

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 16:57
Date Of Accident	17/02/2018 14:05
Exact Location Of Accident	REPUBLIC BOULEVARD TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE5532D
Insured/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
If 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	S7536340J
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 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)	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	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

23/2/18

Driver's Signature

(If driver is not the policyholder)

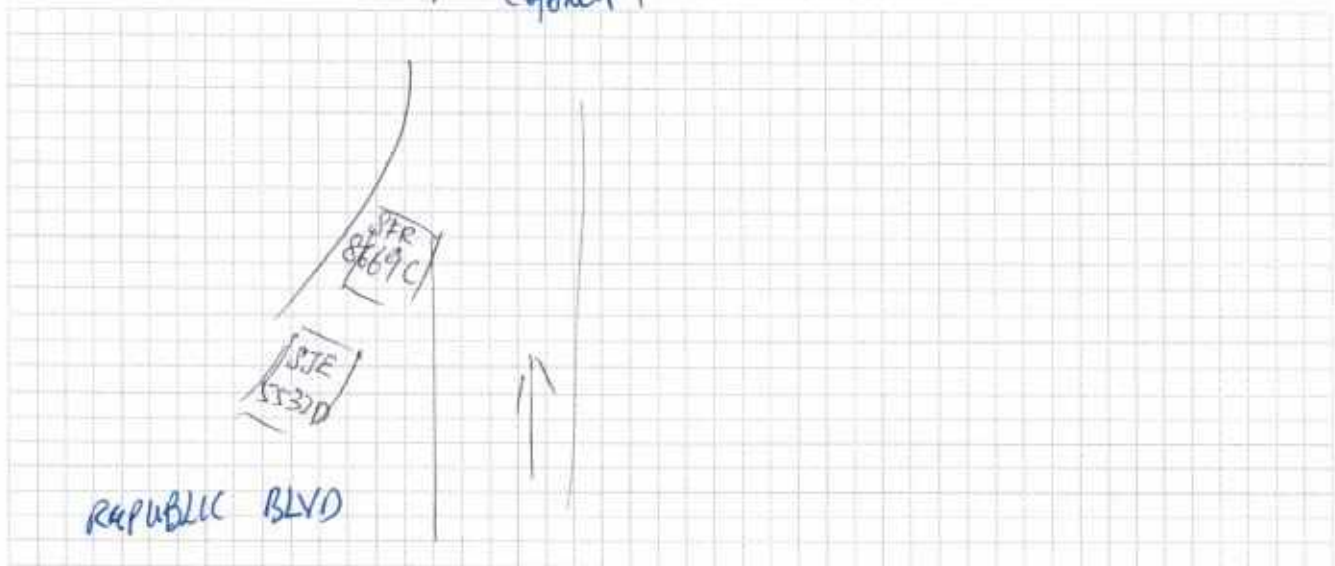
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ЕСР С40161



Knock onto the car in front (SFR8669C) when moving forward after the road was clear toward ECP.

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:

23/02/2018
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 17 / 2 / 18 (DD/MM/YYYY), TIME: 2:05 (HH:MM)

LOCATION: Toward ECP Republic Blvd Towards ECP (Chongli)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJE 5532D
 b) INSURANCE COMPANY: Liberty Insurance
 c) POLICY NUMBER: 0117V07253 / VPE / R04 / E00
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Altis
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SIM SZE LI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7531340 J CONTACT: 97643438
 c) ADDRESS: 33 Ipoh Lane #18-09 S1438641

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(Including driver)
(1)

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

* d) DATE OF BIRTH: 27 / 11 / 75 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS 27/10/03

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear
 b) ROAD SURFACE: (DRY / WET / OTHERS) Dry
 6. WAS ANYBODY INJURED (YES / NO)
 7. c) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passengers
(Including driver)
(1)

- a) VEHICLE NUMBER: SFR 8669C MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

No of passengers
(Including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = jeslyn.sze.li@gmail.com

fax =

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7536340J



Name

SIM SZE LI
(SHEN SILI)

沈思莉

Race

CHINESE

Date of birth

27-11-1975

Country of birth

SINGAPORE

Sex

F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7536340J

Name

SIM SZE LI
(SHEN SILI)

Birth Date: 27 Nov 1975

Issue Date: 27 Oct 2003



3801403

NRIC No. S7536340J



Date of issue

04-07-2006

33 IPOH CANE #18-09
SINGAPORE 438641

NRIC No. S7536340J

Date: 30/08/2010

No: 6601400

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

PASS DATE

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

06 Nov 2002



NP 428A

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

Details of Insured

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

Details of Vehicle


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

Details of Coverage

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.

Date: 26 Apr 2017 11:22


For and on behalf of
LIBERTY INSURANCE PTE LTD