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## 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.
- Information provided must be as <u>truthful</u> and <u>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

A THE RESERVE OF THE PARTY OF T	ACCIDENT STATEMENT
pate Of Report	23/02/2018 16:57
Date Of Accident	17/02/2018 14:05
xact Location Of Accident	REPUBLIC BOULEVARD TOWARDS CHANGI
Country/State of Loss	SINGAPORE
DE THE RESERVE OF THE PARTY OF	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SJE5532D
nsured/Policyholder	
Name Of Registered Owner	SIM SZE LI (SHEN SILI)
NRIC No	S7536340J
Email Address	JESLYNSIMSZELI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97643438
Alternative Phone No	OTHERS-97643438
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V07253/VPE/RO4/E00
Cover Note Number	
Driver	

Name of Driver SIM SZE LI (SHEN SILI)

 NRIC No
 \$7536340J

 Date Of Birth
 27/11/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 05/11/2002

Driving Experience 15 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97643438

Fax Number

Contact Number OTHERS-97643438

EMail Address JESLYNSIMSZELI@GMAIL.COM

Address

33 IPOH LANE

#18-09

Postcode

438641

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

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

1

# **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

# 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

SFR8669C

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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>.
- 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.
- 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.
- 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:
  - 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;
  - 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: 23 2 1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signat

Name

NRIC/FIN No

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ECLARATION		
We declare the foregoing part	culars are true	in every respect.
11.		22/24/24/
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licyholder's Signature	Driver's	's Signature Beporting Centre Personnel's Signature
ste & Time:	(If drive	er is not the policyholder) Name:
ie or fillie:	(If drive	

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# ACCIDENT STATEMENT

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		OJVEHICLE NUMB	MPANY Liberty	Insubance				
	5	CIPOLICY NUMBE	R: 91 /7 0721		04/E00	ne sympatic	H	
		d)POLICY TYPE: [	COMPREHENSIVE /	THIRD PARTY / TH	HRDPARITE	IKC WILLOUIT	100	
		PIMAKE & MODE	COURS / MPV MA	N/LORRY/MC	TORCYCLE,	OTHERS)		
		g VEHICLE CATE	SORY (PRIVATE / C	OWWERCIAL! N	OTORCYGU	=	Y.	
		h)PURPOSE OF US	SING AT ACCIDENT ING UNDER YOUR (	DWN INSURANC	E (MO)	-		
0000000		IP NO. PLEASE ST	ATE (THIRD PARTY	CLAIM / REPORT	ING ONLY)		4	
	2,,	INSURED / POLIC'	Y HOLDER		[MALE /	PEMALE)	ey :	
55		A) NAME: S/M b) NRIC/FIN/PASS	PORT: 5#131		DNTAGTI 9	7643438		
		CIADDRESS: 33	Ipoh Lane	# 18-09514	38691)		į.	
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CLO		CIADDRESS:	OKI				Es P	ñ
CASE ATTOM	€.	*d)DATE OF BIRT	31 77 / 11 /	75 JOD/MM/	YYYY)			
	19	e)OCCUPATION	INDOOR / OUTDO	And the second s	31 W			
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	5,	alWEATHER COL	NDITION: (CLEAR / DE: (DRY / WET / 25	RAINING / PIHO	K2 CICRY			
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# REPUBLIC OF SINGAPORE

1

Name

SIM SZE LI (SHEN SILI)

沈思莉 Race CHINESE

Date of birth 27-11-1975 Country of Birth SINGAPORE





3901403



WHICH S7536340J

Date of years

04-07-2006

33 IPOH CANE #18-09 SINGAPORE 438641 NRIC No. 575363401

MRIC Not \$7536340J Dute: 30/08/2010

No: 6601400

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

05 Nov 2002

NP 428A





www.libertyinsurance.com.sg

# Policy Schedule

Private Car

Name of Producer:		Policy No.:
TAN TECK BENG (A0770-2)		SI17V07253/VPE/R04/E00
Date of Issue:	Previous Policy No.:	
26 Apr 2017	SI16V05996	

Details of Insured		
Name of Insured:		NRIC/FIN No.:
SIM SZE LI JESLYN		S7536340J
Mailing Address:		
33 IPOH LANE, #18-09, VERSILIA	ON HAIG, SINGAPORE	Postal Code (438641)
Period of Insurance (both dates in		Occupation:
From: 29 Apr 2017 00:00	To: 28 Apr 2018 23:59	Customer Support Officer

Details of Vehicle		
Registration No.:	Make and Model:	Type of Body:
SJE5532D	TOYOTA Corolla Altis 1.6	SALOON
Capacity/Tonnage:	Seating Capacity Including Driver:	Year of Manufacture/Registration:
1598 C.C	0	2008 / 2008
Chassis No.:	Engine No.:	Sum Insured:
MR053ZEE106107739	3ZZ4762682	MARKET VALUE AT THE TIME OF LOSS
A SECOND	KANE Handelland HAD	

# Hire Purchase Owner/Leasing Company: Operative Endorsements:

V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0145, V0152, V0224, V0233, V0236, V0237, V0249, V0276, V0281, Z011

Type of Plan:	Pte Car-Preferred Plan (Comprehensive)
Excess:	Section I - Named Drivers S\$ 600.00 Section I - Unnamed Drivers S\$ 1,100.00 Additional Excess for Young, Elderly & Inexperienced Drivers S\$ 3,000.00 Windscreen Excess S\$ 100.00
Additional Coverage(s):	Unlimited Windscreen , NCD Protection
Name of Driver(s):	SIM SZE LI JESLYN
Basic Premium:	S\$ 1,374.11
Discounts:	No Claim Discount (50%), Offence Free Discount (5%), Other discounts (S\$ 32.64)
Additional Premium:	S\$ 62.01
Prevailing GST (7%):	S\$ 47.74
Total Premium Payable Inclusive of Prevailing GST (7%):	S\$ 729.81

This Schedule replaces any other Schedule, This Schedule and Policy are to be read together as one contract. Persons or classes of persons entitled to drive and limitations are to use, are as specified in the Certificate of Insurance issued in relation to this policy.

For and on behalf of

LIBERTY INSURANCE PTE LTD

Date: 26 Apr 2017 11:22