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SN09232F0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/02/2023 11:12 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (15/02/2023 11:12 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 Actual 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.

ACCIDE		IEME	M
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Date of Submission 15/02/2023 11:12 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 14/02/2023 15:53 (SGT) Exact Location of Accident Alexandra Rd, Singapore Additional Location Information **TOWARDS GANGES AVENUE** Country/State of Loss Singapore

				CHICAGO CONTRACTOR
	OF O		/	
		MANAGER	/ 1	

Vehicle Registration Number SJK6322E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LAU GUAN WEI (LIU GUANWEI) NRIC No. SXXXX591C **Email Address** mrweiwei1986@gmail.com Mobile Phone No (Phone) +65-96757059 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer **BMW** Model 318 Variant Exact purpose for which vehicle was being used at time of Employment

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD21V18077/VPC2/R00

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LAU GUAN WEI (LIU GUANWEI) SXXXX591C 23/07/1986 Outdoor

No - Claiming third party

Private car

Auto

1998

Date Of Driving Pass 17/09/2008 14 YEARS AND 5 MONTHS Driving experience Gender Male Mobile Number (Phone) +65-96757059 Alt. Phone Number Email Address mrweiwei1986@gmail.com Address BLK 778 YISHUN AVENUE 2 #09-1565 Address complement Postcode 760778 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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? Yes Reasons for not uploading a video of the accident WITH OWNER **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number EY3733H Vehicle Manufacturer Mercedes Vehicle Model Vehicle Variant

Private car

NEOW MAY YIN, PAULINE

Vehicle Colour Vehicle Category

Name of Driver

Contact Number	(Phone) +65-9/9823//	
Address	-	
Address complement	-	
Postcode	-	
Insurance Company Name	-	
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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' law yers/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.

15 Feb 2023 10:00 am

Policyholder's Signature / Date & Time

15 Feb 7,23

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

Witnessed by Reporting Centre

Sketch Plan

ALEXANDRA ROAD TOWARDS

GRANGES AND

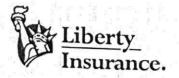
A - SJK6322E

B - EY373314

B

Date of Accident	: 1402 200 Accident Time: 15 53 hr (24-HR-Format)
	ALEXANDRA ROAD TOWARDS GANGTES
Accident Place	SJK 6322 & Make/Model: BMW 318 2.0L
Vehicle. No. (Car Plate No.)	그 가면 가면 가게 하는 아이를 가면 하는 것 같아. 그리고 그 이 이를 가고 있다는 것 같아. 그는 것이 없는 그 것이 없다.
Insurace Company	: LIBERTY Policy No:
Owner or Company Name /IC No.	LAY (NUAN WEI (386225910)
Owner or Company Contact No.	Owner's Hp 9675768 Company Tel
DRIVER'S Name / IC No.	LAU MUAN NEI (18622591C)
DRIVER'S Date Of Birth	: 23/07/1986 DRIVER'S License Pass Date 17/09/2008
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	BUC 778 / 1844N AVE 2#09-1565 SIPORE 760778
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR OUTDOOR e.g. working inside or outside office)
Email Address	: mrweiwei 1986 @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 D	river): 01 PASSENGER MALE
Was there any video Captured by ca Exact purpose for which vehicle wa	
Other 1	Party Driver's Particular (if any)
Vehicle. No: EY 37336	Vehicle. No:
Vehicle Make\Model: MERCE	
Name Driver: NEOW, MAY	
IC No. Driver/Contact: 97987	1377 IC No. Driver/Contact:

* NEW - Passenger's name & gender:





Liberty Insurance Pte Ltd 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

SD21V18077 /VPC2 /R00

Form

MX1

Date of Issue

20-DEC-2021

1.Index Mark and Registration No. of Vehicle:

SJK6322E

2. Chassis number of Vehicle:

WBA70DY0008C28799

3.Name of Policyholder:

LAU GUAN WEI (LIU GUANWEI)

4. Effective date of Commencement of Insurance

for the purposes of the Act:

15-DEC-2021 00:00 AM

5.Date of Expiry of Insurance:

14-DEC-2023 23:59 PM

6.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.

7.Limitations as to use*:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

8. 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

Authorised Signature

For Information only:

FINANCE COMPANY:

PRODUCER NAME:

COVERAGE: SUM INSURED: EXCESS:

NCD Protection, Comprehensive, Unlimited Windscreen

MARKET VALUE AT THE TIME OF LOSS

Section I S\$600,Additional Excess For Young & Inexperienced Drivers S\$2500,Windscreen Excess SS0

DBS BANK LTD

SD CONTEGO SERVICES

PLFG 20211223

Ver.1.260705