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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/02/2018 17:18
Date Of Accident	12/02/2018 10:40
Exact Location Of Accident	CARPARK OF PARKWAY PARADE MALL
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK8596G
Insured/Policyholder	
Name Of Registered Owner	ACCONCI DARIO
NRIC No	F0430862W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82014849
Alternative Phone No	OFFICE-82014849
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	5008
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

SI17V13696/VPE/R02

Driver

Policy Number

Cover Note Number

 Name of Driver
 LUCIA GRANOZIO

 NRIC No
 G5355552M

 Date Of Birth
 30/10/1975

Date Of Birth 30/10/1975

Occupation INDOOR

Date Of Driving Pass 18/07/2013

Driving Experience 4 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81104257

Fax Number

Contact Number

EMail Address NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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 this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

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Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : LEONARDO

GENDER: : MALE

Passenger 2 NAME: : RICCARDO

> **GENDER:** : MALE

Passenger 3 NAME: : ELETTRA

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

MY VEHICLE WAS STATIONARY. VEHICLE B HIT ONTO MY VEHICLE REAR.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN1659C

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B PRIVATE CAR Vehicle Category Name of Driver **CHANG TOCK JIAH**

NRIC/Passport Number S1690004D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

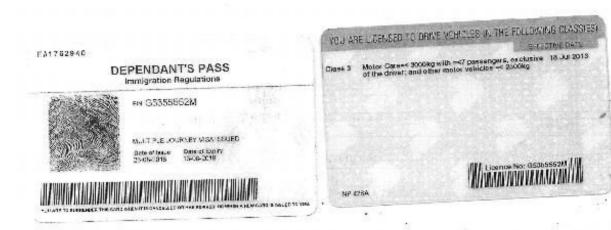
Sketch Plan #2 Pg. 1

SKETCH PLAN		5
SKEICH PLAN	(A)	
DESCRIBE CIRCUMSTANCES OF THE A	CCIDENT	
VEHICLE REAR.	TATIONARY, VEHICLE B	HIT ONTO MY
DECLARATION I/We declare the foregoing particulars as	Mayorin recul	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

Signature Stage Hankurin V3

Driving License





INSURANCE





Certificate of Insurance

www.libertyinsurance.com.sg

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1967 (Malaysia); Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Name of Policyholder:		Certificate No.:
ACCONCI DARIO		SI17V13896/ VPE / R02
Date of Issue:	Effective Date of Commencement:	Date of Expiry:
31 Aug 2017	08 Sep 2017 00:00	05 Sep 2018 23:59
Registration No.:	Chassis No.:	Type of Certificate:
SKK8596G	VF30E5FVACS280541	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 use:

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

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 (Malaysia) are not to be included under these headings.

I/Wo haveby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehiclas (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of LIBERTY-INSURANCE PTE LTD Approved Insurers

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS.

Excess:

Section I -Named Drivers ISS500, Section I -Unnamed Drivers IS\$500, Additional Excess for Young &

Inexperienced Drivers S\$1000, Windscreen Excess S\$0

Name of Finance Company:

Name of Producer:

SD CONTEGO SERVICES (A1429-3)

#U04/9284.AMT/SL;7V15696/31-Arg 2017/Noncat(D21.0



















