SINGAPORE ACCIDENT STATEMENT

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 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.

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 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 23/10/2024 16:38 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 23/10/2024 09:45 (SGT) Exact Location of Accident Near 40 Scotts Rd, Environment Building, 40 Scotts Rd, Singapore 228231 Additional Location Information SCOTTS ROAD, SINGAPORE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNS9206Z

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN JIAN AN, KENNY NRIC No SXXXX301F Email Address KTJA@ME.COM Mobile Phone No (Phone) +65-97707574 Alternative Phone No

VEHICLE PARTICULARS

Model MODEL 3 RWD Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1999 Vehicle Fuel First Regisration Date Chassis no LRW3F7FS0RC288561 Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD24V16309/VPSZ/R00

DRIVER

Name of Driver TAN JIAN AN, KENNY NRIC No. SXXXX301F Date Of Birth 17/11/1983 Occupation Outdoor Driving Pass Date 11/11/2010 Driving License Pass Class Driving License Validity Driving experience 13 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-97707574 Alt. Phone Number Email Address KTJA@ME.COM Address 402A NORTHSHORE DRIVE Address complement #13-36 Postcode S821402 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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? Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN & POLICE REPORT NO: T/20241023/7085 ATTACHMENT(S)

Yes

Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGF738R
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN PUI TAK
NRIC No	SXXXX994C
Contact Number	(Phone) +65-91901980
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN JIAN AN, KENNY
Gender	Male
Phone No	(Phone) +65-97707574
Address	402A NORTHSHORE DRIVE
Address Complement	#13-36
Post Code	S821402
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNS9206Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
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- 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)

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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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' 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 they law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

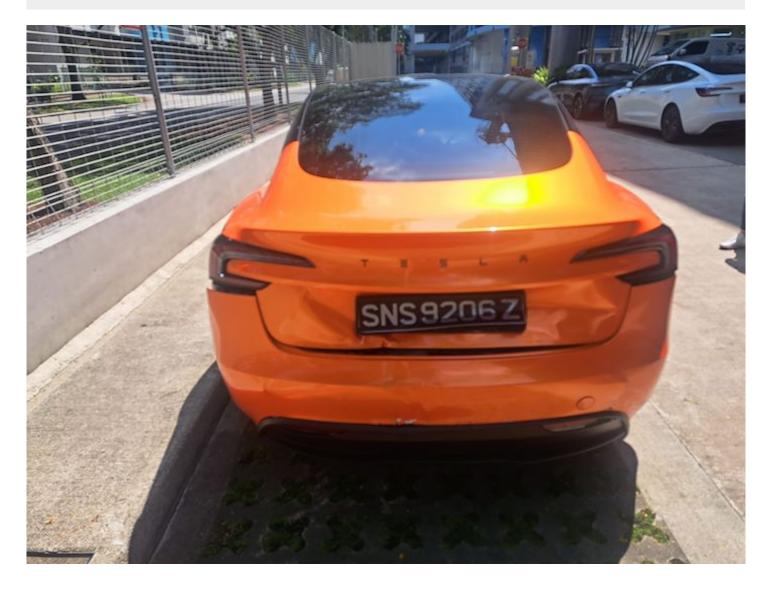
Sketch Plan

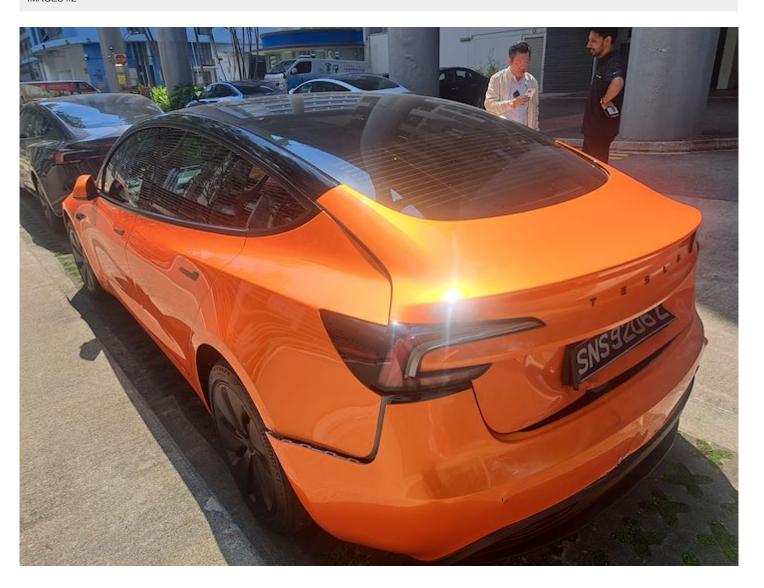
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

A) → SNS9206Z B → SGF738R

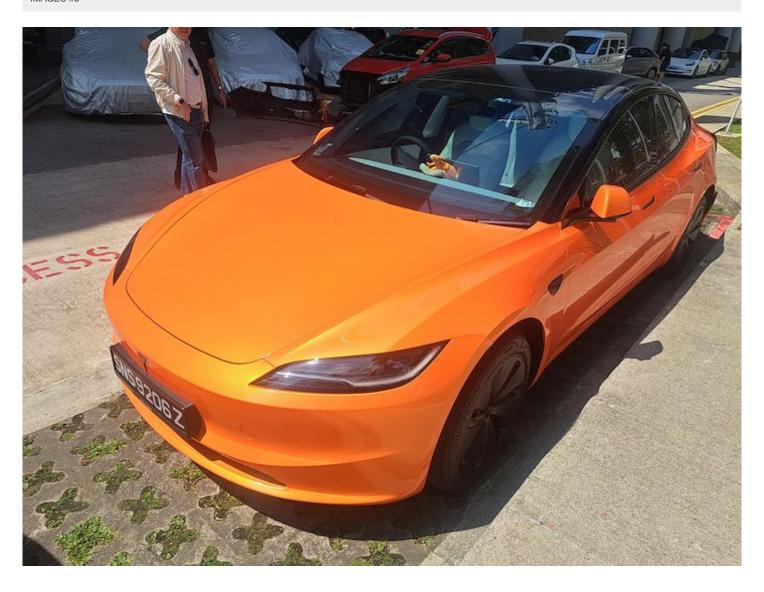
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5NS 92067	, at high speed on the near. Tru	at is badly damaged a
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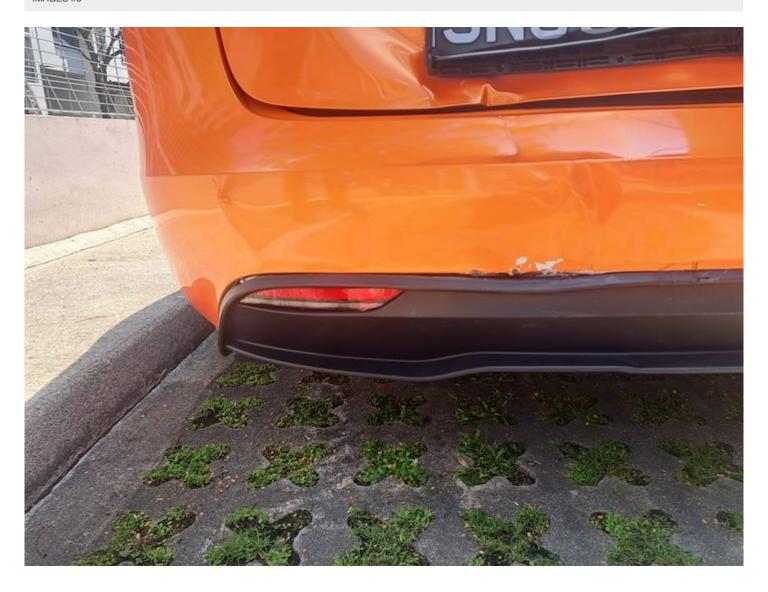




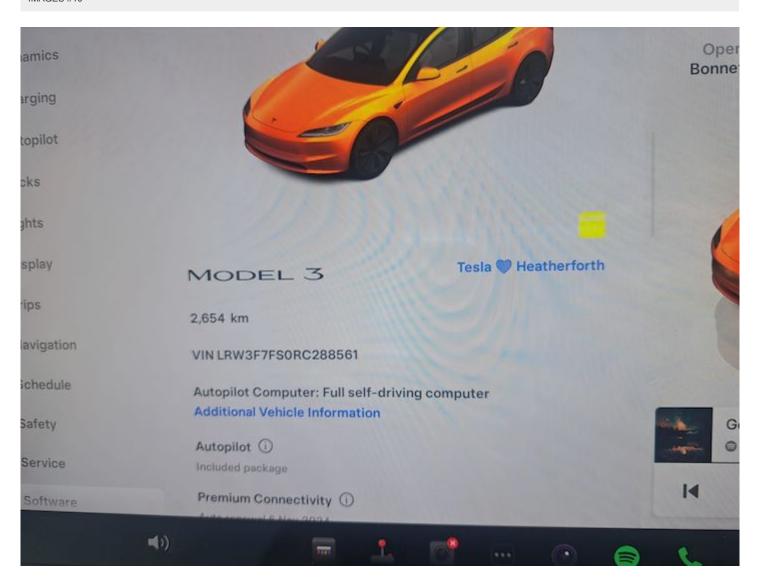
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241023/7085

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 23/10/2024 15:31		Vide Report No.:	Station Diary No.:		
Informan	t's Particular	rs .				
Name of Informant: Address: TAN JIAN AN, KENNY 402A NORTHSHORE DRIVE #13-36 SIN			#13-36 SINGAPORE 821402			
ID Type / NRIC NC	/ ID No.: 0 / S8337301	1F	Contact No.: Home/Office: Mobile: 97707574			
Nationality: SINGAPORE CITIZEN		N	Email: KTJA@ME.COM			
Sex: Age: Date of Birth: Male 40 17/11/1983			Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Director			Driving Licence Information: Class: Date of Expiry:			

Seneral Information	of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/10/2024 09:45	Type of Location:	
Location:			-		
SCOTTS ROAD					
Weather:		Road Surface:			
Traffic Flow:		Traffic Control:	Traf	Traffic Volume:	
Type of Collision:				one conveyed by oulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SNS9206Z	Motor car	TESLA	MODEL 3 RWD 110	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNS9206Z	LIBERTY INSURANCE PTE LTD	SD24V16309	04/09/2024	03/09/2025





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241023/7085

CONTINUATION OF REPORT

Details of Person	Involved					
Any Pedestrian In	volved: No					
No. of Pedestrians	s Injured: NIL		Use of Ped	destrian	Crossin	g: NA
Driver			No.			
Name	TAN JIAN AN, KENNY	TAN JIAN AN, KENNY		ID No).	S8337301F
Related Vehicle	SNS9206Z (Motor car)			Conta	act No.	97707574
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis		Date Disch	narge	NIL	
No. of Days grant	ed Medical Leave (MC)	07	Degree of	Injury	Serio	us

Brief Details.

On the stated date and time, I was driving SNS9206Z along Scotts Road.

I had gradually come to a stop at due to traffic conditions when moments later, a massive impact slammed into the rear of my vehicle, catching me completely off guard.

My entire body lurched forward due to the unexpected impact only to be restrained by my seat belt.

Upon alighting, I realised that SGF738R had crashed into my rear and both vehicles were badly damaged.

After the accident, I started feeling pain over my neck, shoulders, chest, lower back, right knee and right calf areas.

Later the same afternoon, I sought treatment at GP Healthcare after I finished a meeting nearby.

I was given 7 days MC for injuries caused by the accident.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20241023/7085

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/10/2024 15:31
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:
NP168	