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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

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
- 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.
- 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 ladgement 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

| District Control of the Control of t | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 20/02/2018 15:15 |
| Date Of Accident | 20/02/2018 06:40 |
| Exact Location Of Accident | BISHAN MRT DROP OFF POINT |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLU4402U |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN JEK THOON |
| NRIC No | S1736058B |
| Email Address | JEKTHOONTAN@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-96602310 |
| Alternative Phone No | OTHERS-96602310 |
| Vehicle Particulars | |
| Manufacturer | RENAULT |
| Model | GRAND SCENIC IV-1.5 DCI EU6 (A) |
| 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 |
| f 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 | SD17V13867/VPC2/R00 |
| Cover Note Number | |
| Oriver | |
| Name of Driver | TAN JEK THOON |
| NRIC No | S1736058B |
| Date Of Birth | 22/04/1966 |
| Occupation | INDOOR |
| Pate Of Driving Pass | 25/02/1989 |
| Priving Experience | 28 YEARS AND 11 MONTHS |
| Gender | MALE |
| fobile Number | (LOCAL) +65-96602310 |
| CAN BE AND STATE OF THE STATE O | NT OF THE PROPERTY OF THE PROP |

OTHERS-96602310

JEKTHOONTAN@YAHOO.COM.SG

Address

BLK 87 COMMONWEALTH CLOSE

#04-33

Postcode

140087

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

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: HO SIEW LAN

GENDER:

: FEMALE

Passenger 2

NAME:

: TAN WEI SHENG

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

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

SFZ7132Z

Vehicle Make/Model/Colour

HONDA VEZEL

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SEE THO KOK FOO

NRIC/Passport Number

S1182875B

Contact Number

91283528

Address

Postcode

Insurance Company Name Nature Of Damage 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 Authorised Driver.
- 3. 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.
- 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 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:
 - (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
- 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.
- 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.

Policyholder's Signature

Date & Time: 20 / 2 / 20 / 8

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person

| Bishan MRT trop offpoint | |
|--------------------------|---|
| My Car -> | \ |
| | |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Both SFZ71327 and SLV44024 came to a half to drop passenger. As I am coming out of the car, the gear was not engage to purk and handbrake was not properly applied, the car move forward and pang outs the back of SFZ71327. | |
|---|--|
| a half to drop passenger. At I am coming out of the car the gear was not engage to punch and handbrake was not properly applied, the car move forward and hang outs the back of SFZ7132Z. | Both SFZ7132Z and SLY44UZU came to |
| purk and handbrake was not engage to purk and handbrake was not properly applied, the lar move forward and pang onto the back of SFZ7132Z. | a half to drop passenger. As I am comine |
| the lar more forward and properly applied, back of SFZ7132Z. | out of the car, the year was not engage to |
| the car move forward and bung onto the buck of SFZ7132Z. | purk and bandbrake was not properly contied. |
| buck of SFZ7132Z. | the lar move tarual and have at the |
| | back of SFZ7132Z |
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| | DECLARATION |

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

Policyholder's Signature

Date & Time:

20/2/2018 2.23 pm

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

Reporting Centre Rersonnel's Signature
Name:
NRIC/FIN No. 10821 WATOS

A GCIDENT'STATEMENT

| ACCIDENT DATE: 20/1/20/8 (DD/MM/YYY), TIME: (06:40)(HH:MM) |
|--|
| LOCATION: Bishan MRT drop off point - |
| 19.3(1)(3)(1) |
| 1. DETAILS OF VEHICLE |
| alvehicle NUMBER: SLU 47 02 9 |
| BINSURANCE COMPANYI LI DECTA 14 1400 |
| CIPOLICY NUMBER: SDIVE 1 THE PARTY / THIRD PARTY FIRE ATHEFT) |
| |
| () TYPE: (SACOON / COUPE MPY / VAN / LORRY / MOTORCYCLE / OTHERS) |
| TO A COLOR STORE STATE A A SWITE DESTRUCTION OF STRAIN SECTION AND RESIDENCE OF THE STRAIN SECTION OF STRAIN SECTION SECTION SECTION OF STRAIN SECTION SECTION SECTION SECTION SECTION OF STRAIN SECTION SECTI |
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| HO SIMULAN (F) I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (MINO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) NSURED / POLICY HOLDER |
| HO SIMM US THE INO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) |
| HO SIMULAN (F) I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (FIND) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) A) NAME: Tan Jok Thour B) NRIO/FIN/PASSPORT: S/736058 ISCONTAGT: 7660 23/0 |
| TAN WICH AINAME: 1790 JCK THOU! MALE JEMASSI D |
| |
| CIADORESS: 477 6/K 6/ CHEADOR 140.007 |
| * CONTINUE TO 3. d IF DRIVER ALSO PORCY HOLDER |
| MILL OF PRIVER W |
| 1041 N. C. |
| (Including driver) bINRIC/FIN/PASSPORTICONTACT: |
| (3) c)ADDRESS: |
| *d) DATE OF BIRTH: (22/4//9/6)(DD/MM/YYYY) : ; |
| THE PROPERTY OF THE PROPERTY O |
| THE WAR AND THE PARTY OF THE PA |
| WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANT (1997) |
| IF NO. RELATIONSHIP OF IMEDICATE WITH THOUGHT |
| 5. O WEATHER CONDITION (CLEAR / RAINING / OTHERS |
| 6. WAS ANYBODY INJURED (YES / HO) |
| TO ERRORTED TO POLICE (YES /AS) |
| THE REPORT OF THE PROPERTY AND THE WALLEY OF THE PROPERTY OF T |
| 8. THIRD PARTY VEHICLE SEZ7132Z WORSE, Honda Vestel |
| TO NO OF DASSONALY OF VEHICLE INDIVIDENT |
| (had down dehate) DI DRIVER'S NOME - 120 2 0 7 CB CONTROL 9/20 25 20 |
| O NKIC/FIN/FASSIONI |
| () 9. THIRD P'ARTY VEHICLE MODEL! |
| HO AP DECUMBLE OF DOLLED'S NAME! |
| (Including driver) 1) NRIC = N/PASSPORTICONTACTI_ |
| () |
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| . I thoon tan yahoo com. |
| LANDONIA |

email = jek thoontan@yahvo.com.sg. fax = VIOEO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1736058B





TAN JEK THOON



CHINESE 22-04-1966 SINGAPORE







24-01-2015

APT BLK 87 COMMONWEALTH CLOSE #04-33 SINGAPORE 140087

5422998



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

REPUBLIC OF SINGAPORE DRIVING LICENCE

TAN JEK THOON

Brit Unio: 22 Apr 1966 Ittia Date: 26 Feb 2015

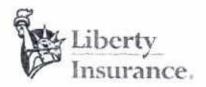
002359494K

S1736058B

EFFECTIVE DATE Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 25 Feb 1989 of the driver; and other motor vehicles =< 2500kg

Licence No: S1735058B

NP 428A





Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8811 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)

| Certificate No | SD17V13867 /VPC2 /R00 | | |
|--|-----------------------|--|--|
| Form | MX1 | | |
| Date of Issue | 21-DEC-2017 | | |
| 1.Index Mark and Registration No. of Vehicle: | SLU4402U | | |
| 2.Chassis number of Vehicle: | VF1RFA00758596310 | | |
| 3.Name of Policyholder: | TAN JEK THOON | | |
| 4.Effective date of Commencement of Insurance for the purposes of the Act: | 30-NOV-2017 00:00 AM | | |
| 5.Date of Expiry of Insurance: | 29-NOV-2019 23:59 PM | | |
| 6.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.

7.Limitations as to use*:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

8. 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.

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 I/V 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, NCD Protection

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I S\$800,Additional Excess For Young & Inexperienced Drivers S\$3000,Windscreen Excess

S\$100

FINANCE COMPANY:

HL BANK

PRODUCER NAME:

WEARNES AUTOMOTIVE PTE LTD

PLGG/PLGG/02-JAN-18

S1_CI_T1_T3_OE_Template2-Ver1.

02-JAN-18