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1) AR; Accident Reporting (\$30);  2) DA; Damega Assessment (\$100); INC (\$30)  2) DA; Damega Assessment (\$100); INC (\$30)  2) DA; Damega Assessment (\$100); INC (\$30)  3).TF; Towing Fee 540/345  4) FT; Follow-Through Survey \$120  5) PT; Follow-Through Survey (Fasurvey) \$30  For claiming against INC Only (wef 10 Jan 2005)  6) TR; Re-inspection \$75  7) N1; Idao DA + SMRT Survey \$160  7) N1; Idao DA + SMRT Survey \$160  8) NTUC Additional Services:  OD:  *N5; Courtesty Car / Tpt Allowance \$5  *N6; Rapair Co-ordination \$10  *N6; Rapair Co-ordination \$10	<del></del>
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Driver/Owner:  4) FT: Follow-Through Survey (Fasurvey) \$300  5) PT: Follow-Through Survey (Fasurvey) \$300  For claiming seeling Only (wef 10 Jan 2005)  6) TR: Re-inspection \$730  7) N1: Idio DA + SMRT Survey \$160  8) NTUC Additional Services:  On!  C Checked by (Engi-In-Charge):  *N5: Courtesy Car / Tpt Allowance \$500  *N6: Espair Co-ordination \$100  *N7: Post Repair Inspection \$225	
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SN09228G0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 16/08/2022 17:04 (SGT) SUBMITTED BY: Chew Hsiao Tong

VERSION: 1 (16/08/2022 17:04 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed</u> by the <u>Policyholder and/or the Actual 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 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.

	and to copies of the report being made available aloresald.
ACCIDEN	IT STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	16/08/2022 17:04 (SGT) Driver 29/07/2022 13:40 (SGT) Upper Serangoon Rd, Singapore - Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	GBE5776L
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes CRYSTAL FOODSTUFF TRADING COMPANY 5XXXXX41A) taychorwah6291@gmail.com (Phone) +65-96336291
VEHICLE PARTICULARS	
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	Mercedes Vito - Employment No - Reporting only Commercial vehicle Auto 2143
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	Liberty Insurance Pte Ltd SI22V00862/VCV/R06
Name of Driver	TAY CHOR WAH

SXXXX206E

14/03/1960

Outdoor

NRIC No

Date Of Birth

Occupation

Date Of Driving Pass 03/04/1979 Driving experience 43 YEARS AND 3 MONTHS Gender Male -Mobile Number (Phone) +65-96336291 Alt. Phone Number Email Address taychorwah6291@gmail.com Address BLK 250 JURONG EAST STREET 24 #05-144 Address complement Postcode 600250 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 OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBD7558S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number

Address	-
Address complement	=
Postcode	_
Insurance Company Name	2
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

#### 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.
- 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 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.

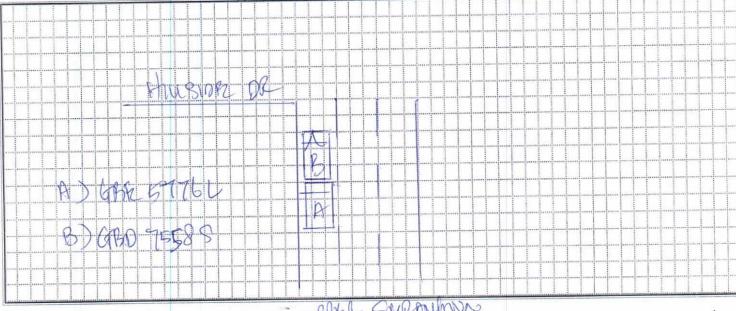
Policyholder's Signature / Date & Time

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

Time

Witnessed by Reporting Centre Personne (Name as in NRIC/ID card)

Sketch Plan



upphil Spalouhun

Describe Circumstance of the Accident  Our 29 07 2022 7 WAS A7 UPPHL SHROWLING ROOD COURSE
Housinely BEFORE HUSINE OR. STOP AT TRAFFIC LIGHT
J OCCIDENTALLY BUMP IND CORD 7558S AND THROM
Is his Damblek on my Verticia GBE 5776L

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

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

### ACCIDENT'STATEMENT

ACCIDENT DATE: (29/1. T. 2) (DD/MM/YYYY), TIME: (13:40) (HH:MM).
LOCATION: Upper Stelpalgona Room
DETAILS OF VEHICLE  DIVEHICLE NUMBER: GBE STALL  DINSURANCE COMPANY: UBARN  DIPOLICY NUMBER: SIZOVOOSTS VCV ROY  DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  H) PURPOSE OF USING AT ACCIDENT TIME: WOLLANG
I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER AINAME: CYCTOL FOODSTUFF TRADIUM COMPONITY  BINRIC/FIN/PASSPORT: 5317204(A CONTACT:
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  THO of prissinger DRIVER  THE PERMALEI 062362
Continue to side briver ALEO TOBO MALE / FEMALE) 963362 (Including driver) BINRIC/FIN/PASSPORT: CIMPSOBRE CONTACT:  CIADDRESS: HR 200 MRSN FHE 200 HOS-144.
d) DATE OF BIRTH: ( 1960) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / ODTDOOR)  f) DATE OF DRIVING PASS  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)
7. d) REPORTED TO POUCE (YES /NO)  IF YES, PLEASE STATE WHICH POUCE STATION:
8. THIRD PARTY VEHICLE GBD 75585 MODELS
(Including driver) b) DRIVER'S NAME:  ( ) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE
W No of passanger at DRIVER'S NAME: MODEL:
(Including distrer)   NRIC/FIN/PASSPORT: CONTACT:

email = Tay CHORWAY 6291 & GMAIL.





Registration no. 199002791D

51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611

## **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
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI22V00862 /VCV /R06
Form	MZ300A
Date Of Issue	13-JAN-2022
1.Index Mark and Registration No. of Vehicle:	GBE5776L
2.Chassis number of Vehicle:	WDF44760323082031
3.Name of Policyholder:	CRYSTAL FOODSTUFF TRADING COMPANY
4.Effective date of Commencement of Insurance	
for the purposes of the Act:	15-JAN-2022 00:00 AM
5.Date of Expiry of Insurance:	14-JAN-2023 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	125
entitled to drive*:  Any person who is driving on the Policy	holder'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

( WW

Authorised Signature

For Information only: COVERAGE: SUM INSURED: EXCESS: FINANCE COMPANY: PRODUCER NAME:

Comprehensive, Unlimited Windscreen

Section I S\$700,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000,Windscreen Excess S\$150 MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

CUSTOMER SERVICES CENTRE

20220816

Ver.1.260705