Dutalas attac		NA 118076600	200000000000000000000000000000000000000
Date In: 13/6/18-13:24	Job description	Date & Time Completed	Done by
Ref No: NA / UI P18010843/24	SAS e-filing		
Veh No: 5759994	E-mail (within Shrs, AIC 2hrs)		
D.O.A :12/6/18-16:40	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2h)	rs, TP 4brs)	
OD / TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: Fao	c;
TP Particulars: Veh No:	inc()/Non-INC()	3
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-100	0%]
Year of Registration: ()	Warranty: YES ()/NO()	
	51,000 ()/\$2,000 ()		
General Remarks;-			en S
() Walk-In Customer : Customer's i			
() Total Loss Case : to e-mail Ins	surer URGENTLY.	94 1 3	,
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO(); T	owing Co: (.)
Remarks: (INC hotline: 6788 6616	Name of the state	Date& Time Completed	Done by
(1235) 110 1111 110 1010	Carrier of the Carrie		30. 4. (2. (2. (2. (2. (2. (2. (2. (2. (2. (2
1) Apply for Transport Allowance (/Courtesy Car ()		
	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
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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.
- 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.
- 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.

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A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	13/06/2018 12:24
Date Of Accident	12/06/2018 16:40
Exact Location Of Accident	ALONG PETIR RD BESIDE BUS STOP:44389
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY5999K
Insured/Policyholder	
Name Of Registered Owner	KOK CHEE WENG DANIEL
NRIC No	S7529638Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93874736
Alternative Phone No	OFFICE-93874736
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TIGUAN 1.4 TSI AT BMT 5N22QY
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
Delley Number	

Policy Number SI17V16942/VPC/R01

Cover Note Number

Driver

Name of Driver TAN SIEW LENG (CHEN XIULING)

NRIC No S7628739B Date Of Birth 13/09/1976 Occupation INDOOR Date Of Driving Pass 14/03/2002

Driving Experience 16 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96997570

Fax Number

Contact Number OFFICE-96997570

EMail Address NOEMAIL Address

BLK 87 COMMONWEALTH CLOSE

#03-21

Postcode

140087

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLIDED INTO PEDESTRIAN

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

William .

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: KOK SHUEN REESE

GENDER:

FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180612/2179.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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.
- 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:
 - (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: Driver's Signature

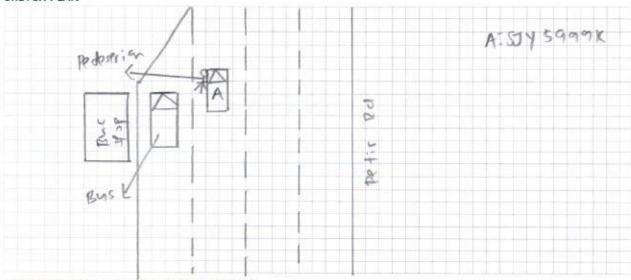
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Do loc	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Krtpl	to police report - 7/20180612/2179.	
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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:

Reportir

Tentre - :rsonnel's Signature

Name:

NRIC/FIN 1.:





1 of 4

Report No. T/20180612/2179

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 12/06/201	e Report N 18 22:57	/lade:	Vide Report No.: J/20180612/0125	Station Diary No.: 202	
Informan	t's Partic	ulars			
Name of TAN SIEV	Informant: W LENG		Address: APT BLK 87 COMMONWEA 140087	LTH CLOSE #03-21 SINGAPORE	
ID Type / ID No.: NRIC NO / S7628739B			Contact No.: Home/Office:	Mobile: 96997570	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age:	Date of Birth: 13/09/1976	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:		

General Infor	mation of the Accident	THE PERSON		
Type of Accident:	Injury Conveyed By Ambulan	Drink ce Drive:	Date/Time of Accident: 12/06/2018 16:40	Type of Location Straight Road
Along Petir Road		mah Road, at th	e bus stop (B44389), o	opposite Blk 201 Petir
Weather: Clear	100	oad Surface: ry		Road Speed Limit:
Traffic Flow: Two Way	1.050	Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Moving Vehic	ion: le Against - Pedestrian			Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJY5999K	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20180612/2179

2 of 4

Report No. T/20180612/2179

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

Driver	Name of the Opening of the Opening					
Name	TAN SIEW LENG		ID No	-62	S7628739B	
Related Vehicle	SJY5999K (Car)			Conta	ict No.	96997570
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	200	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL		ee of Injury NIL		
Passenger	NO. DEPT. STATE OF					
Name	Kok Shuen Reese			ID No	•12	T0927014G
Related Vehicle	SJY5999K (Car)		Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Di			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 12th June 2018 at about 1640hrs, I was travelling along Petir Road in my vehicle (SJY5999K) heading towards Cashew Road. I was on the way to send my daughter, Reese to school for some make up lesson. I was approaching the bus stop (B44389) which is opposite Blk 201 Petir Road, there was a stationary double decker bus at this bus stop, when one Chinese boy just dashed out from in front of the said bus. I tried to swerve to the right to avoid him, but I could not and eventually collided with the boy whom dashed out. The boy flipped to the side and fell to the ground.

I immediately came out of the vehicle and approached the boy. The boy was still conscious and kept complaining of pain. I noticed that there were scratches and bruises on his left cheek, right forehead and he also complained of having neck pain. I also called for the Ambulance at the same time. While waiting for Ambulance to arrive, I managed to contact the boy's family members which was provided by the boy. Shortly, the boy's grandmother and auntie came down. The Ambulance also arrived and attended to the boy. The boy was name "Lucas".

The Traffic Police then came about 05 minutes after the arrival of the Ambulance. The Ambulance subsequently conveyed the boy to KK hospital for medical assessment there. There is in car camera in my vehicle and it has captured the whole accident. I have handed my SD card to the Traffic Police as well. There was one witness "Mr Jeremy HP: 94508110", came and told me that he was standing in front of Blk 201 Petir Road when he saw the boy dashing across the traffic from opposite, he wanted to shout at the boy to not dash but it was too late.

I wish to state that I was not travelling fast as there was a hump up ahead on the road which I was travelling on.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 3 of 4 Report No. T/20180612/2179

CONTINUATION OF REPORT

TP IO Khairi Tel: 65476131. Report number: J/20180612/0125





4 of 4

Report No. T/20180612/2179

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Singapore Police Force

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: J /	Signature Of Informant:
Sgt 2 LUCAS KOH PEI SONG	- May
Signature Of Interpreter:	Date/Time:
Not applicable	12/06/2018 22:57
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sgt 3 MARIAH BINTE ZAKARIA	
Contact No.: 65476433 SN 117	
Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7628739B



TAN SIEW LENG (CHEN XIULING)

CHINESE

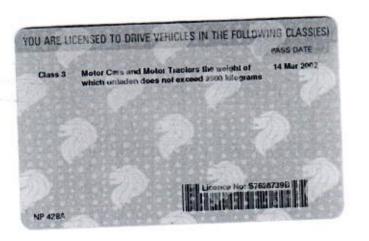
13-09-1976

SINGAPORE











Certificate of Insurance

www.libertyinsurance.com.sq

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:

KOK CHEE WENG DANIEL

Date of Issue:

21 Nov 2017

Registration No.:

SJY5999K

Effective Date of Commencement:

04 Dec 2017 00:00 Chassis No.:

WVGZZZ5NZGW035782

Certificate No.:

SI17V16942/ VPC / R01

Date of Expiry:

03 Dec 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.

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:

Coverage(s):

Comprehensive, Unlimited Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

DBS BANK LTD

Name of Producer:

JUN SHI INSURANCE AGENCY (A1186-2)