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SINGAPORE ACCIDENT STATEMENT

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

2. This Form must be completed by the Policyholder and/or the Actual 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

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 norm 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

19/12/2022 19:08 (SGT) Date of Submission Reported by 17/12/2022 17:10 (SGT) Date of Accident Singapore **Exact Location of Accident** ORCHARD BOULEVARD Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SMW929X Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? TEH YONG KEANG (ZHENG YONGQIANG) Name Of Registered Owner SXXXX929Z NRIC No mikael_teh@monocotstudio.com **Email Address** (Phone) +65-85227222 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer B.M.W. / 216I GC SPORT Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1499 CC

INSURANCE COMPANY

Liberty Insurance Pte Ltd Name of Insurance Company SD22V09336/VPC2/R00 Policy Number / Cover Note Number

DRIVER

TEH YONG KEANG (ZHENG YONGQIANG) Name of Driver SXXXX929Z NRIC No 29/09/1980 Date Of Birth Indoor Occupation

01/12/2006 Date Of Driving Pass Driving experience 16 YEARS Male Gender (Phone) +65-85227222 Mobile Number Alt. Phone Number mikael_teh@monocotstudio.com Email Address 30 LENGKONG DUA Address Address complement 417706 Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head on collision Type of Accident Clear Weather Conditions Dry 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 **JAZE** Name Male Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED STATEMENT . ATTACHMENT(S) Yes Are accident photos available for attachment? Was there any video captured by Car Camera? DETAILS OF OTHER VEHICLE PROPERTY 1 SNB3935G Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	-
	Private car
Vehicle Category	Filvate car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. The Formmust 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. 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 loggement 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)

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 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' law yers/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.

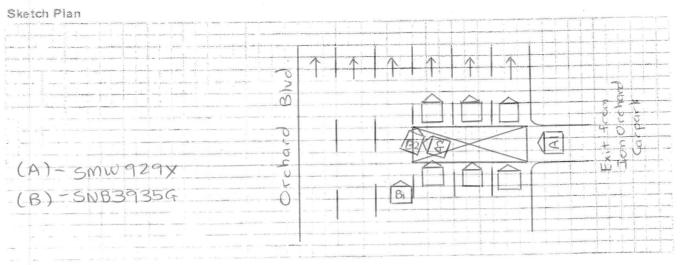
(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, discusse 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature Vate &

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

Witnesset by Reporting Centre Personnel



Describe Circumstances of the Accident
On the 17/12/2022 @ about 5.10pm along the exit from
Ion Orchard Carpark into Orchard Blvd. I was exiting the
above mentioned carpark, and there was a huge jam
along Orchard Blvd. When all the cars stopped due to the
jam, and the yellow box was clear and activated, I slowly
inched my Vehicle (A) out. When I reached lane 3 inside
of the yellow box, a Vehicle (B) suddenly cut into Lane 3
from Lane 4 into the yellow box and collided into the
front portion of my Vehicle (A), causing damages to my
Vehicle.

Declaration

I'We declare the toregoing particulars are true in every respect

Policyholder's Janature Date & Ture

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

Mitnessed by Reporting Centre
Personnel

HICLENO: SMW929X	MAKE & MODEL: BMW 216I (AUTO) MANUAL *C.C. 1,500
DATE OF ACCIDENT	17 12 2026
TIME OF ACCIDENT	5.10 AM (PN)
LOCATION OF ACCIDENT	Occhard Blvd.
ACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT PRIVATE USE / PRIVATE TIME
And a state of the	Teh Yong Keang (Zheng Yongqiang)
AME OF OWNER	tudio.com Office: MOBILIA 8 500 7 500
MAIL mikgel_teh@monocots	5 8092 580299292
RIC	OD / THIRD PARTY / REPORTING ONLY
LAIM TYPE	YES (NO)?
LEET POLICY	
NSURANCE CO.	Comprehensive / Third Party / Third Party Fire & Theft
YPE OF COVERAGE	5022 V 0 9 3 3 6 / VPC 2 / ROO
POLICY NO.	
NAME OF DRIVER	AS ABOVE / IF NO. 5 80 2 9 9 2 9 Z
NRIC STATE	
DATE OF BIRTH	29 10911980
ANY FASSENGER	VES/NO:
NAME OF PASSENGER	Jaze
GENDER OF PASSENGER	MALB / FEMALE Outdoor / (Indoor)
OCCUPATION	CITIES
DATE OF DRIVING PASS	01 112 1 2006
GENDER	Office
CONTACT NO	Mobile: 8522 7222
EMAIL	S(in 17706)
ADDRESS	30 Lengkong Dua S(417706) INSURER
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No. Own.
WEATHER CONDITION	Clear Raining Other:
ROAD SURFACE	DEST / Wet / Other:
ANY INJURIES	No! If yes: Who?
CONVEYED BY AMBULANCE	Ø / If yes : Who?
POLICE REPORT	NO/IF YES: WHO?
NOTICE OF INTENDED PROSECUTION GIV	CIN
VEHICLE B NO.	SNB3935G Any Passenger:
NAME	
CONTACT NO	Any Passenger
VEHICLE C NO	Any Passenger :
VEHICLE D NO	Any Passenger :
VEHICLE E NO.	Any Passenger
VEHICLE F NO.	
ANY WITNESS WITNESS CONTACT NO	(1/4)
WAS THERE ANY VIDEO CAPTURE?	YES /NO YES /NO
WAS THERE ANY AUDIO RECORDED!	YES (NO
SCENE ACCIDENT PHOTOS TAKEN?	Driver / Owner Both
Who is Reporting	
Original Language Used	English / Mandarin / Others:
Have you been approach by unknown po	erson soliciting (s) / YES (NO





Liberty Insurance Pte Ltd

Registration no. 1940027911)

51 Club Street \$03-00 Liberty House Singapore 069428 Tel. (65) 6221 8611

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 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No

SD22V09336 /VPC2 /R00

Form

MX1

14-JUL-2022

1 Index Mark and Registration No. of Vehicle.

SMW929X

2. Chassis number of Vehicle:

WBA32AN0207L09656

3 Name of Policybolder

TEH YONG KEANG (ZHENG YONGQIANG)

4 Effective date of Commencement of Insurance for the purposes of the Act.

12-JUL-2022 00:00 AM

5.Date of Expiry of Insurance:

11-JUL-2024 23:59 PM

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 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.

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 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

Authorised Signature

COVERAGE Comprehensive Unionited Windscreen NCD Protection

SUM INSURED. FXCFSS.

MARKET VALUE AT THE TIME OF LOSS. Section I \$4,000 Additional Excess For Young & Mexperienced Drivers \$4,2500, Windscreen Excess 540

FINANCE COMPANY

HONG LEONG FINANCE LTO SD CONTEGO SERVICES

PRODUCER NAME. ROBO11 20220720

Ver.1.260705