

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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.

ACCIDENT STATEMENT

| | |
|----------------------------|--------------------------------------|
| Date Of Report | 23/02/2018 09:15 |
| Date Of Accident | 22/02/2018 12:45 |
| Exact Location Of Accident | 20, LENGKOK BAHRU OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SFT2277D |
| Insured/Policyholder | |
| Name Of Registered Owner | CHUA KOON KEE @TEO KHOON KEE |
| NRIC No | S0164120D |
| Email Address | CHUAWILLIAM1523@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-94779350 |
| Alternative Phone No | OTHERS-94779350 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | CHEVROLET |
| Model | OPTRA WAGON-1.6 (M) |
| 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 |
| 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 | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | SI17V04071/VPE/R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | CHUA KOON KEE @TEO KHOON KEE |
| NRIC No | S0164120D |
| Date Of Birth | 15/01/1950 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/01/1970 |
| Driving Experience | 48 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94779350 |
| Fax Number | |
| Contact Number | OTHERS-94779350 |
| Email Address | CHUAWILLIAM1523@YAHOO.COM.SG |

| | |
|---|--------------------------------|
| Address | BLK 75A REDHILL ROAD #15-58 |
| Postcode | 151075 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|--|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 3 |
| Passenger 1 | NAME: : WIFE GENDER: : FEMALE |
| Passenger 2 | NAME: : GRAND DAUGHTER 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

PLEASE REFER TO SKETCH PLAN(COLLISION TYPE BOTH PARTY REVERSE AND HIT)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SKV9582G |
| Vehicle Make/Model/Colour | MITSUBISHI ATTRAGE |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MISS ONG |
| NRIC/Passport Number | |
| Contact Number | 98552660 |
| Address | |
| Postcode | |

SKETCH PLAN

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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 lodgment 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.
- (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:

22/02/2018
1700 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

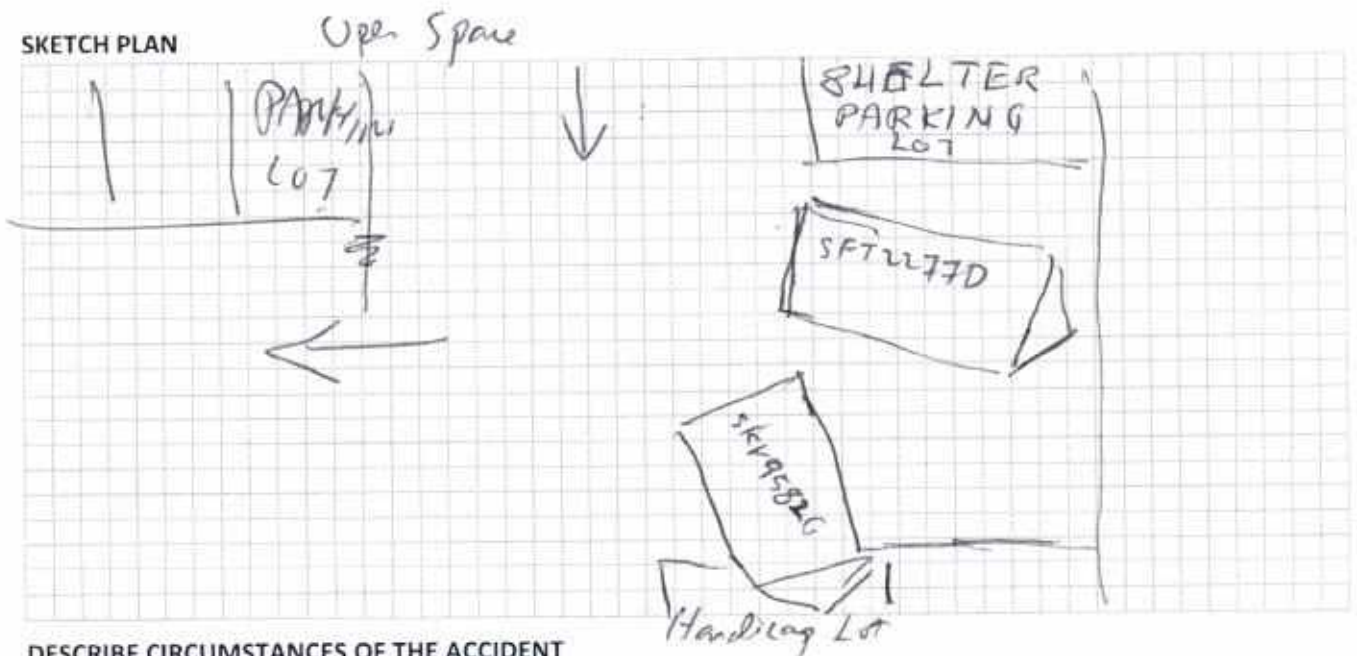
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

28/02/2018
Rosa WAFAB

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/2/18 @ 1240 hrs, at SG Enabling Village located at 20, English Bazar, Singapore 159053, Open Space (apart), I parked my car on that area. My wife then went to find my granddaughter whilst I waited in the car. Then I noticed a car (SKV9582G) came and after 5 mins stopped at the handicapped lot to alight someone.

Then my wife came back with my granddaughter.

After they are secured, I got ready to move off by first checking on my right side. I noticed SKV9582G was stationary and its reverse light was visible.

Then I check my rear mirror and left blind spot before slowly reversing my car.

Suddenly, my car was hit. I turned to my right and saw the rear of SKV9582G had reversed into my car's right side.

The other party did not want to settle privately and was only willing to give her name as "Miss Ng" and contact "98552666".

I offered her my particulars, but she did not want it.

I like to add that after the other car hit me, it drove forward before coming out of her car.

DECLARATION

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

Policyholder's Signature

Date & Time: 22/02/2018

1200 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

28/02/2018
Rashid W. HASSAN



[Signature]
23/02/2018





23/02/2018

ACCIDENT STATEMENT

ACCIDENT DATE: 22/02/2018 (DD/MM/YYYY), TIME: 12.45 (HH:MM)

LOCATION: 20, Lengkok Bahru, S(159053), Carpark (Open Space)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFT2277D
 b) INSURANCE COMPANY: Liberty Insurance Pte Ltd
 c) POLICY NUMBER: SI17V04671 (KPE/R00)
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Chevrolet / Upton 1.6 WGN
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) Station wagon
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: Chua Koon Kee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0164120D CONTACT: 94779350
 c) ADDRESS: Blk 75A, Redhill Rd, #15-58, S(151075)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 15/01/1950 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) Retired

f) DATE OF DRIVING PASS: 02/01/1970

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS _____

b) ROAD SURFACE: DRY / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKV9582G MODEL: Mitsubishi Attrage

b) DRIVER'S NAME: Min Ong

c) NRIC/FIN/PASSPORT: _____ CONTACT: 98552669

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = chua.william.1523@yahoo.com.sg

fax =

✓ 1000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0164120D



Name
CHUA KOON KEE
@TEO KHOON KEE
蔡坤基

Race
CHINESE

Date of birth
15-01-1950

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S0164120D
Name
CHUA KOON KEE

Birth Date 15 Jan 1950
Issue Date 21 Mar 2006



0014064248

3852523



MRC No S0164120D



Date of issue
20-02-2006

APT BLK 75A REDHILL ROAD #15-58
SINGAPORE 151075


NRIC No: S0164120D Date: 10-01-2007 No: 5650480

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 02 Jan 1970

NP 428A



Licence No: S0164120D



Liberty
Insurance



Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street

#03-00 Liberty House

Singapore 069428

Tel: (65) 6221 8611 Fax: (65) 6225 6890

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 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

| | |
|---|----------------------------------|
| Certificate No | SI17V04071 /VPE /R00 |
| Form | MX1 |
| Date of Issue | 08-DEC-2017 |
| 1.Index Mark and Registration No. of Vehicle: | SFT2277D |
| 2.Chassis number of Vehicle: | KL1NF356E6K240616 |
| 3.Name of Policyholder: | CHUA KOON KEE |
| 4.Effective date of Commencement of Insurance for the purposes of the Act: | 06-MAR-2017 00:00 AM |
| 5.Date of Expiry of Insurance: | 20-DEC-2018 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 (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, 1987 (Malaysia). | |
| For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  Authorised Signatory | |
| For Information only: | |
| COVERAGE : | Third Party Fire & Theft |
| SUM INSURED: | MARKET VALUE AT THE TIME OF LOSS |
| EXCESS: | |
| FINANCE COMPANY: | |
| PRODUCER NAME: | ROY TAN PECK TIAN |

PLKH/PLKH/08-DEC-17

S3_CL_T1_T3_TEMPLATE2-VER1 08-DEC-17