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| Owner / Driver: (| 12 (2/2-1) | | Tel: |) |
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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 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. | | |
|--|---|--|
| In the supplied of the supplied to the supplied of the supplie | ACCIDENT STATEMENT | |
| Date Of Report | 23/10/2020 12:17 | |
| Date Of Accident | 22/10/2020 08:40 | |
| Exact Location Of Accident | ALONG YIO CHU KANG ROAD BEFORE LORONG AH SOO EXIT | |
| Country/State of Loss | SINGAPORE | |
| DESCRIPTION OF THE PROPERTY OF DESCRIPTION OF THE PROPERTY OF | ETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SGY5344K | |
| Insured/Policyholder | | |
| Name Of Registered Owner | APER SERVICES | |
| Co Reg No | | |
| Email Address | INFO@CARSMITH.BIZ | |
| Mobile Phone No | (LOCAL) +65-90046882 | |
| Alternative Phone No | OFFICE-90046882 | |
| Vehicle Particulars | | |
| Manufacturer | HONDA | |
| Model | STREAM | |
| 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 | COMMERCIAL VEHICLE | |
| Insurance Company | | |
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD | |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT | |
| Fleet Policy | NO | |
| Policy Number | SI20V11616/VPL/R01 | |
| Cover Note Number | | |
| Driver | | |
| Name of Driver | FAN CHI KEONG (FAN ZHIQIANG) | |
| NRIC No | SXXXX258H | |
| Date Of Birth | 05/06/1079 | |

 NRIC No
 SXXXX258H

 Date Of Birth
 05/06/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 26/09/2003

Driving Experience 17 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90046882

Fax Number

Contact Number OTHERS_00046882

Address

BLK 452A SENGKANG WEST WAY

#02-391

Postcode

791452

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

SIDE SWIPE

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?

YES

Was any injured conveyed to hospital by

10

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)
Passenger 1

2

NAME:

: WIFE

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMS6750A

Vehicle Make/Model/Colour

BMW

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

DETAILS OF INJURED PERSON 1

Name

FAN CHI KEONG (FAN ZHIQIANG)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SGY5344K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 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.
- 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) ofc
 - (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 mea
 - (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.
- (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:

Orlver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.

| A) SGY 5344 K |
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| BSMS 6750A |
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| Yiu chu kung |
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| DICIE |
| Lor AH SOO |
| 190 |
| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT |
| I was driving in my lune at tio che kung toward |
| for AH 500 suddenly I got a strongly impact from |
| my front right side I stopped my vecticle and alighted |
| I found verbicle B have cut into my lane and collided |
| onte my vechicle. |
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| ECGENATION / |
| We declare the foregoing particulars are true in every tespect. |
| \$32 |
| 1/2/10/2010 |
| y ROD, MOTORS |

| Date of Accident | : 22/02020 Accident Time: 0843 (24-HR-Format) |
|--|---|
| Accident Place | - YIO CHU KANG ROAD Before Lor AHSOD Exit |
| Vehicle, No. (Car Plate No.) | SGY S344K Make Model: Handu stream |
| Insurace Company | Liberty Policy No: S120V11616/1PL/RU/ |
| Owner or Company Name IC No. | - APER SERVICES |
| Owner or Company Contact No. | Owner's Hp 90046882 Company Tel |
| DRIVER'S Name / IC No. | FANCHI KHEONE (FAN ZHIRIANE) S7917258H |
| DRIVER'S Date Of Birth | : 050 6 1979 DRIVER'S License Pass Date 30000 2016 |
| Relationship of Owner & Driver | Spouse \ Parents \ Children \ Sibling \ Employee\ Others; |
| DRIVER'S Address | :APT BLK 452A SENGRANG WESTWAY #02-391 791452 |
| DRIVER'S Contact No.: Alt No. | 2) 90046882 |
| DRIVER'S Occupation | INDOOR OUTDOOR (e.g. working inside or outside office) |
| Email Address | into @ caremith Biz |
| Weather & Road Surface | CLEAR & DRY (RAINING & WE) AFTER RAIN & WET |
| Reporting Type | : Reporting Only Claim Other Party Claim Own Insurance |
| Number of Passengers (Including D | |
| Was there any video Captured by ea Exact purpose for which vehicle was Any Injury (If YES, Pls state); | being used at the time of the first |
| Other P | arty Driver's Particular (if any) |
| Vehicle No: SMS 67504 | Yehicle, No: |
| Vehicle Make Model: BYW | Vehicle Make Model: |
| Name Driver: | |
| IC No. Driver Contact: | |
| ** NEW - Passenger's name & | |
| Pussenger of u | ife |





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.liberty/nsurance.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 | S120V11616 /VPL /R01 |
|---|----------------------|
| Form | MZ400B |
| Date of Issue: | 11-Sep-2020 |
| Lindex Mark and Registration No. of Vehicle: | SGY5344K |
| 2. Chassis number of Vehicle: | JHMRN68407S200363 |
| 3. Name of Policyholder: | APER SERVICES |
| 4.Effective date of Commencement of Insurance for the purpose of the Act: | 28-SEP-2020 00:00 |
| 5.Date of Expiry of Insurance: | 27-SEP-2021 23:59 |
| 6.Persons or Classes of Persons entitled to drive*: | FAN CHI KEONG |
| For Private Hire Vehicle (PHV) Usage: | |

7.L imitations as to use+

- A) Use for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic and pleasure purposes.

8.Policy dees not cover

- A) Use for racing, pace-making, reliability trials or speed-testing.
- B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- *1. imitations 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 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.

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

100W

Authorised Signature

For Information only:

COVERAGE:

Third Party Fire & Theft, PHV Extension (Geographical Area: Singapore only)

SUM INSURED (SS):

MARKET VALUE AT THE TIME OF LOSS

EXCESS (S\$):

All Claims (Singapore) \$2,000.00, All Claims (Outside Singapore) \$4,000.00

FINANCE COMPANY: PRODUCER NAME: MOTOR CREDIT PTE LTD ALL INS SOLUTIONS PTE LTD

A1313-2/B2BAAMT/11092020 Sep 11, 2020 5:44 PM