to part of the art NATIONAL Assessment Centre Services. [wel I Jan'03] . : MMA11907158 Done by Date &Time Completed Jeb description Date In: 1/6/19 17:42 SAS c-filing Ref No: MAI LIP1900 9714 144. E-mail (within Shis, AIC 2his) Vch No: 5KW \$ 59615 I-Motor Claim Form 3115119 17:30. 11(1) I-Motor W/O (Within: OD 2hrs, TP 4hrs) ! Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkon FAX Proformid Wissp / INC Assign Wissp / GW: ()/Non-INC (INC (Veh No: I'l' Particulius: SJB 8199 D. Tcl: Owner / Driver: (Cover Type: (Period: (Policy No: (Thme: Dates Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mall Insurer URGENTLY.) ; Towing Co: (Drive-In ()/Towad-ln (); Invoice: YES (Remarks - Plane hadding 6788 66150 New 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Infury : Dank Line Maction's WA1904071 1) AR | Acadent Reporting (530); Chamants Pareleum 2) DA : Damege Assessment (\$100) Driver/Owner: 4) PT : Follow-Through Survey 5) PT : Pollow-Through Burvey (Resurvey) Contact No: Por claiming against INC Only (wef 10 Jan 200) 6) TR : Re-Inspection Damaged Portion: T) NI 1 Idao DA + SMRT Survey 8) NTUC Additional Services:-OIL: QC Checked by (Engr-In-Charge); *NS: Courtery Car / Tpt Allowance Not Repair Co-ordination *N7; Post Repair Inspection *NB: DV / Collect Excess Coordination 33 TE (NII) : TP (Kin INC) against INC ial. 1: 9) N121 Idao Mobile Involve dated 1 2/3;

Involce dated

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 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.

- 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.

建加热的线点。在大学的线点 为为方式	ACCIDENT STATEMENT
Date Of Report	01/06/2019 17:42
Date Of Accident	31/05/2019 17:30
Exact Location Of Accident	PAYA LEBAR RD JUNC WITH SIMS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW5961S
Insured/Policyholder	
Name Of Registered Owner	KHOO KHAR LEE
NRIC No	S1667210F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98592262
Alternative Phone No	OFFICE-98592262
Vehicle Particulars	
Manufacturer	HONDA
Model	MOBILIO
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	SI18V13362/VPC/R03
Cover Note Number	*
Driver	
Name of Driver	TAN KENG SING
NRIC No	S8910930B
Date Of Birth	29/03/1989
Occupation	INDOOR
Date Of Driving Pass	16/04/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81801260
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 253 BISHAN ST 22 #11-422

Postcode

570253

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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?

Number of vehicles (including own vehicle) involved in the accident

NO 2

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)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4 NAME:

: UNKNOWN

Passenger 1

GENDER:

: MALE

: UNKNOWN

NAME: GENDER:

: MALE

Passenger 3

Passenger 2

NAME:

: UNKNOWN

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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SJB8199D

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LAI CAIQIN

NRIC/Passport Number

S2640279D

Contact Number

Page 2 of 18

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.
- 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.
- 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.:

SKETCH PLAN		
	Simis Ave	
		A = SKW = 9615
		B = 238 8199 D
A		
200		
3	Paya Lebar	Rd
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
Please	Refer to S	·
11.	Refer to S	tatement
		×.
		/
	/	
ECLARATION	20.00	1
We declare the foregoing part	ticulars are true in every respect.	/ /
	110	
	holomal	Front
plicubaldor's Standard	promy.	_ / 3
olicyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
ate & Time:		

GIARMS Stetch Plant or W. V.

Date & Time:

2

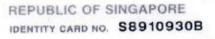
NRIC/FIN No.:

I WAS TRAVELLING ALONG PAYA LEBAR RD WHILE APPROACHING JUNC WITH SIMS AVE, MY VEH STOP DUE TO RED LIGHT, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SJB8199D) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

ACCIDENT STATEMENT

	CIDENT DATE: (31 / 5 / 19.)(DD/MM/YYYY), TIME: (1+ : 30.)(HH:MM	4)
	CATION: Pagg Lebar Rd June with Sims Ave	
	1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SKW 596/ 5. b) INSURANCE COMPANY: LIP c) POLICY NUMBER: DIP d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEF 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: Khoo Khar Lee (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S 1667210 F CONTACT: 9859222 c) ADDRESS:	62
	CJADDRESS.	
The of passe Concluding di	*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a) NAME: Tan Keng Sing (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: \$18012 c) ADDRESS:	60.
111		_
MMM	*d)DATE OF BIRTH: ()(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:))
	b)ROAD SURFACE: (DRY / WET / OTHERS)
	7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	
	8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SJB 8/90 MODEL: b) DRIVER'S NAME: Lai Cai Rin	_
()	c) NRIC/FIN/PASSPORT: \$ 2646277 D. CONTACT:	
tho of passe	9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:MODEL:	
(Induding d	f) NRIC/FIN/PASSPORT:CONTACT:	
Waiting	cz email =	
attach	renc photo & fax =	
	vdeo - Yes.	







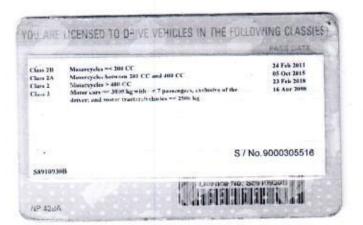


TAN KENG SING

陳 景 新 RDCO CHINESE

Date of birth 29-03-1989 Country/Place of birth SINGAPORE Siex M







SI 18 V 13362/ UP 1 / RO3.





Certificate of Insurance

MARKET VALUE AT THE TIME OF LOSS.

KAH MOTOR COMPANY SON BERHAD (A1572-7)