Date In: \$ 31107 2023	Jeb description	. 0	ate & Time Complete	d	Done by
Ref No: NA LIP 2300 7748/	d4 SAS e-filing		,		1
Yeh No: GBB 609 OR	E-mail (within 8hrs	s, AIC 2hrs)			
D.O.A: 28/07/2023 09:4					
	i-Motor W/O (W	Yithia: OD 2hrs, TP	4hrs)		
OD / TP / Reporting Only	i-Photo Upload	ed :			
	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by I	Fax / Hand to O	wner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	,
TP Particulars: Veli No:	VM 7967A	INC ()/Non-INC()		
Owner / Driver: (113 /		Tel:)
Policy No: ()	Period: () C	over Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%	%) [Note-Est. Status (WC	O): N: 0-20%	; P: 21-79%. F: 9	80-100%]	
Year of Registration: () Warranty: YES ()/NO()	1		
Excess: (\$) Loading:	\$1,000()/\$2,000()			
General Remarks:					Si
() Walk-In Customer : Customer's		11 - UU - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1	11. 11. 11. 11. 11.		
	nsurer URGENTLY.				
	voice: YES () / NO) () · Tov	ring Co: (
				#08E7#X	060
Remarks: (INC hotline: 6788 661	(6):		Date&Time Complet	3 d (*) 26%	Lione
1) Apply for Transport Allowance ()/Courtesy Car ()				
2) QC Check / Post Repair Inspection	. ()				
3) Upload Resurvey Photo [Repair Cost	t>\$3000] ()				
Injury:			· ·		
Date/Time > Actions				37887784	
Date time / Actions					<u> </u>
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		,	· · ·		
		3300440000000000		72747278I	Amt (\$)
NA2302284	•		aration Checklist		ist Bill
Chamant's Particulars:		1) AR : Accident F		(002) DIAY	
The contract of the contract o		3) TF : Towing Fe	0 .	INC (\$80) \$40/\$45	
Driver/Owner:	- Alisan	4) FT : Follow-Th	rough Survey rough Survey (Resurvey)	\$120 \$30	
Contact No:			ough Survey (Resurvey)		
Damaged Portion:		6) TR: Re-inspect 7) N1: Idae DA +	ion	\$75	
		8) NTUC Addition		3100	
	-				
QC Checked by (Engr-In-Charge):		OD.		25	
QC Checked by (Engr-In-Charge):		*N5: Courtesy *N6: Repair Co	Car / Tpt Allowance	\$ 5	
		*N5: Courtesy *N6: Repair Co *N7: Post Repa	Car / Tpt Allowance -ordination ir Inspection	\$10 \$25	
Auditors Comments:		*N5: Courtesy *N6: Repair Co *N7: Post Repair *N8: DV / Coll TP (N11): TP	Car / Tpt Allowance -ordination ir Inspection set Excess Coordination (Non INC) against INC	\$10 \$25 \$5 \$20	
A MAZACIA SEKA SEKA SEKA SAGREDISTE YEKUN DE		*N5: Courtesy *N6: Repair Co *N7: Post Repair *N8: DV / Coll	Car / Tpt Allowance -ordination ir Inspection set Excess Coordination (Non INC) against INC ile	\$10 \$25 \$5	

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 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.

ACCIDENT STATEMENT

Date of First Submission 31/07/2023 11:48 (SGT) Reported by **Actual Driver** Date of Accident 28/07/2023 09:40 (SGT) Exact Location of Accident Singapore

ALJUNIED BLK 95 AVENUE 1 LOADING & UNLOADING BAY Additional Location Information

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBB6090R**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner H.W BIRDNEST TRADING PTE LTD Company Reg No 2XXXXX205K Email Address jmartauto@gmail.com Mobile Phone No (Phone) +65-98796053 Alternative Phone No.

VEHICLE PARTICULARS

Toyota Dyna Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle?

Commercial vehicle Vehicle Category Manual Transmission CC 2982

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V12911/VCV/R05

DRIVER

Name of Driver TAN KAR CHUN SXXXX327A Date Of Birth 27/12/1962 Outdoor

Date Of Driving Pass 22/05/1989 Driving experience 34 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-98796053 Alt. Phone Number Email Address jmartauto@gmail.com Address APT BLK 211 JURONG EAST STREET 21 Address complement # 06-327 Postcode 600211 Is the driver the policyholder? 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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) 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 THE ATTACHED STATEMENT 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 YM7967A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

Name of Driver
Contact Number

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

SKETCH PLAN

IMPORTANT NOTICE

- 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 providen 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.
- 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)

Lundersland, 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

(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' fawyers/faw 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 / Dath & Time

Sketch Plan Aljunied Blk 95 Avenue 1 Jonding 2 Unloading Pry

B A CBB 6090R

Unloading 1

Unloading 1

Unloading 1

Unloading 1

My larry was pur	ked sta	tionary	at	the	loading
Sudderly veh 3 my LH door . The	with reversed w hinge	my ()	hit sl slight	open igh Hy ly a	ed.

Declaration

I/We declary the foregoing particulars are true in every respect.

Policyholder's Signature / Pale & Time

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

Witnessed by Reporting Centre Personnel (Name as a MRIC/ID card)

Pte Car / Commercial Vehicle / Pte Hire

Date of Accident: 28 7 23	Time of Accident :	9-40	M		
Exact Location of Accident : Aljunce	A BIK 95	Ave 1	loading	I unlocation	
Purpose Of Reporting: OWN DAMAGE CLAIM		M / JUST REPOR	TING ONLY		
Weather Condition : Clear / Raining	Øry /	Wet	Pte Use /	Work	
Owner's Name: H. N Birdnest Tra	dias Pte Ltd	NRIC: 20000	3205K	HP:	
Driver's Name: Tan Kar Chun		NRIC: 527073	٦٦A	HP: 98796053	
DOB: 21 2 962 Driving Licence Passing Date: 32 5		1989	Occupation: Indoor/Outdoor		
Address: BIK 211 Jurgaa Fa	ot St 21	#06-327	(60)	211)	
	ployee	Email :			
Vehicle Number: GBB 6090 R	Make & Model :	Toyota			
Insurance Company: 1 becty	Policy No :			Coverage:	
Any passengers inside vehicle involved (YES /	NO) If yes, Vehicle	Number & How m	nany pax		
A:) B:	C:		D:		
Vehicle A Passenger Name :				Male / Female	
Anyone Injured : Convey By Am	bulance: Yes / No	or i par di las con di mana militari di manda manda mada alla balkan co ci in prima albaja di			
o NO o YES Name / N	RIC / Which Vehicle	:			
Was The Accident Reported To The Police ?	41				
6 NO o YES Which P	olice Station :				
Does The Driver Own Any Other Vehicle ?					
	Number :		Insure	r:	
Was Any Foreign Vehicle Involved ? o NO o YES Vehicle	Number & Category				
Was There Any Video Captured By Car Camera		o NO		o YES	
Third Party's Particular		and the second s			
Vehicle B 's Number: YM 7967 A	Make & Model :			8	
Driver's Name :		NRIC:		HP:	
Vehicle C 's Number :	Make & Model :				
Driver's Name :		NRIC:		HP:	
Witness 's Particular		*			
Name:		NRIC:	**************************************	HP:	





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	SD22V12911 /VCV /R05		
Form Date Of Issue	MZ300A 14-SEP-2022		
I.Index Mark and Registration No. of Vehicle: 2.Chassis number of Vehicle: 3.Name of Policyholder: 4.Effective date of Commencement of Insurance for the purposes of the Act:	GBB6090R JTFAT35Y60K200775 H.W BIRDNEST TRADING PTE LTD 12-SEP-2022 00:00 AM		
5.Date of Expiry of Insurance:	11-SEP-2023 23:59 PM		

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

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: SUM INSURED: Comprehensive, Unlimited Windscreen

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I S\$500,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S \$1000, Windscreen Excess S\$100

FINANCE COMPANY:

PRODUCER NAME:

ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY

=LVC/-/14/09/2022

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14/09/2022