

Your Ref : SLZ 2578H  
Our Ref : **CS/1017/23/YB**  
Date : 9 February 2023

Fax : 6223 7262  
Tel : **3152 0980**  
Email : may@libertylaw.com.sg

China Taiping Insurance (Singapore) Pte Ltd

BY EMAIL ONLY

**DATE OF ACCIDENT: 2 FEBRUARY 2023**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by LCM BUS, the owner of PC 2984S to notify you of a road traffic accident on 2 February 2023 at about 09.10.a.m along Mandai Road towards Sembawang Road, involving our client's vehicle registration number PC 2984S and vehicle registration number **SLZ 2578H**, which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

**MAY**

Enc.

## 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 Actual 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 ..... 02/02/2023 14:36 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 02/02/2023 09:10 (SGT)  
Exact Location of Accident ..... Mandai Rd, Singapore  
Additional Location Information ..... Towards Sembawang Road  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC2984S

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LCM BUS  
Company Reg No .....  
Email Address .....  
Mobile Phone No .....  
Alternative Phone No ..... -

#### 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 - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2982

#### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SI22V10877/VBS/R02

#### DRIVER

Name of Driver ..... LUM CHEE MENG  
NRIC No .....  
Date Of Birth .....  
Occupation ..... Outdoor

Date Of Driving Pass .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
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 .....

Male

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
Weather Conditions .....  
Road Surface .....

Collision - Head to Rear  
Clear  
Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....  
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? .....  
Number of Passengers (Including Driver) .....  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....  
Translator's name .....  
Translator's ID .....  
Translator's phone number .....  
Translator's email .....  
Original language used in the statement .....

No  
2  
No  
-  
Yes  
2  
No  
-  
-  
-  
-

#### PASSENGER 1

Name .....  
Gender .....

Lee Ai Tiong  
Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....  
Was notice of intended Prosecution given? .....  
If yes, against whom? .....

No  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....  
Was there any video captured by Car Camera? .....  
Reasons for not uploading a video of the accident .....

Yes  
Yes  
The video is with the owner.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....  
Vehicle Manufacturer .....  
Vehicle Model .....

SLZ2578H  
-  
-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
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. 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 willful 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 Traffic Police Department for investigation.**
6. 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.
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.



Policyholder's Signature / Date & Time

*[Signature]*

2/2/23

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

*[Signature]*


Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) **SOH JIT HOON**

Sketch Plan

*please refer to Attachment*

Describe Circumstance of the Accident

*p/s refer to Attachment*



**Declaration**

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature (if not the driver) / Date & Time



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

*[Signature]* 2/2/23

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

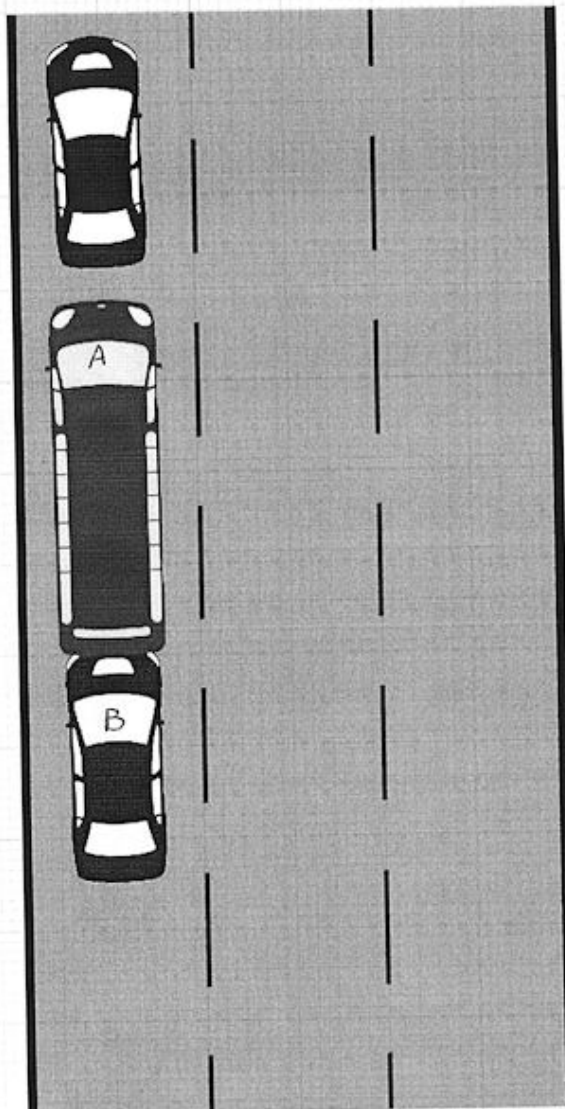
*[Signature]* **SOH JIT HOON**  
2

Incident - LCM - 412121  
Time - 09.10am

At this place and time, I was travelling mandai towards sembawang. Infront vehicle slow down and stationary i also slow down and stationary my vehicle (A) due to traffic was congestion. Out of sudden vehicle (B) came from behind and hit onto my vehicle (A) rear portion.



Mandai towards Sembawang



(A) P C 2984 S

(B) S L Z 2578 H





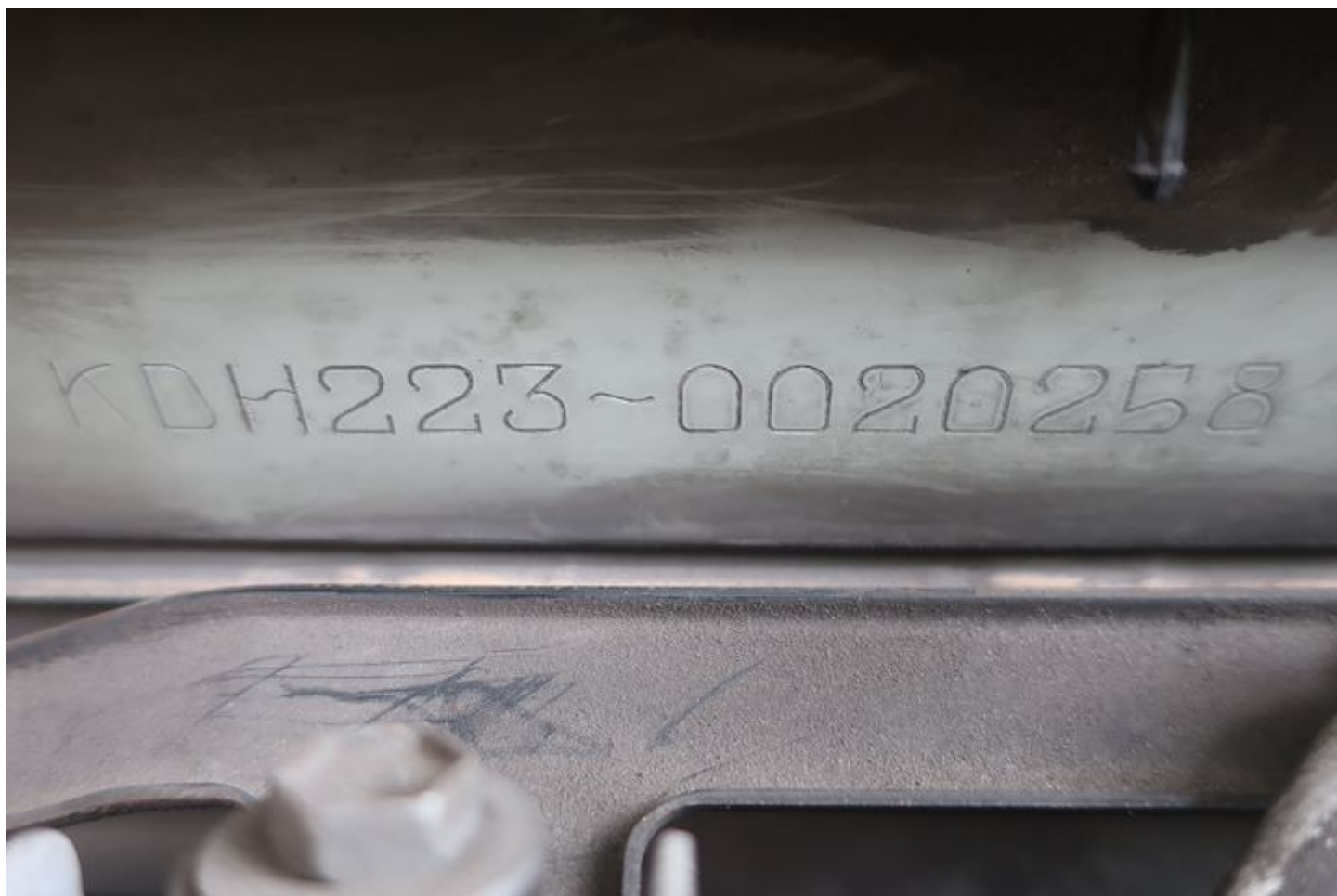















**Liberty Insurance Pte Ltd**  
 Registration no.1990027910  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 069428  
 Tel: (65) 6221 8611 Website: <http://www.libertyinsurance.com.sg>

### 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  
 ROAD TRANSPORT (AMENDMENT) ACT 2019  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI22V10877 /VBS /R02										
Form	MZ603A										
Date of Issue:	15-Aug-2022										
1.Index Mark and Registration No. of Vehicle:	PC2984S										
2.Chassis number of Vehicle:	KDH2230020258										
3.Name of Policyholder:	LCM BUS										
4.Effective date of Commencement of Insurance for the purpose of the Act:	10-SEP-2022 00:00										
5 Date of Expiry of Insurance:	09-SEP-2023 23:59										
6.Persons or Classes of Persons entitled to drive*:	<p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>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.</p> <p>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.</p>										
7.Limitations as to use*:	<p>A) Use only for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use only in the Republic of Singapore.</p>										
8.Policy does not cover:	<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>										
<p>*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.</p>											
<p>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.</p>											
<p>For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>          Approved Insurers</p>  Authorised Signature											
<p><b>For Information only:</b></p> <table border="0"> <tr> <td>COVERAGE:</td> <td>Third Party Fire &amp; Theft, Geographical Area: Singapore only</td> </tr> <tr> <td>SUM INSURED (\$\$):</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS (\$\$):</td> <td>Additional Excess - All Claims - Young, Elderly &amp; Inexperienced Drivers \$3,000.00</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>TAN INSURANCE BROKERS PTE LTD</td> </tr> </table>		COVERAGE:	Third Party Fire & Theft, Geographical Area: Singapore only	SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS	EXCESS (\$\$):	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00	FINANCE COMPANY:	MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD	PRODUCER NAME:	TAN INSURANCE BROKERS PTE LTD
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