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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 26/04/2021 13:50 (SGT) Date of Accident 25/04/2021 12:05 (SGT) Exact Location of Accident Singapore Additional Location Information JALAN JELITA Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFQ133P

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner LEK CHUI ENG NRIC No. SXXXX792B

Email Address STACEY.HERMIJANTO@GMAIL.COM

Mobile Phone No (Phone) +65-94553035

Alternative Phone No +65-94553035

VEHICLE PARTICULARS

Manufacturer Mercedes Model B180

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto

CC 1595

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd

Type of Coverage Comprehensive

Fleet Policy

Policy Number SD20V13959/VPC/R00

Cover Note Number

DRIVER

Name of Driver STACEY HERMIJANTO NRIC No. SXXXX190H

Accident report SC1S214Q0008

Date Of Birth 05/08/1980 Occupation Indoor Date Of Driving Pass 26/05/2000 Driving experience 20 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-94553035 Alt. Phone Number Email Address STACEY.HERMIJANTO@GMAIL.COM Address 292 HOLLAND RD Address complement Postcode 278627 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **UNKNOWN** Gender Female PASSENGER 2 Name **UNKNOWN** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Clementi Division Headquarters Police Station Phone No (Phone) +65-18007740000 Alt. Police Station Phone No (Fax) +65-67741705 Police Station Address 20 Clementi Avenue 5 Singapore 129858 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT D/20210425/7015 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

REFER TO CSE AQ

Nο

Was there any audio recorded?

Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number | SLQ8343B |
|---|--------------------------|
| Vehicle Manufacturer | Mazda |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | SHAIFUL MOHAMMAD SUFFIAN |
| NRIC No | SXXXX912B |
| Contact Number | (Phone) +65-87424360 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | _ |
| 3 () | |

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person | STACEY HERMIJANTO |
|---|-------------------|
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK |
| Injured person in which vehicle? | SFQ133P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

WITNESS DETAILS

WITNESS 1

 Name
 BENNIE LEONG

 Phone
 (Phone) +65-97808197

 Email

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.
- 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 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 insurers) 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

Cycle & Carriage Industries Pte Ltd

Oriver's Signature \(\)

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Version 1.3 | Updated 02 DEC 2020

| KETCH PLAN | | | | | | | |
|--|---------------------------------|-----------------|---|---|--------------------------------------|-------------------|------------------|
| | | ППП | 1111 | | TITLE | | |
| | | - | 1 | | | | |
| | | 1 | A | A | | | |
| | 1111 | 11111 | 101 | | 11111 | MILL | - 1 |
| | < | | | | | / | |
| | | | - | | | | |
| | + | | | Reversing | | | |
| | / | | | 1 (2) | + | | - |
| | 6 | (1) | | 1 9 | | | |
| | 1 | 1 2 | 1 / 5 | 141 | | | |
| | | 10 | N F | SIA | | | |
| | | | | 7 | (A) | FW 1337 LW834: | |
| | | | | | 6,43 | ru 1334 | |
| | | | (| 1 | 1800 | 111000 | 20 |
| | | | | | 17)3 | LA834 | 515 |
| ESCRIBE CIRCUMS | TANGES | | | | | | |
| | | OF THE ACC | DENI | | | | |
| | | | | | | la La comp | |
| Ref. 20 li | | | | detail | | | |
| Ref. 70 hi | | | | detail | | | |
| Ref. 70 h | | | | detail | | | |
| Ref. 70 hi | | | | detail | | | |
| Ref. zoli | | | | · detail | | | |
| Ref. 70% | | | | · detail | | | |
| Ref. 70% | | | | - detail | | | |
| Ref. zoli | | | | - detail | | | |
| Ref. 70% | | | | · detail | | | |
| ref. 70 hi | | | | - detail | | | |
| lef. zoli | | | | - detail | | | |
| lef. 70 hi | | | | detail | | | |
| ref. 70 hi | | | | - detail | | | |
| ECLARATION | ų r | esont | for | | | | |
| ECLARATION | ų r | esont | for | | | | |
| ECLARATION We declare the forego | Q Y | e yourf | fur. | pect. | | ur own policy. Fa | ailing to do so, |
| ECLARATION We declare the forego | Q Y | culars are true | in every resp days to re nor accep | pect. vert and file the cot the claim. | laim under you | | ailing to do so, |
| ECLARATION We declare the forego | Q Y | culars are true | in every resp days to re nor accep | pect. | laim under you | | ailing to do so, |
| ECLARATION We declare the forego | Q Y | culars are true | in every resp days to re nor accep | pect. vert and file the cot the claim. | laim under you | | ailing to do so, |
| ECLARATION We declare the forego | Q Y | culars are true | in every resp days to re nor accep | pect. vert and file the cot the claim. | laim under you | | M |
| ECLARATION We declare the forego lease note that yo our insurance con | oing particular pu have mpany v | culars are true | in every respondays to renor acceptantact your in | vert and file the cot the claim. | laim under you | ils) | 7.6/04 |
| ECLARATION We declare the forego | oing particular pu have mpany v | culars are true | in every respondays to remor acceptantact your in | pect. vert and file the cot the claim. | laim under you r any further deta | Reporting Co | M |

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020





Certificate of Insurance

www.libertyinsurance.com.sg

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

| Name of Policyholder: LEK CHUI ENG | | Certificate No.: SD20V13959/ VPC / R00 |
|---------------------------------------|--|---|
| Date of Issue: 03 Nov 2020 | Effective Date of Commencement: 03 Nov 2020 00:00 | Date of Expiry: 18 Dec 2021 23:59 |
| Registration No.: SFQ133P | Chassis No.: WDD2462422J414556 | Type of Certificate: |

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 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

For Information Only:

Coverage(s): NCD Protection, Comprehensive, Unlimited Windscreen

Sum Insured: MARKET VALUE AT THE TIME OF LOSS

Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for

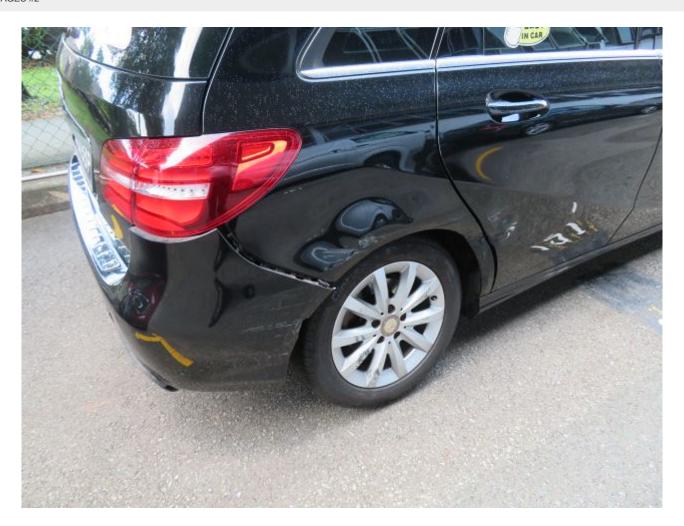
Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

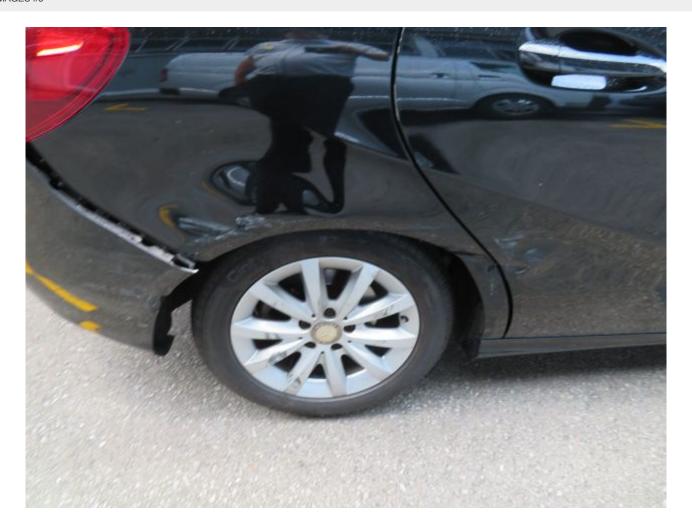
Name of Finance Company:

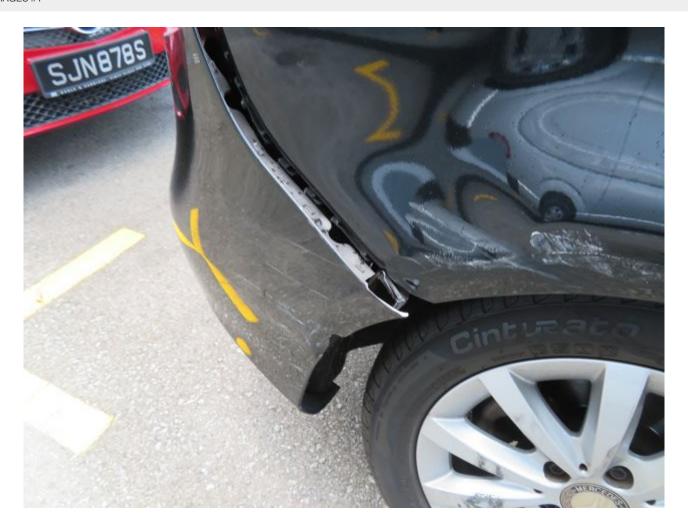
Name of Producer: ACORN INTERNATIONAL NETWORK PTE LTD (B9139)

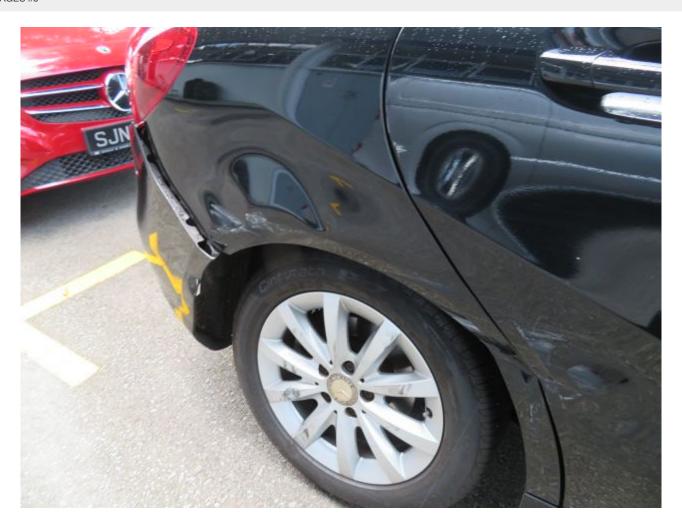
PLYW//SD20V13959/13-Nov-2020/MotorCl/v1.0

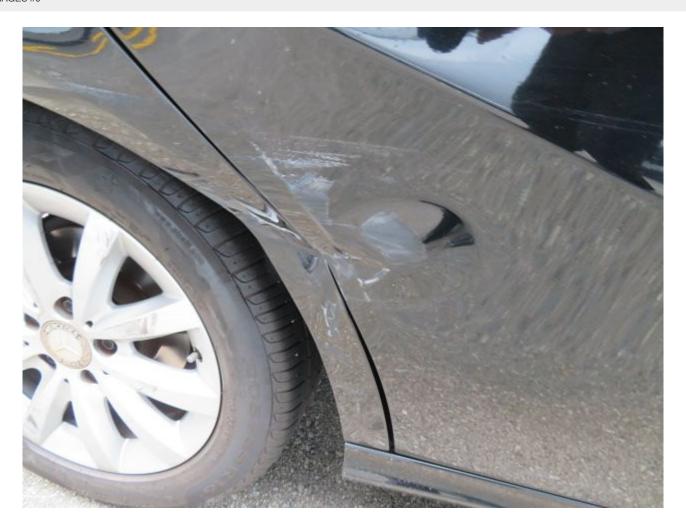


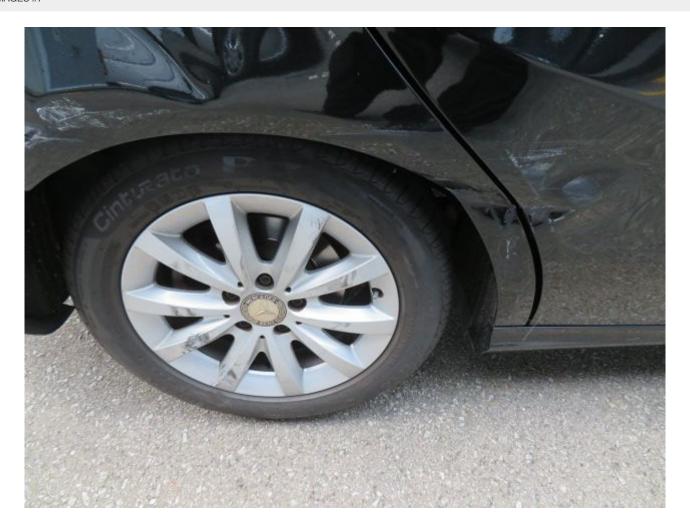


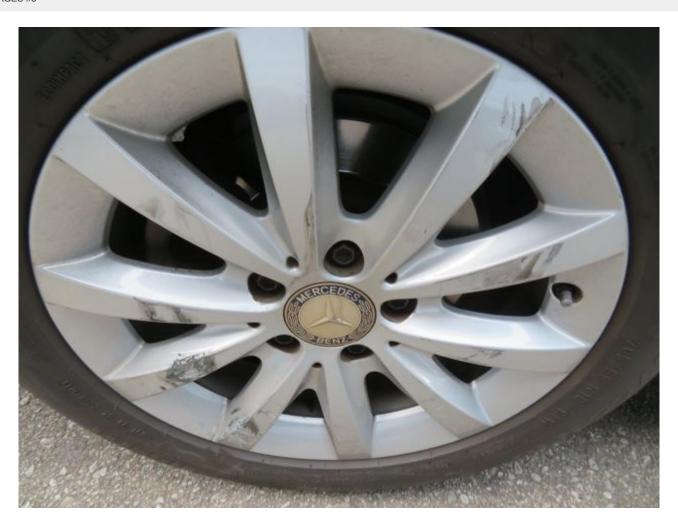


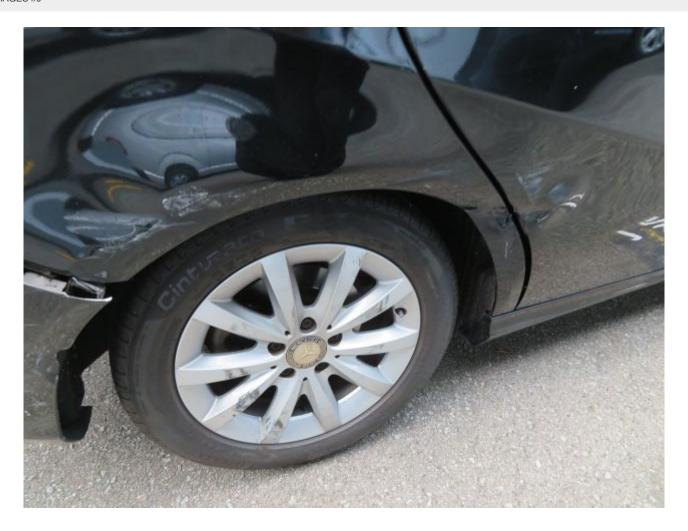




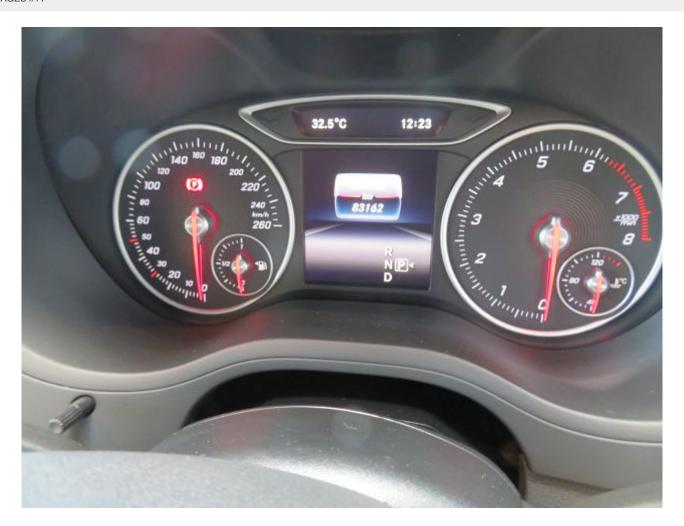




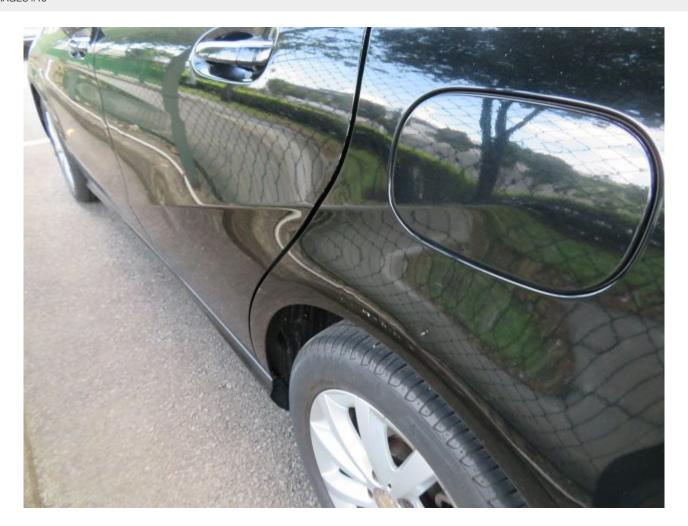




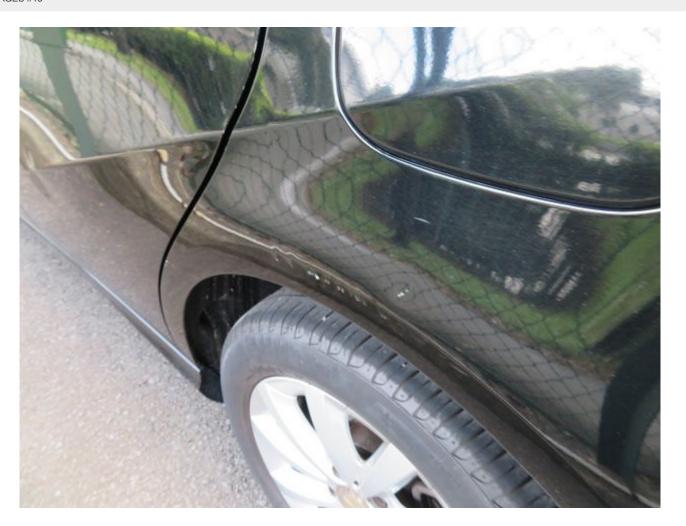
















Report No. D/20210425/7015

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

| Date/Time Report Made 25/04/2021 18:35 | Vide Rep | ort No. | | Station Diary No. |
|--|--|-----------|-----------------------------|-------------------|
| Name Of Informant STACEY HERMIJANTO ID Type / ID No. NRIC NO / S8022190H | Address 292 HOL Contact I Home/Of | Vo. | AD SINGAPORE | 278627 |
| Nationality SINGAPORE CITIZEN | Email Ad | dress | Mobile: 94553035 | |
| Occupation Managing director/Chief executive officer | Sex Female | Age 40 | Date of Birth 05/08/1980 | Race Chinese |
| Institution/School Name Date/Time Of Incident | Language English | | | |
| 25/04/2021 12:05 - 25/04/2021 12:10 Brief details. | Location Of Incident JALAN JELITA | | | |

At 12.06 pm Apr 25, I was driving on Holland road (in direction towards Orchard Road), and making a right turn into Jalan Jelita. I was driving with my mother, daughter and helper in the vehicle. I waited at the stop sign till the road in the opposing traffic was clear before turning into Jalan Jelita. On immediate entering of Jalan Jelita, the right rear of my vehicle was hit by a Mazda reversing at high speed (against flow of traffic) on Holland road. In shock, I pulled the car over, only to see a man shouting and scolding me. Thanks to the neighbours across the road, I managed to get cctv footage of the accident. We have exchanged photos of our identities. I believe the driver of the Mazda is a Grab driver. We also have photos of the damaged vehicles, the junction in which it occured, and also the video clip showing his

| 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: 25/04/2021 18:35 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210425/7015

vehicle reversing into me at this junction. My mother knocked her head and right side of her face on the side of the car, while I sustained a slight sprain to my neck. Our injuries are insignificant. We were more shocked at the impact & the behaviour of the driver. My young toddler started to cry in shock.

I will attach the necessary photos in this report for your perusal, to the best of my ability. I may have to send the video you directly by email due to the file size. The plate of the Mazda is SLQ8343B. My vehicle is SFQ133P.

| Person Name | STACEY HERMIJANTO | | STATE OF THE PARTY. |
|---------------------------|--|--------------|---------------------|
| ID Type | NRIC NO | ID No | 0000040011 |
| Gender | Female | Age | S8022190H 40 |
| Race | Chinese | Language | English |
| Occupation | Managing director/Chief executive officer | Address Type | English |
| Address | 292 HOLLAND ROAD SINGAPORE 278627 | Mobile No | 94553035 |
| ls Informant A Victim? | Yes | | |

| Signature Of Officer Recording The Report: | Signature Of Informant: |
|---|---|
| Not applicable | The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 25/04/2021 18:35 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |





POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000 Report No. D/20210425/7015

| Date/Time Report Made 25/04/2021 18:35 | Vide Re | ort No. | | Station Diary No. | |
|--|--|-----------|-----------------------------|-------------------|--|
| Name Of Informant STACEY HERMIJANTO ID Type / ID No. NRIC NO / S8022190H | Address 292 HOL Contact I Home/Of | LAND RO | AD SINGAPORE : | 278627 | |
| Nationality SINGAPORE CITIZEN | 94553035 Email Address stacey.hermijanto@gmail.com | | | | |
| Occupation Managing director/Chief executive officer | Sex Female | Age 40 | Date of Birth 05/08/1980 | Race Chinese | |
| Institution/School Name Date/Time Of Incident | Language English | | | Townese | |
| 25/04/2021 12:05 - 25/04/2021 12:10 Brief details. | Location Of Incident JALAN JELITA | | | | |

At 12.06 pm Apr 25, I was driving on Holland road (in direction towards Orchard Road), and making a right turn into Jalan Jelita. I was driving with my mother, daughter and helper in the vehicle. I waited at the stop sign till the road in the opposing traffic was clear before turning into Jalan Jelita. On immediate entering of Jalan Jelita, the right rear of my vehicle was hit by a Mazda reversing at high speed (against flow of traffic) on Holland road. In shock, I pulled the car over, only to see a man shouting and scolding me. Thanks to the neighbours across the road, I managed to get cctv footage of the accident. We have exchanged photos of our identities. I believe the driver of the Mazda is a Grab driver. We also have photos of the damaged vehicles, the junction in which it occured, and also the video clip showing his

| Cignoture Of Office B | and the charming this |
|--|---|
| 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: 25/04/2021 18:35 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210425/7015

vehicle reversing into me at this junction. My mother knocked her head and right side of her face on the side of the car, while I sustained a slight sprain to my neck. Our injuries are insignificant. We were more shocked at the impact & the behaviour of the driver. My young toddler started to cry in shock.

I will attach the necessary photos in this report for your perusal, to the best of my ability. I may have to send the video you directly by email due to the file size. The plate of the Mazda is SLQ8343B. My vehicle is SFQ133P.

| Person Name | STACEY HERMIJANTO | The same of the sa | SECRETARIA DE LA CONTRACTORIA DE |
|---------------------------|--|--|--|
| ID Type | NRIC NO | ID No | 5900040011 |
| Gender | Female | Age | S8022190H |
| Race | Chinese | Language | 40 |
| Occupation | Managing director/Chief executive officer | Address Type | English |
| Address | 292 HOLLAND ROAD SINGAPORE 278627 | Mobile No | 94553035 |
| ls Informant A Victim? | Yes | | |

| 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: 25/04/2021 18:35 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |