FEMALE)
(Including driver)	CITATIVE.
CINEMAN CIRIORI,)	b)NRC/FIN/FA33FORT
	c)ADDRESS:
,	"d) DATE OF BIRTH: ( D) JUN (976 ) (DD/MM/YYYY) :
	e)OCCUPATION: (INDOOR / OUTDOOR)
	THE OF THE INSURED'S COMPANY? (YES YOU)
5.	DIWEATHER CONDITION: (CLEAR / RAILING / OTTOW
	biroad surface: (DRY / We / Official)
6. 7.	WAS ANYBODY INJURED (YES / 10)
( •	THE STATE OF LIFE WILLIAM BOLLER NAME OF THE STATE OF THE
8.	THIRD PARTY VEHICLE 1910 1910 40005 WEINTE
4 Ho of passanger	a vericle Nowley Mylamad Hyzal Fan Bin Juhis
( Including driver)	b) DRIVER'S NAME: CONTACT: CONTACT:
() 9.	THIRD PARTY VEHICLE
in the of passenger	d) VEHICLE NUMBER:
(Including driver	e) DRIVER'S NAME: CONTACT::
(1110101011114)"011 14001	> 1) PRIO/LIN/LOSVI OIII
	email = CPC - 787@ yahoo (om . Sg
	· • • • • • • • • • • • • • • • • • • •

VIDRO







# 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

Effective Date of Commencement:

Name of Policyholder:

CHING PAT CHING (ZHANG BAQUN)

Date of Issue:

24 Aug 2021

Registration No.:

14 Sep 2021 00:00

SME437T

Chassis No.: JHMRC1890JC202662 Certificate No.:

SI21V10889/ VPC / R01

Date of Expiry:

13 Sep 2022 23:59

Type of Certificate:

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.

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 S\$1000 Additional Excess for Young & Inexperienced Drivers S\$3000, Windscreen

Excess S\$100

Name of Finance Company:

UNITED OVERSEAS BANK LIMITED

Name of Producer

KAH MOTOR COMPANY SDN BERHAD (A1572-7)