Date In: 14/13/19-11/77	Jeb description	Date & Time Comp	leted De	one by
Ref No: NAJ MP KO 1804524	SAS e-filing		-	
Veh No: a J Tord	E-mail (within Shrs, AIC 2h	wy		
D.O.A: (1)12/19-19:45	i-Motor Claim Form	(3)		
Wall was a second of the secon	i-Motor W/O (Within: Of	<u> </u>		
OD : (FP)! Reporting Only	i-Photo Uploaded	2 2hrs, TP 4brs)		
	Assessment/Survey Repo			
TP Insurer:	Ass't Report by Fax / Ha	(1986)		
Preferred Wksp / INC Assign Wksp / QW: (	J	Tel:	Fax:	***************************************
TP Particulars: Veh Nouhwagan	ig INC	C( )/Non-INC(	Carlo and Carlo	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Perio	od: (	) Cover Type: (	, ,	
Confirmed by : (	Date:	Time:		
Insured/Driver Liability: ( %) [No	te-Est. Status (WO): N:		80-100%1	
	arranty: YES ( )/NO (		30-10070	
Excess: (\$ ) Loading: \$1,000				
General Remarks	CS1C-016-N-S11 (1910-1913)	SEA SERVICION SCIETA	<u> </u>	-
	Company of the state of the sta		Carrie months	<u> </u>
( ) Walk-In Customer: Customer's information		Strictly NO refer of repa	irer.	0.00
( ) Total Loss Case : to e-mail Insurer I	URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invoice: Y	YES ( ) / NO ( )	; Towing Co: (		)
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )				
Remarks: (INC horline: 6788 6616)	and the second second	Date & Time Complet	d Dor	by
1) Apply for Transport Allowance ( )/ Cour	steers Cos ( )			-
	nesy car ( )			
2) QC Check / Post Repair Inspection	( )		-	
2) QC Check / Post Repair Inspection	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3000]	( )			
2) QC Check / Post Repair Inspection	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3000     Injury:	( )			<del></del>
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3000]     Injury:	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3000]     Injury:	( )			P 1. P
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3000     Injury:	( )			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:  Date/Time Actions  Sumant's Particulars: iver/Owner:	Invoice P  1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idac D	ent Reporting (\$30); ge Assessment (\$100); ING g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan pection	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75	100
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:  Date/Time Actions  Limant's Particulars:  iver/Owner:  Intact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice P	ent Reporting (\$30); ge Assessment (\$100); IN(ge Assessment (\$100); IN(ge Fee -Through Survey (Resurvey); geanist INC Only (wef I0 Jan Dection A + SMRT Survey itional Services: sy Car / Tp1 Allowance Co-ordination epair Inspection	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	Amt (3
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#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Date Of Driving Pass

**Driving Experience** 

Mobile Number

Fax Number Contact Number

**EMail Address** 

Gender

- 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.
- 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

<b>建筑的地位的大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大</b>	ACCIDENT STATEMENT
Date Of Report	14/10/2019 11:57
Date Of Accident	11/10/2019 19:45
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE
THE STREET SHOWS IN THE STREET	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ3502D
Insured/Policyholder	
Name Of Registered Owner	TAN HONG YE, CLEMENT
NRIC No	S8505410D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97316955
Alternative Phone No	OFFICE-97316955
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY 1.5 SV 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	SD18V13378/VPC2/R01
Cover Note Number	
Driver	
Name of Driver	TAN HONG YE, CLEMENT
NRIC No	S8505410D
Date Of Birth	11/02/1985
Occupation	INDOOR
	TOURS OF THE PROPERTY.

29/02/2008

MALE

NOEMAIL

11 YEARS AND 7 MONTHS

(LOCAL) +65-97316955

OFFICE-97316955

Address 63 TAMPINES CENTRAL 7

#02-24

Postcode 528596

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

renicie

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

3

Was any body injured in the Accident? YES

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. YES NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: TAN QIAN HUI

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191012/7004.

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

SGW6612R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver DUA BEE YEN

NRIC/Passport Number S7809891J

Contact Number 96956286

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SMG2042A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

CHUN SEHYUN

NRIC/Passport Number

S8368942J

Contact Number

86224304

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

TAN HONG YE, CLEMENT

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLJ3502D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 2**

Name

TAN QIAN HUI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLJ3502D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

YES

ambulance?

Address Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- i. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 3. This Form must be completed by the Policinalder and/or the Authorises Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wifixl misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy Rability</u>.
- 4. The issue and scooplance of this Form by incurance 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.
- The report will be forwarded by the insurers of the GIA Records Management Control 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 haroby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 personal information personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured whicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers lawyers/jaw firms, the Monetary Authority of Singapore and any relevant government agency/suthority (such as the police), for the purpose(s)
  - processing, handling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the secident 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 melting 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 dains.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/law firms, may/are parmitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (ii) my Personel Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lewyers/law firms), which may be sited outside of Singaporo, for one or more of the chove Purposes.
- (a) my Personal Information will also be collected and used to compile claims history for the purpose of freud 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 end/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, few enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Poticyhologra Signature Date & Times

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Reporting Contre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature

Date & Turbic

Oriver's Signature

Date & Time:

(If driver is not the policyholder)

Date of Accident	1 0C+ 2019 Accident Time: 1945 (24-HR-Format)
Accident Place	PIE CHANGI (9.9UM)
Vehicle Reg. No. (Car Plate No.)	: SLJ 3502 D
Vehicle Make/Model	: Honda City SV 125
Insurance Company	: Liberty Insurance Policy No. SOV18V 13378/VPC2
Owner or Company Name /IC No.	: Tan Hung Ye Cleanant / 585054100
Owner or Company Contact No.	: 973/6955 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Tan. Hong Ye Clement 1585054102
DRIVER'S Date Of Birth	: 11 Feb 1985 DRIVER'S License Pass Date 39 Feb 2008
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Others
DRIVER'S Address	: 63 Tampives Central 7 #02-24
DRIVER'S Contact No./ Alt No.	:1) AS Above 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Clament 85 @ gmg & 1. com
Weather & Road Surface	: QLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	iver): 2 In him hu; (fmall)
Was there any video Captured by car Exact purpose for which vehicle was	camera: YES (NO) being used at the time of accident: Private use \ Work purpose
	arty Driver's Particular (if anv)
Vehicle Reg. No: 5GW6613R	Vehicle Reg. No: SMG 2042 A
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver: DUA BEE YE	Name Driver: CHEW SEHYUN
IC No. Driver: \$7809891	J IC No. Driver: 58368942J
Driver's Contact & Add: 96956	286 Driver's Contact & Add: 86224304





Report No. T/20191012/7004

1 of 4

# REPORT OF A TRAFFIC ACCIDENT

Date/Tir 12/10/2	me Report N 019 08:21	Made:	Vide Report No.: G/20191011/0194	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant: NG YE, CL		Address: 63 TAMPINES CENTRAL 7	#02-24 SINGAPORE 528596		
ID Type NRIC N	/ ID No.: O / S85054	10D	Contact No.: Home/Office: Mobile: 97316955			
National SINGAF	ity: ORE CITIZ	EN	Email: clement85@gmail.com			
Sex: Male	Age: 34	Date of Birth: 11/02/1985	Type of Informant:			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Information technology project manager		ogy project	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/10/2019 19:4	Type of Location PIE Changi (9.9km)
Location: PIE (Changi)	9.9Km			
		Road Surface: Dry		Road Speed Limit: 90 Km/h
Weather: Clear Traffic Flow: One Way				

Details of Vo	ehicle Invo	lved				
Vehicle No.		Make	Model	Color	Condition	No of Passenge
SGW6612R	Car	AUDI		Grey	Slightly Damaged	1
SLJ3502D	Car					0
SMG2042A	Car	VOLKSWAGO N	Passat CC	Silver	Slightly Damaged	2





2 of 4 Report No. T/20191012/7004

# CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved		NO SERVICE		N-1960		
Any Pedestrian I	nvolved: No						
No. of Pedestria	ns Injured: NIL		Use of P	Use of Pedestrian Crossing: NA			
Driver		Windsteller W.	CAPTURE TO SERVICE		John Line		
Name	DUA BEE YEN			ID No	).	S7809891J	
Related Vehicle	SGW6612R (Car)			Conta	act No.	96956286	
Hospital/Clinic	NIL			Class Drivin Licen Expin	ng	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Dis	charge	NIL		
No. of Days gran	ed Medical Leave NIL Degree				NIL		
Driver				- injury			
Name	TAN HONG YE, CLEMENT			ID No		S8505410D	
Related Vehicle	SLJ3502D (Car)			Conta	ct No.	97316955	
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licend Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	12/10/2019		Date Dis	chargo	12/10	/2010	
	ed Medical Leave	04	Degree of				
Passenger		0.1	Degree	or injury	Silgiti		
Name	TAN QIAN HUI			ID No		T1633145C	
Related Vehicle	SLJ3502D (Car)			Contact No.		97316955	
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	11/10/2019		Date Disc	charge	11/10	/2019	
No. of Days grant		03		scharge 11/10/2019 of Injury Slight			





3 of 4 Report No. T/20191012/7004

#### CONTINUATION OF REPORT

Driver	Street Black Control			14 4 6		
Name	CHUN SEHYUN			ID No.		S8368942J
Related Vehicle	SMG2042A (Car)		Contact No.		86224304	
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			

Brief Details.

Hi IO.

Accident happen on 11 Oct 2019, around 7:45pm on the express way PIE(Changi ) 9.9km.

Heavy and slow traffic. Clear weather. Driving on 1st lane, with my 3yrs old daughter on a child carseat at the back left passenger rear facing. Both myself and daughter with seat belt on.

There was three car involved in the chain car accident. SGW6612R, SLJ3502D (Myself) and SMG2042A.

I was driving behind SMG2042A, and he break and I follows to break to almost a stop. Lesser than 50km/h. Later a few seconds later, SGW6612R hit my rear and my car SLJ3502D pushes forward to hit the rear of SGM2042A.

My daughter Isabelle Tan Qian Hui was admitted to KK Hospital by ambulance from the place of accident. She was given 3days MC, advise to monitor.

After settle my daughter, 02:04am 12 Oct 2019, I went go to A &E at Changi General Hospital. I was given 4days MC, advise to monitor.

Thank you.





4 of 4 Report No. T/20191012/7004

## CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/10/2019 08:21
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp	





Liberty Insurance Pte Ltd

Registration no. 199002791D 51 Club Street #03-00 Liberty House Singapore 069428 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 (MAI AYSIA)

Certificate No	SD18V13378 /VPC2 /R01		
Form	MX1		
Date of Issue	21-NOV-2018		
1.Index Mark and Registration No. of Vehicle:	SLJ3502D		
2.Chassis number of Vehicle:	MRHGM6660HP000292		
3.Name of Policyholder:	TAN HONG YE, CLEMENT		
4.Effective date of Commencement of Insurance for the purposes of the Act:	06-DEC-2018 00:00 AM		
5.Date of Expiry of Insurance:	05-DEC-2020 23:59 PM	N.	
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

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.

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

Authorised Signature

For Information only:

COVERAGE:

NCD Protection.Comprehensive,Unlimited Windscreen

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I S\$600, Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

FINANCE COMPANY:

PRODUCER NAME:

KAH MOTOR COMPANY SDN BERHAD

SCKH/SCKH/21-NOV-18

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

21-NOV-18