

|                                |  |              |
|--------------------------------|--|--------------|
| NA 280/356                     | Invoice Preparation Charge               |              |
| Insurance Particulars          | 1) A/R: Accident Reporting (\$300)       |              |
| Client/Owner                   | 2) DA: Damage Assessment (\$1000)        | INC (\$50)   |
| Project No:                    | 3) TP: Towing Fee                        | \$10/\$15    |
| Insured Portion: 100%          | 4) PE: Follow-Through Survey             | \$120        |
|                                | 5) PE: Follow-Through Survey (Majorway)  | \$30         |
|                                | 6) TR: Roadside Assistance               | \$25         |
|                                | 7) NHTSA DA + SVET Survey                | \$140        |
|                                | 8) NHTC Additional Services              |              |
|                                | GR                                       |              |
| C Checked by (Engr-In-Charge): | *NHTS Country Car / Test Allowance       | \$50         |
|                                | *NHTS Repair Coordination                | \$15         |
|                                | *NHTS Post Repair Inspection             | \$25         |
|                                | *NHTS DV / Collision Excess Coordination | \$1          |
|                                | TP (NHTS) TP (NHTS) INC / NHTS INC       | \$20         |
|                                | TP (NHTS) NHTS                           | \$1          |
|                                | Invoice dated                            | File Charged |
|                                | Invoice #                                | Due Date     |





## 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              | 09/05/2023 12:32 (SGT)                   |
| Reported by                     | Both Policyholder and Actual Driver      |
| Date of Accident                | 07/05/2023 17:15 (SGT)                   |
| Exact Location of Accident      | 501 Jln. Ahmad Ibrahim, Singapore 639937 |
| Additional Location Information | BEFORE TUAS CHECKPOINT TOWARDS SINGAPORE |
| Country/State of Loss           | Singapore                                |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJE9811Y             |
| INSURED/POLICYHOLDER        |                      |
| Is company?                 | No                   |
| Name Of Registered Owner    | JIANG SHAN           |
| NRIC No                     | SXXXX664Z            |
| Email Address               | akbbnb@gmail.com     |
| Mobile Phone No             | (Phone) +65-96333519 |
| Alternative Phone No        | -                    |

### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer   | Volvo               |
| Model  | Xc60                |
| 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 - Reporting only |
| Vehicle Category   | Private car         |
| Transmission   | Auto                |
| CC   | 1969                |

### INSURANCE COMPANY

|                                   |                           |
|-----------------------------------|---------------------------|
| Name of Insurance Company         | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SD21V16785/VPC2/R02       |

### DRIVER

|                |            |
|----------------|------------|
| Name of Driver | JIANG SHAN |
| NRIC No        | SXXXX664Z  |
| Date Of Birth  | 13/12/1988 |
| Occupation     | Indoor     |

|  |                                 |
|--|---------------------------------|
| Date Of Driving Pass   | 26/01/2011                      |
| Driving experience   | 12 YEARS AND 4 MONTHS           |
| Gender   | Male                            |
| Mobile Number  | (Phone) +65-96333519            |
| Alt. Phone Number  | -                               |
| Email Address  | akbbnb@gmail.com                |
| Address  | BLK 231 BISHAN STREET 23 #10-17 |
| Address complement   | -                               |
| Postcode   | 570231                          |
| Is the driver the policyholder?                              | Yes                             |
| If No, Relationship of the Driver with the Insured           | -                               |
| 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 | 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?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| Was any other vehicle or property damaged?  | Yes |
| Number of Passengers (Including Driver)   | 3   |
| 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   | -   |

#### PASSENGER 1

|        |         |
|--------|---------|
| Name   | WANG DI |
| Gender | Female  |

#### PASSENGER 2

|        |               |
|--------|---------------|
| Name   | JIANG JUN WEI |
| Gender | Male          |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH PLAN

#### 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             | SMS2592R             |
| Vehicle Manufacturer                    | -                    |
| Vehicle Model                           | -                    |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Private car          |
| Name of Driver                          | LAI NYEE FATT        |
| NRIC No                                 | SXXXX512B            |
| Contact Number                          | (Phone) +65-96671439 |
| Address                                 | -                    |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | -                    |



## SKETCH PLAN

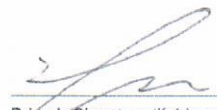
### IMPORTANT NOTICE

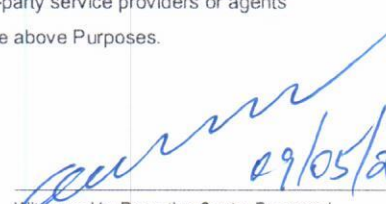
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 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:

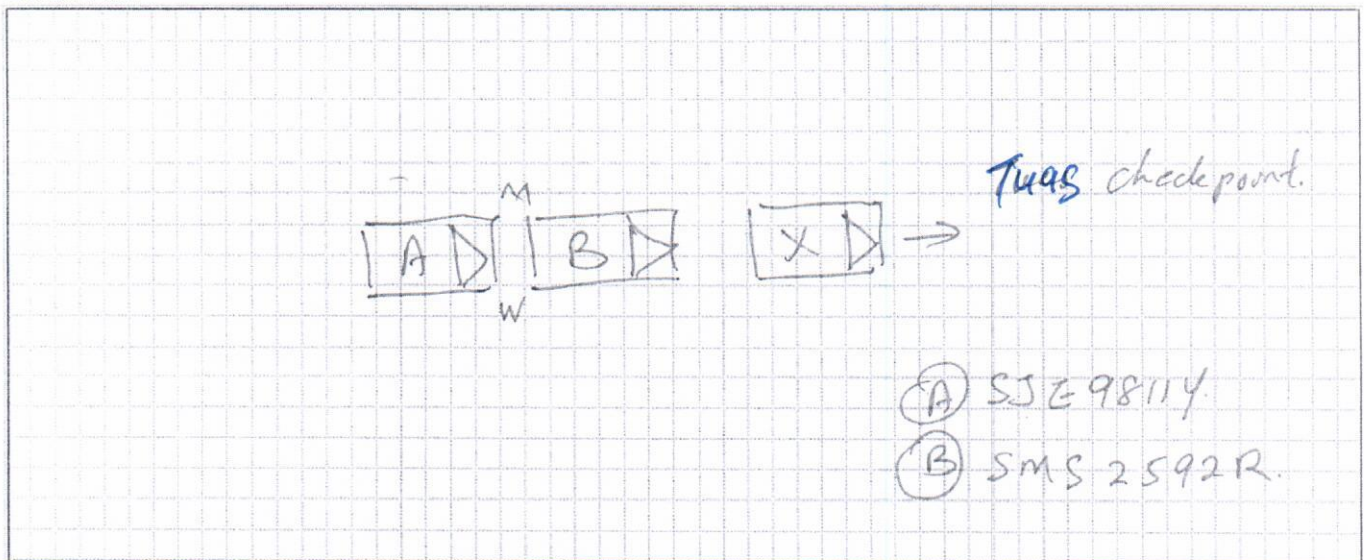
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

  
29/05/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



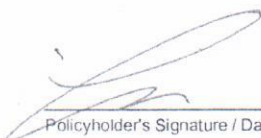
The sketch plan is drawn on a grid background. It shows two vehicles, labeled 'A' and 'B', positioned side-by-side. Vehicle 'A' is on the left, and vehicle 'B' is on the right. Above vehicle 'A' is a small 'M' and below it is a small 'W'. To the right of vehicle 'B' is a box containing an 'X', with an arrow pointing from it to the text 'Tuas checkpoint.' written in blue ink. Below the vehicles, there are two circled labels: (A) SJE 9811Y and (B) SMS 2592R.

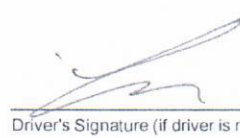
Describe Circumstance of the Accident


My on mentioned date and time, I was travelling towards Taz checkpoint. The traffic was heavy and slow moving by inching condition when my vehicle was near to the front vehicle (veh B), my vehicle auto jammed brake due to my vehicle collision sensor activated. Due to the sudden jammed brake, my vehicle surge downwards and contact with the front vehicle (veh B).

Declaration

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

  
Policyholder's Signature / Date & Time

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

  
09/05/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 07/05/2023 (dd/mm/yy) Time of Accident: 17:15 (24-HR-FORMAT)  
Vehicle No.: SSE98114 Vehicle Make & Model / Engine (cc): Volvo XC60 Private Hire: (Y/N) (N)  
Exact location of Accident: Before Tuas checkpoint towards Singapore.  
Policyholder's Name / IC No.: Jiang Shan ROC/UEN (Company) S8855664Z  
Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒  
Driver's Contact No.: 96333519 Company Contact No / Owner Contact No: \_\_\_\_\_  
Driver's Address: Blk 231 Bishan SE 23 #10-17 S (570231)  
Owner Email address: akbbnb@gmail.com Insurance Company: \_\_\_\_\_  
Driver Email address: \_\_\_\_\_

**Relationship between Owner & Driver:** (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

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

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

**\*No. of Passengers (Including Driver):** 3

\*Passenger Name: Wang Di Gender: Male / Female x ( )

\*Passenger Name: Jiang Jun Wei Gender: Male / Female x ( )

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No Remarks: \_\_\_\_\_

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: Lai Nyee Fatt / 56884512B Vehicle No: SM52592R

Driver's Contact No: 96671439 Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

## 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 SD21V16785 /VPC2 /R02  
Form MX1

Date of Issue 24-NOV-2021  
1. Index Mark and Registration No. of Vehicle: SJE9811Y  
2. Chassis number of Vehicle: YV1UZ10ACJ1034670  
3. Name of Policyholder: JIANG SHAN  
4. Effective date of Commencement of Insurance  
for the purposes of the Act: 26-DEC-2021 00:00 AM  
5. Date of Expiry of Insurance: 25-DEC-2023 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.

(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

For Information only:

|                   |   |
|-------------------|---|
| COVERAGE :        | Comprehensive, Unlimited Windscreen, NCD Protection   |
| SUM INSURED :     | MARKET VALUE AT THE TIME OF LOSS  |
| EXCESS :          | Section I : \$5800, Additional Excess For Young & Inexperienced Drivers : \$53000, Windscreen Excess : \$5100 |
| FINANCE COMPANY : | OCBC BANK LTD   |
| PRODUCER NAME :   | WEARNES AUTOMOTIVE PTE LTD  |

SCJE 20211124

Ver.1.260705