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 Authorised 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 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.
- 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 Report	24/01/2018 17:39	
Date Of Accident	24/01/2018 08:45	
Exact Location Of Accident	DUNEARN RD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBF1933X	
Insured/Policyholder		
Name Of Registered Owner	M-TECH AIR-CON & SECURITY ENGINEERING PTE LTD	
Co Reg No	19930408W	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-65673090	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	DYNA	
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?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	LIBERTY INSURANCE PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	SD17V07783/VCV/R00	
Cover Note Number		
Driver		

Driver

Name of Driver TAN BOON TECK NRIC No S1134825D Date Of Birth 26/09/1955 Occupation **INDOOR Date Of Driving Pass** 29/05/1977 **Driving Experience** 40 YEARS AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-96517876 Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 607 ANG MO KIO AVE 4 #03-1287

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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 this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 4

Passenger 1

NAME: : SIEW YOKE FAH

> GENDER: : MALE

Passenger 2 NAME: : HOSEN MOHAMMAD BELAL

NO

NO

GENDER: : MALE

Passenger 3 NAME: : IQBAL MOHAMMAD ROYHAN

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG DUNEARN ROAD ON THE CENTER LANE OF 3 LANES. IT WAS ON HEAVY TRAFFIC. VEHICLE IN FRONT SLOWED DOWN AND STOPPED, I FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT. VEHICLE B HIT ON THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. INITIALLY, VEHICLE B WANTED TO COMPENSATE. HOWEVER, DUE TO HIGH REPAIR COST, I WAS TOLD TO CLAIM AGAINST HIS INSURANCE.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHC5185G Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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 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.
- 5. 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 insurers) 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.
- (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:
 - (i) 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.

Tan

Policyholder's Signature

Date & Time:

Tan

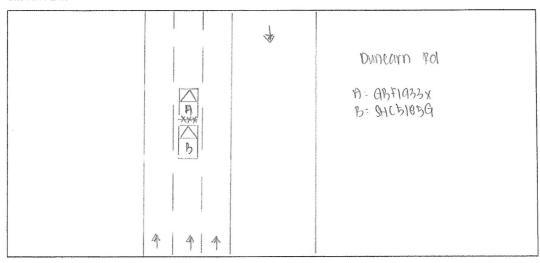
Driver's Signature (If driver is not the policyholder) Date & Time:

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

GIARNIC SketchFlanForm_you

NEW HOLD TECK

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was transfilling straight along bringarn to on the centre lare
of 3 lanes. It was on heavy traffic.
venicle in flowed allowed allows and stopped, I fallow sint.
suddenly, I felt an impact. Youlde & hit on the year portion
of my vemore and caused damages.
Initially, retricte is named to compensate towever, due to
Initially, remove is named to compensate thomeson, all to many repair to it. I was told to claim against mis
insurance.

DECLARATION

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

Policyholder's Signature

Date & Time:

Tan

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1134825D





Name

TAN BOON TECK

陳





Race

CHINESE

Date of birth

Sex M

26-09-1955

Country/Place of birth

SINGAPORE

5636044







Date of issue

17-08-2016

Address

APT BLK 607 ANG MO KIO AVENUE 4 #03-1287 SINGAPORE 560607



S1134825D

TAN BOU , TECK

Birth Date: 26 Sep 1955

Issue Date: 28 Aug 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIC

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

29 Aug 19

NP 428A



INSURANCE





Liberty Insurance Pie Ltd Hagistration no.186002791D 51 Club Street #03-001.0ex(y flouse Singapore CD9428 Tel: (85) 8221 0311 Fax: (86) 8225 8850 Weaster http://www.diachy/r.curanoo.com.ag

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES,1990 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Form Date Of Issue	MZ300A 27-JUN-2017
1.index Mark and Registration No. of Vehicle:	GBF1933X
2.Chassis number of Vehicle:	JTFAT35Y50K206616
3,Name of Policyholder:	M-TECH AIR-CON & SECURITY ENGINEERING PRECITO
4.Effective date of Commencement of Insurance for the purposes of the Act:	26-JUL-2017 00:00 AM
5.Date of Expiry of Insurance:	25-JUL-2018 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 pechission.

Provided that the person driving its permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has born so permitted and is not disqualified by order of a Court of Law or by reason of any chaplmont or regulation in that behalf from driving the Motor Venide.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act into 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, damestic and aleasure purposes.

8. The Policy does not cover:

A) Use for hire or reward or for racing, page-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing or any one disabled machanically propolled vehicle.

"Limitations rendered Inoperative by Section 5 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 55 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

IWe hereby corility 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 169) and Part IV of the Road Transport Act, 1987 (Malayata).

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For information only:

COVERAGE :

Comprehensive Unlimited Windscrean

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS.

EXCESS:

(7

Section 1 - S\$600,Additional Excess - All Cistins - Young, Elderly & Inexperienced Drivers S \$3000,Windscreen Excess \$\$100

FINANCE COMPANY:

PRODUCER NAME:

IPP FINANCIAL ADVISERS PTE LTD

PLTE/PLTE/28-JUN-17

SI_CI_TY_T3_CE_Templete2-Ver1.

29-JUN-17

















