# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 First Submission 13/08/2024 14:15 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 12/08/2024 09:05 (SGT) Exact Location of Accident Seletar Expw., Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number PC1991C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LIBERTY RESOURCES PTE LTD Company Reg No 200204300N Email Address LRPLBS2002@GMAIL.COM Mobile Phone No (Phone) +65-91789889 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model Hiace Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Bus Transmission Manual CC 2754 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNA00004172400

DRIVER

Name of Driver TING CHONG MENG NRIC No S1249384C Date Of Birth 17/06/1957 Occupation Outdoor Driving Pass Date 26/02/1980 Driving License Pass Class Driving License Validity Valid Driving experience 44 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91192885 Alt. Phone Number Email Address LRPLBS2002@GMAIL.COM Address 111 BEDOK NORTH ROAD #13-301 Address complement Postcode 460111 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 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 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 **UNKNOWN** Gender Female PASSENGER 2 Name **UNKNOWN** Gender Female 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

I WAS TRAVELLING ALONG SLE, VEHICLE IN FRONT CUT INTO THE LANE AND VEHICLE B SHD829K SUDDENLY STOP, I GOT NO TIME TO REACT SO MY VEHICLE HIT ONTO VEHICLE B REAR PORTION

ATTACHMENT(S)



Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD829K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NG
Contact Number	(Phone) +65-91191948
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident travelling along 8LE, Vehicle in Cut into the lane, and Vehicle B k Suddenly stop, time to react so my vehicle onto rear Declaration ticulars are true in every resp Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 2

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful and 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)

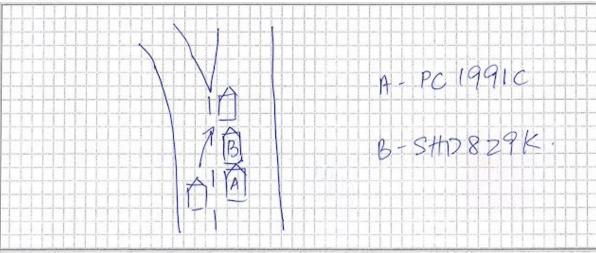
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose 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 awyers (tew firms), which may be sited outside of Singapore, for one or more of the above Purposes.

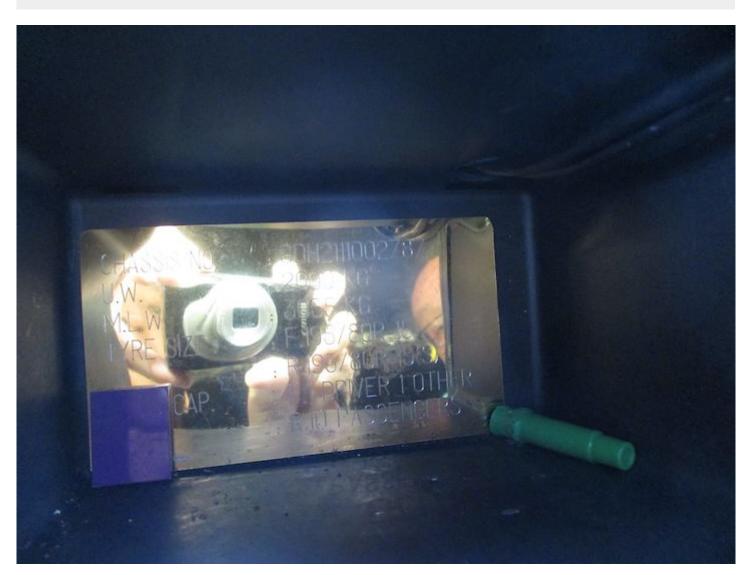
Policyholder's Signature Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

### Sketch Plan



1















# 中国太平保险(新加坡)有限公司

IA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Bus

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Componiation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Componiation) Rules, 1960 Road Transport Act, 1957 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

MZ601 N SN AN0650B

Cov. Type:C

CERTIFICATE No.

DMB1SNA00004172400

Engine No.: 1GD8420268 Cha. No::GDH2111002787

Index Mark and Registration Number of Vehicle

PC1991C

AUTOSAFE

2. Name of Policy Holder

LIBERTY RESOURCES PTE. LTD.

Effective date of the Commencement of 28/04/2024 insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment

Excess Sect 1. \$\$2,000.00 \$\$3,000.00

4. Date of Expiry of Insurance

27/04/2025

Excess Sect. II EX ON WINDSCREEN . S\$100.00

Persons or Classes of Persons entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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.

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: LIAN HONG PTE LTD

\* 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 (Malaysia), 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, 1997 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. 独电义

Authorised Signatory

Issued By: Tan Carwing Authorised Officer

C63896111

₱6222 1033 ⊜www.sg.cntaiping.com

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ★3 Anson Road #16-00 Springleaf Tower Singapore 079909



1 Kaki Bukit Ave 6 #01-88 Auto Bay @ Kaki Bukit Singapore 417883 Tel: 62602966 Fax: 62602966

WhatsApp: 86569889 Hp: 91789889 E-Mail: Irplbs2002@gmail.com Company Reg. No: 200204300N

Date: 13-August-2024

Dear Sir / Madam

Our Company Authorized this driver, Mr. Ting Chong Meng with IC No - S1249384C, to drive the vehicle No - PC1991C.

Should you require any further clarification, please do not hesitate to contact us.

Thank you.

Liberty Resource Pte Ltd

Yours Sincerely,

Mr. Chua Keng Huat

Managing Director

Hp: 91789889

