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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 Authorised Driver.
   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 ability.
- 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.

- 5. 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 Report	22/01/2018 14:04
Date Of Accident	21/01/2018 21:50
Exact Location Of Accident	JUNCTION OF AMK ST 31 TURNING LEFT TO AMK AVE 6
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN978L
Insured/Policyholder	
Name Of Registered Owner	KOH GAY YONG(XU YIYANG)
NRIC No	S8105171B
Email Address	KOHGAYYONG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97406247
Alternative Phone No	OTHERS-97406247
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TIGUAN
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V16272/VPC/R01
Cover Note Number	
Driver	
Name of Driver	KOH GAY YONG(XU YIYANG)
NRIC No	S8105171B
Date Of Birth	17/02/1981
Occupation	INDOOR
Date Of Driving Pass	17/08/2002
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97406247
Fax Number	
Contact Number	OTHERS-97406247

KOHGAYYONG@YAHOO.COM.SG

BLK 230 ANG MO KIO AVENUE 3 Address

#08-1256

Postcode 560230

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

CLEAR

General Information of the Accident

Type Of Accident NO COLLISION Weather Conditions

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

1

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

TEL NO: 1800-4519999 - FAX NO: 65535679

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY:

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180122/2005 (COLLISION TYPE IS HIT ON ANIMAL)

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the lodgment 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:

#### 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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





T/20180122/2005

1 of 3

Report No. T/20180122/2005

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

REPORT OF A TRAFFIC ACCIDENT			LANCE PARTIES AND ADDRESS OF THE PARTIES AND ADD	Station Diary No.	
Date/Time Report Made: 22/01/2018 01:21		ade:	Vide Report No.:	11	
Informan	t's Particu	ilars			
Name of Informant: KOH GAY YONG			Address: APT BLK 230 ANG MO KIO AVENUE 3 #08-1256 SINGAPORE 560230		
ID Type / ID No.: NRIC NO / S8105171B Nationality: SINGAPORE CITIZEN		71B	Contact No.: Home/Office: Mobile: 97406247		
		EN	Email:		
Sex: Male	Age: 36	Date of Birth: 17/02/1981	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: IT CONSULTANT			Driving Licence Information: Class: 3	Date of Expiry:	

	nation of the Accident		Data /Time of	Type of Location
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/01/2018 21:50	T-Junction
Location: Along Road 1 ANG MO KIC ALONG ANG Weather:	STREET 31 MO KIO STREET 31 BI	Road Surface:	i i i	TO AVENUE 6. Road Speed Limit:
	Clear Dry			
Clear		rights		7-2 (0) (100)
Clear Traffic Flow: Two Way		Traffic Control: Not Controlled	1	Traffic Volume: Light Anyone conveyed by

Details of V	ehicle invo	Ived			0	No of Doccoppe
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN978L	Car	VOLKSWAGO	TIGUAN	White	No Damage	1

Details of Person Involved	
Any Pedestrian Involved: No	A STATE OF THE STA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

2 of 3 Report No. T/20180122/2005

#### CONTINUATION OF REPORT

Driver					I English	KI KISPA ENDANG
Name	KOH GAY YONG		ID No	).	S8105171B	
Related Vehicle	NIL		NIL Contact		act No.	97406247
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Dis		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave NIL		Degree o		NIL	

#### Brief Details.

On the mentioned date, time and location. I was driving in my White Volkswagen bearing registration number SJN978L on the left lane of along Ang Mo Kio Street 31 in between block 302-303 ang mo kio. At that point of time, I was approaching the junction of avenue 6 slowing down when I noticed that there was a dog on my left side at the lamp post area. When I came to a stop at the junction, I felt a tap coming from the left rear of my vehicle. I then came out to check to see what had happened. I then came to realize that there was a dog which was caught abit on my left back tire. I then reversed my vehicle slightly so that the lady could retrieve the dog.

Subsequently, I sent them to the vet located at Block 107 Ang Mo Kio(United Veterinary Clinic PTE LTD. I have a in car camera that is working however I cannot retrieve the footage.





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

3 of 3 Report No. T/20180122/2005

Tel No: 1800-4519999

Authentication Stamp

NP168

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

Submitted elector plan-

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 1 CHEE JIN RONG, CLEMENT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2018 01:21
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
4411441141141141141	F 36 101

A GCIDENT'STATEMENT 1. DETAILS OF VEHICLE SJN 9781. a) YEHICLE NUMBER:\_ DINSURANCE COMPANY CIPOLICY NUMBER: D)MAKE & MODEL: YOUR WAGAN, TOUR BUTTO TITYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) hipurpose of using at accident time: I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOYDER AINAME: -UNKNOWN BINRIC/FIN/PASSPORT CIADDRESS! \* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER Alto of busings DRIVER HABOUR IMALE / FEMALE) a) NAME: (Including driver) b) NRIC/FIN/PASSPORT!\_ CIADDRESS! J(DD/MM/YYYY) 'd) DATE OF BIRTH: (. e) OCCUPATION: (INDOOR / OUTDOOR) HOATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES TOWNAR) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED :\_

4 No of passinger of DRIVER'S NAME: \_\_\_\_\_\_ CONTACT:\_\_\_\_\_\_

email: Kohgayyong Qyahoo. com.sg

V1080

## REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8105171B



Name

KOH GÁY YONG (XU YIYANG)



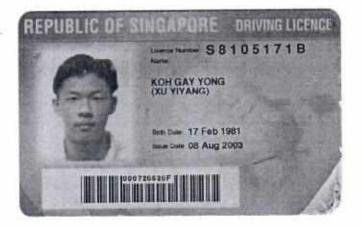
CHINESE Date of birth.

17-02-1981 M

Country of birth SINGAPORE



4807843





03-01-2012

APT BLK 230 ANG MO KIO AVENUE 3 #08-1256

SINGAPORE 560230

YOU ARE THEN SED TO DRIVE CENTERS IN THE FOLICE IN SLASSIES! PESDATE Class 3 Motor Cars and Motor Tracture the weight of 17.Aug 2002 which restanded does not exceed them belograms Licenso No. 581051718





# 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 (Malaysia), Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Name of Policyholder:

KOH GAY YONG (XU YIYANG)

Date of Issue:

06 Nov 2017

Registration No.: SJN978L Effective Date of Commencement:

21 Nov 2017 00:00

Chassis No.:

WVGZZZ5NZFW029973

Certificate No.:

SI17V16272/ VPC / R01

Date of Expiry:

20 Nov 2018 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.

Limitations as to use:

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 (Malaysia) 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 (Malaysia).

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

For Information Only:

Name of Finance Company:

Coverage(5)

Comprehensive, Unlimited Windscreen, NCD Protection, Buy Up Excess

Sum Insured

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$1200 Section I - Unnamed Drivers S\$1700 Additional Excess for Young. Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

MAYBANK

Name of Producer

SD CONTEGO SERVICES (A1429-2)