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Owner / Driver: (	95164	, INC (	)/Hov·MC(	) 4 .	4
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) Apply for Transport Allowance ( ) / Cour	ωy Car ( )	·	CENTRAL HE		Himboules .
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#### 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.
- 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.
- 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.	
THE RESERVE OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	12/02/2018 18:31
Date Of Accident	09/02/2018 06:50
Exact Location Of Accident	PIE TOWARDS TUAS ENTRANCE 31(MERGE LANE)
Country/State of Loss	SINGAPORE
THE REPORT OF THE PARTY OF THE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS7107A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	KDYONE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88095757
Alternative Phone No.	OFFICE-88095757
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ASX 2.0 6-CVT-2.0 ABS D/AIRBAG SR 2WD (M)
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	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	SD18V00033/VPZ/R03
Cover Note Number	
Driver	
Name of Driver	KIM DONG YOUNG
NRIC No	G6218784R

KDYONE@GMAIL.COM

 Name of Driver
 KIM DONG YOUNG

 NRIC No
 G6218784R

 Date Of Birth
 20/04/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 10/06/2009

 Driving Experience
 8 YEARS AND 7 MONTHS

 Gender
 MALE

 Mobile Number
 (LOCAL) +65-88095757

 Fax Number
 OTHERS-88095757

EMail Address

Address

2 GATEWAY DRIVE

#03-10

Postcode

608533

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

4

# Number of Passengers (Including Driver)

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?

**Details of Police Action** 

#### 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?

NO

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SLR9516H

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

LARRY GOH CHAN CHZE

NRIC/Passport Number

S1694428I

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 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 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.
- By the ladgment of this report to the insurers, you hereby consent to the archiving of this report in the centre and to copies of
  the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

) understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") moy/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 fall 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 seed 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.

(II driver is not the policyholder)

Date & Time: 09/02/8/6:4

Securing Centre Personnel's Signatur

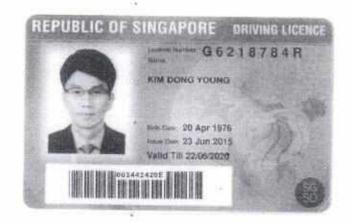
Name:

NBIC/FIN No.

	TE - PIE =
	A B
SCRIBE CIRCUMSTANCES O	OF THE ACCIDENT
I, kim Dong	Young G6218784R, was driving
KS 7107A	at the back by another vehicle at 09/02/18 06:50am. SLR9516H
got hit	at the back by another vehicle
SLR 9516R)	at 09/02/18 06:50am - SLR95/6H
river apologi	used for not breaking in time.
	*
	• • • • • • • • • • • • • • • • • • •
	**
LARATION ENTAL	l'ars are true in oveyr respect.

#### SINGAPORE ACCIDENT STATEMENT IMPORTANT NOTICE 1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for effiling. 2. Please report correctly the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and for the Authorised Driver. 4. Information provided must be as truthful and accurate as possible. Any witful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The insurance and acceptance of this Form by insurance companies is nit an admission of the policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffice Police Department for investigation, ACCIDENT STATEMENT Date and Time of Accident 4 Exact Location of Accident Towords ı Tues Entrance 31 Cmergie (are) DETAILS OF OWN VEHICLE Vehicle Registration Number 7107 A ä INSURED / POLICYHOLDER (OWN VEHICLE) Name of Registered Owner (See Insurance Cert.) Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number - Not Applicable VEHICLE PARTICULARS (OWN VEHICLE) Vehicle Make / Model Manufacturer: Modeli Type of Vehicle Saloon MPV 0 CRV Bus M/cycle Others Exact Purpose for which vehicle was being used at time of Home Are you claiming under own insurance policy for repair to 0 Yes O No (If No. Pls select 0 Third Party your vehicle? INSURANCE COMPANY (OWN VEHICLE) Name of Insurance Company Type of Policy Comprehensive 0 O TP Only Third Party Fire & Theft Fleet Policy Yes No Policy Number Motor CI DRIVER Same as Insured above Name of Driver Kim Dong V Yourg Personal Identification - NRIC (Singaporean/PR) × - FIN/Passport Number G62187848 -Date of Birth /dd 04 1976 30 20 /mm /yy Driving Date Pass 23 06 2015 4 /dd /mm 133 Year of Driving Experience 23 30 Year(s) Month(s) Month(s) Occupation Manager 45 Construction O Outdoor Indeor Gender t Female Contact Number / Mobile Phone / Fax No. 8809

idress of Driver 3	2 adeway Pr. #03-10		
mail Address A	kdyone@amail.com		
as Driver An Employee of the Insured's Company?	O Yes O No		
No. Relationship of the Driver with the Insured			
chicle Registration Number of Driver's Own	O Yes O No		
elicel Registration Number of Driver's Own Vehicle (if policable)			
isurance Company of Driver's Own Vehicle (if applicable)			
ENERAL INFORMATION OF THE ACCIDENT	10 40		
yre of Collision (Eg. Chain Collision, Head-On Collision, Side wipe, Front to Rear)	Head of country		
Veather Conditions 4	O Clear O Raining O Others		
Road Surface #	O Dry O Wet O Others		
OTHER INFORMATION			
a. Was anybody injured in the accident?	O Yes O No		
b. Was any other vehicle or perperty damaged? (Including Witness)	O Yes O No		
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?	Yes No (if Yes, please state which Police Station.)		
Police Station Name			
Police Station Address			
Police Station Contact	Tel No. Fax No.		
Was notice of intended Prosecution given?	O Yes O No (if Yes, against whom?)		
DETAILS OF OTHER VEHICLE / PROPERTY 1	mb		
Vehicle Registration Number	SLR 9516H		
Vehicle Maire/ Medel/ Colour			
Details of Properties			
Name of Driver	Larry Goh Chau Chze		
Personal Identification - NRIC (Singaporean/PR)	\$16944281		
- FIN/Passport Number			
Contact Number			
Vehicle Make/ Model/ Colour			
Address of Driver			
Address of Univer			
Name of Insurance Company			



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES?

EFFECTIVE DATE

Class 3 Molor Cars =< 3000kg with =< 7 juasengers, exclusive 10 Jun 2029 of the driver; and other tecks; vehicles =< 2505kg

7315/525/6

Licence Nocasiana



EMPLOYMENT PASS ant of Fereign Manpower Act (Chapter 91A) Regulate of Bingapore

DATEM INDUSTRIAL CO. LTD.



KIM DONG YOUNG CONSTRUCTION MANAGER

TWO THY THINK

Date of Applica 13-00-2017 Use of Issue 26-03-2017 Date of Energy 10-06-2018



KOWEAN, SOUTH

17744870

VIBIT PASS

THE DONG YOUNG



20-04-1976 M

MAILTIPLE POSPENCY VIIIA INTRIED





Liberty Insurance Pte Ltd Registration no. 199002791D 51 Club Street #03-00 Liberty House Singapore 059428 Tel: (65) 6221 8611 Fax: (65) 6225 6890

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 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)					
Certificate No	SD18V00033 /VPZ /R03	Alterial Filter			
Form	MZ406				
Date Of Issue	26-DEC-2017				
1.Index Mark and Registration No. of Vehicle:	SKS7107A				
2.Chassis number of Vehicle:	JMFXTGA2WFZ010850				
3.Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD				
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-JAN-2018 00:00 AM				

5.Date of Expiry of Insurance:

6.Persons or Classes of Persons

entitled to drive":

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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\*:

A) Use for carriage of passengers or goods in connection with the Policyholder's business.

B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.

#### 8. Policy does not cover:

A) Use for racing, pace-making, reliability trial or speed-testing.

B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

\*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

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabuar Extension

31-DEC-2018 23:59 PM

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section | -Singapore S\$800 / Outside Singapore S\$1300,Additional Excess for Young &

Inexperienced Drivers S\$1500, Windscreen Excess S\$100

FINANCE COMPANY:

SING INVESTMENTS & FINANCE LTD

PRODUCER NAME:

ACORN INTERNATIONAL NETWORK PTE LTD

PLYW/-/29-DEC-17

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29-DEC-17