

Preferred Wksp / INC Assign Wksp / QW: () Tel: Fax:)

General Remarks:-

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Injury :

NA2103459		Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);			
		2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:		3) TF : Towing Fee \$40/\$45			
		4) FT : Follow-Through Survey \$120			
Contact No:		5) RT : Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:		6) TR : Re-inspection \$75			
		7) NI : Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):		ON*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-		TP (N11) : TP (Non INC) against INC \$20			
Cat. 1:		9) N12: Idac Mobile 30			
Cat. 2 / 3:		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		

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 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 Submission	09/07/2021 14:36 (SGT)
Date of Accident	08/07/2021 19:30 (SGT)
Exact Location of Accident	Choa Chu Kang Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9419R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KIN YAN AGROTECH PTE LTD
Company Reg No	1XXXXX556K
Email Address	jmartauro@gmail.com
Mobile Phone No	(Phone) +65-96962442
Alternative Phone No	+65-96962442

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V10270/VCV/R03
Cover Note Number	-

DRIVER

Name of Driver	LEE TIN WOO
NRIC No	SXXXX657A

Date Of Birth	29/07/1976
Occupation	Indoor
Date Of Driving Pass	19/06/2001
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96962442
Alt. Phone Number	-
Email Address	jmartaauto@gmail.com
Address	BLK 144 TECK WHYE LANE
Address complement	#13-221
Postcode	680144
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20210708/2124

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PMD
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Mobile equipment
Name of Driver	KHO CHYE KEONG
NRIC No	SXXXX695I
Contact Number	(Phone) +65-98281597
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KHO CHYE KEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	PMD
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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. 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 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.
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.

Kin Yan Agrotech Pte Ltd

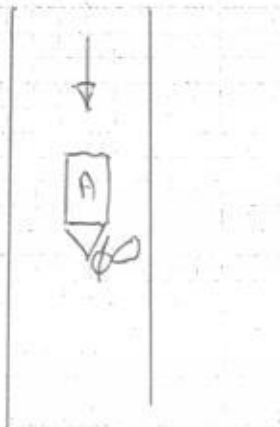
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CHOA CHU KANG WAY



DOA: 8/7/21

A: GBJ 9419R

D: PMD

Describe Circumstances of the Accident

Refer to Police Report

T/20210708/2124

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Kin Yan Agrotech Pte Ltd

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210708/2124

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Report No. T/20210708/2124

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2021 22:43	Vide Report No.:	Station Diary No.: 156
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Informant's Particulars

Name of Informant: LEE TIN WOO			Address: APT BLK 144 TECK WHYE LANE #13-221 SINGAPORE 680144	
ID Type / ID No.: NRIC NO / S7622657A			Contact No.:	Mobile: 96962442
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 44	Date of Birth: 29/07/1976	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: ADMIN			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/07/2021 19:30	Type of Location: Straight Road
Location: CHOA CHU KANG WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ9419R	Van				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210708/2124

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20210708/2124

CONTINUATION OF REPORT

Brief Details.

On 08/07/2021 at about 1930hrs, I was on the right most lane and there was a PMD traveling beside me. Suddenly, the PMD changed lane and moved in front of my vehicle. I immediately braked however couldn't stop on time and collided with the PMD. I made a check on the rider and Traffic police and ambulance came to scene. The rider was conveyed to hospital and Traffic police advised me to lodge a police report.

I wish to state that there is a in-vehicle camera in my vehicle and the SD card was handed over to Traffic police at scene.

The rider's details: Kho Chye Keong, S1240695I, Hp: 98281597



**SINGAPORE
POLICE FORCE**



T/20210708/2124

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Report No. T/20210708/2124

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 ABAYA PRITHA D/O SELVAM
ARUMUGAM

Signature Of Interpreter:

Not applicable



SINGAPORE
POLICE FORCE
CAREENING EVERY DAY

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476178

Signature Of Informant:

Date/Time:

08/07/2021 22:43

Classification Of Case:

Authentication Stamp

NP168

Date of Accident :	8/7/21	Time of Accident :	7:30 pm
Exact Location of Accident :	Choa Chu Kong Way		
Purpose Of Reporting :	OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY		
Weather Condition :	Clear / Raining	Wet / Dry	Private Use / Work
Owner's Name :	Kan Yan Agateeh PL	NRIC :	HP :
Driver's Name :	Lee Tin Woo	NRIC : 57622657	HP : 96962442
DOB : 29/7/1976	Driving Licence Passing Date : 19/6/200	Occupation : Indoor / Outdoor	
Address :			
Relationship Of Driver with Insured :	Employee	Email :	
Vehicle Number :	GBJ 9419 R	Make & Model :	
Insurance Company :	Liberty	Policy Num :	Coverage :
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax			
A :	HU	B :	1to
C :		D :	
Vehicle A Passenger Name :			
Anyone Injured :			
<input type="radio"/> NO	<input checked="" type="radio"/> YES Name / NRIC / Which Vehicle :		
Was The Accident Reported To The Police ?			
<input type="radio"/> NO	<input checked="" type="radio"/> YES Which Police Station :		
Does The Driver Own Any Other Vehicle ?			
<input type="radio"/> NO	<input type="radio"/> YES Vehicle Number :		Insurer :
Was Any Foreign Vehicle Involved ?			
<input checked="" type="radio"/> NO	<input type="radio"/> YES Vehicle Number & Category :		
Was There Any Video Captured By Car Camera ? <input type="radio"/> NO <input checked="" type="radio"/> YES			

Third Party's Particular

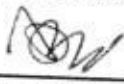
Vehicle B's Number :	PMD	Make & Model :
Driver's Name :	NRIC :	HP :
Vehicle C's Number :	Make & Model :	
Driver's Name :	NRIC :	HP :

Witness's Particular

Name :	NRIC :	HP :
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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	SD20V10270 /VCV /R03
Form	MZ300A
Date Of Issue	03-SEP-2020
Mark and Registration No. of Vehicle:	GBJ9419R
Number of Vehicle:	JTFHT02P900249490
Policyholder:	KIN YAN AGROTECH PTE LTD
Effective date of Commencement of Insurance	12-SEP-2020 00:00 AM
Purposes of the Act:	
Expiry of Insurance:	11-SEP-2021 23:59 PM
Classes of Persons	
Who is driving*:	
Who is driving on the Policyholder's order or with their permission.	
The person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been 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.	
We further certify that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been suspended at the time of the accident loss or damage.	
Uses as to use*:	
In connection with the Policyholder's business.	
The carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.	
Social, domestic and pleasure purposes.	
What does not cover:	
For or reward or for racing, pace-making, reliability trials or speed-testing.	
Towing a trailer except the towing of any one disabled mechanically propelled vehicle.	
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.	
We 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  Authorised Signature	
Insured only:	
Comprehensive, Unlimited Windscreen	
MARKET VALUE AT THE TIME OF LOSS	
Section I S\$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$1000, Windscreen Excess S\$100	
PANY:	MAYBANK SINGAPORE LTD
NAME:	ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY