

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 willful 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. 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 | 21/05/2019 09:04 |
| Date Of Accident | 18/05/2019 12:40 |
| Exact Location Of Accident | JLN EUNOS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLN4242B |
| Insured/Policyholder | |
| Name Of Registered Owner | KOH CHIEP CHONG |
| NRIC No | S7902344B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98258559 |
| Alternative Phone No | OFFICE-98258559 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | MITSUBISHI |
| Model | ATTRAGE 1.2 CVT |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | S119V05178/VPC/R00 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KOH CHIEP CHONG |
| NRIC No | S7902344B |
| Date Of Birth | 30/01/1979 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/10/1999 |
| Driving Experience | 19 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98258559 |
| Fax Number | |
| Contact Number | OFFICE-98258559 |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 365A UPPER SERANGOON RD #15-1040 |
| Postcode | 531365 |
| 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 (including own vehicle) involved in the accident | 2 |
| 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. | NO |
| Number of Passengers (Including Driver) | 4 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 3 | NAME: : UNKNOWN GENDER: : FEMALE |

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 ATTACHED STATEMENT.

Attachment(s)

| | |
|---|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBB8760C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | ISMAL BIN ROSTAM |
| NRIC/Passport Number | S8827500D |

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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
- (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.



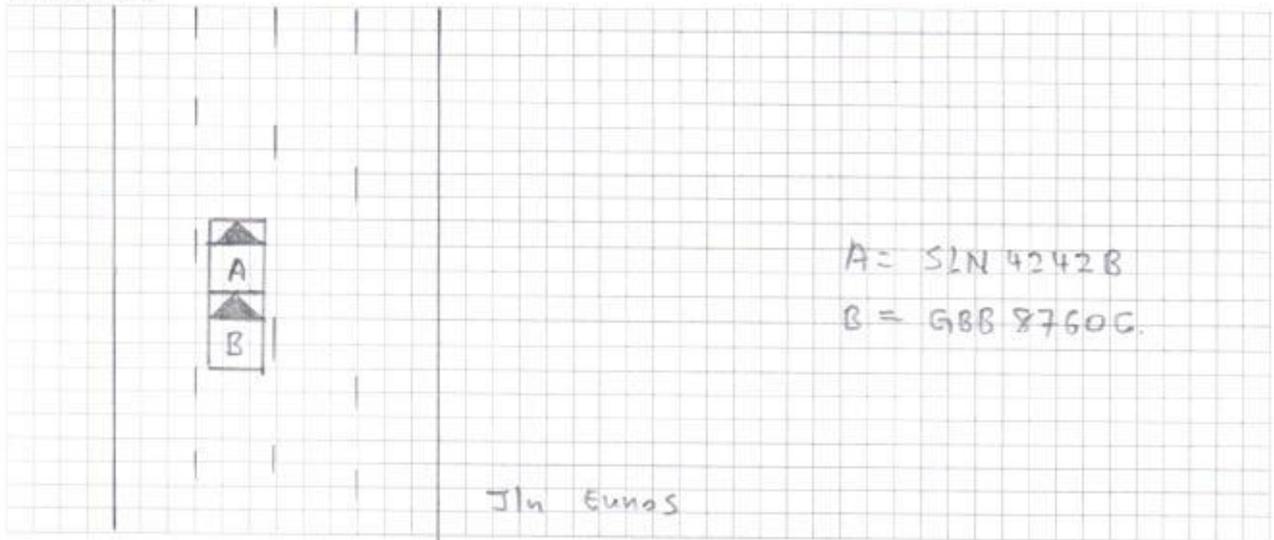
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

I WAS TRAVELLING ALONG JLN EUNOS, VEH INFRONT OF ME SLOW DOWN AND STOP, AS SUCH I FOLLOW TO SLOW DOWN AND STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO GBB8760C) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 5 / 19.) (DD/MM/YYYY), TIME: (12 : 40) (HH:MM)

LOCATION: Jalan Eunus.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM 4242 B.
b) INSURANCE COMPANY: Liberty
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Koh chiep cheng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9825 8559.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1/1/1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)
b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBB 8760C. MODEL: _____
b) DRIVER'S NAME: Ismail Bin Rostam
c) NRIC/FIN/PASSPORT: S 8827500D. CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(~~3~~) 4

111
FFF

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

writing CZ &

license

email = Pauline

fax =

video = Yes.

with driver.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7902344B



Name
KOH CHIEP CHONG
(XU JIECONG)
许捷聪

Race
CHINESE

Date of birth
30-01-1979

Sex
M

Country/Place of birth
SINGAPORE



5702654



NRIC No. S7902344B



Date of issue
20-01-2017

APT BLK 305A UPPER SERANGUON ROAD #15-1040
SINGAPORE 531365

NRIC No: S7902344B

Date: 20/03/2017

REPUBLIC OF SINGAPORE DRIVING LICENSE



License Number S 7902344B

KOH CHIEP CHONG
(XU JIECONG)

Exp. Date 30 Jan 1979

Issue Date 23 Aug 2004



001276914C

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

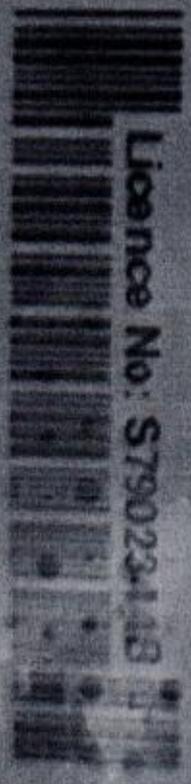
PASS DATE

Class 3

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

18 Oct 1999

Licence No: S7902311B



MP 022A

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 CHIEP CHONG | | Certificate No.: SI19V05178/ VPC / R00 |
| Date of Issue: 26 Apr 2019 | Effective Date of Commencement: 02 May 2019 00:00 | Date of Expiry: 01 May 2020 23.59 |
| Registration No.: SLN4242B | Chassis No.: MMBSTA13AHH003654 | 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. | | |
| <p>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.</p> <p>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.</p> | | |
| 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:

| | |
|--------------------------|---|
| 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: | MALAYAN BANKING BERHAD |
| Name of Producer: | INSURANCE WORKZ AGENCY PTE LTD (A1076-2) |

A1076-2/BZBA.A.MT/SI19V05178/26-Apr-2019/MotorCI/v1.0