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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

3. Information provided must be as truition and accurate as possible rat; since the 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 28/11/2022 15:58 (SGT) Reported by Driver Date of Accident 25/11/2022 20:45 (SGT) Exact Location of Accident Singapore Additional Location Information UPP BUKIT TIMAH RD JUNCTION OF GOMBAK DR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX5579X INSURED/POLICYHOLDER Is company? No Name Of Registered Owner KOH TECK HING NRIC No SXXXX492Z Email Address JASLINLEE1969.JL@GMAIL.COM Mobile Phone No (Phone) +65-91597092 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Renault Model Scenic Variant 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 - Claiming third party Vehicle Category Private car Transmission Auto CC 1461

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V03775/VPC/R00

DRIVER

Name of Driver LEE YIN FONG NRIC No SXXXX975D Date Of Birth 23/02/1969 Occupation Indoor

Date Of Driving Pass 01/01/2011 Driving experience 11 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-90066448 Alt. Phone Number Email Address JASLINLEE1969.JL@GMAIL.COM Address BLK 405 WOODLANDS ST 41 #09-42 Address complement Postcode 730405 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Collision - Head to Rear Weather Conditions Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Woodlands West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003639999 Alt. Police Station Phone No (Fax) +65-63640997 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YJ9044R Vehicle Manufacturer Vehicle Model Vehicle Variant

Accident report SN0922BS0009

| Vehicle Colour | |
|---|--------------------|
| Vehicle Category | - |
| Name of Driver | Commercial vehicle |
| Contact Number | • |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | • |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | • |
| 3 - 1101) | · |

DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number | 011000 |
|---|-------------|
| Vehicle Manufacturer | SHC2017D |
| Vehicle Model | - .3 |
| Vehicle Variant | - |
| Vehicle Colour | - |
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| Vehicle Category | Taxi |
| Name of Driver | - |
| Contact Number | |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
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| Details of property damaged in accident | _ |
| No. Of Passenger (Including Driver) | |
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Page 3 of 17

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 Actual Oriver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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 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 entition 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 antifor dealing with my instructions or responding to any enquiries by me:

(v) administering thy 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

(callectively the "Purposes")

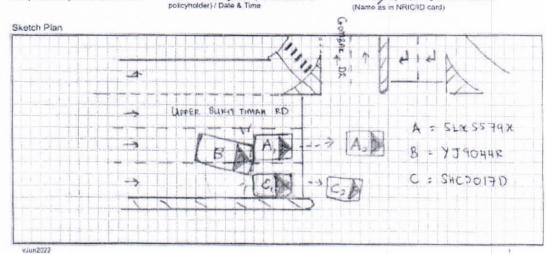
(b) all insurer(s) who have insured vehicle(e) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 Iswyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the potcyholder) / Date & Time

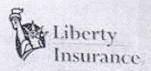
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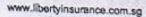


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| claration declare the foregoing particulars are true in every respect. | |
| -A- | N 28/11 |

Accident report SN0922BS0009

VJun2022







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; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder.

KOH TECK HING

Date of Issue:

11 Mar 2022

Registration No.: SI X5579X

Effective Date of Commencement: 29 Mar 2022 00:00

Chassis No.:

VF1RFA00259218454

Certificate No.:

SD22V03775/ VPC / R00

Date of Exploy: 28 Mar 2023 23:59 Type of Certificate:

MX1

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 usa:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- A) Use for him or neward.
- 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 are not to be included under these headings.

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):

Comprehensive Uniterial Windscreen, NCD Protection, Restricted Age Condition

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Section I S\$500, Windscreen Excess S\$100

Name of Finance Company: Name of Producer.

WEARNES AUTOMOTIVE PTE LTD (A1716)