

## 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	28/02/2018 16:06
Date Of Accident	26/02/2018 07:30
Exact Location Of Accident	BUKIT PANJANG TOWN ENTERING INTO BKE (PIE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9544P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GAN CHOON AIK
NRIC No	S7431652B
Email Address	YAN_JUNYI@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98488054
Alternative Phone No	OFFICE-98488054

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 VTI (FD4) (A)
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
Policy Number	
Cover Note Number	

### Driver

Name of Driver	CHUA BEE YAN
NRIC No	S7621693B
Date Of Birth	16/07/1976
Occupation	INDOOR
Date Of Driving Pass	08/12/1997
Driving Experience	20 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98430713
Fax Number	
Contact Number	
EEmail Address	BEEYAN6969@YAHOO.COM.SG

Address	BLK 418 FAJAR ROAD #11-435
Postcode	670418
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
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

REFER TO ATTACHMENT

#### 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	SLR1144A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98241942
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle No. SLF 9544P

SKETCH PLAN

Annex D

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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.
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.

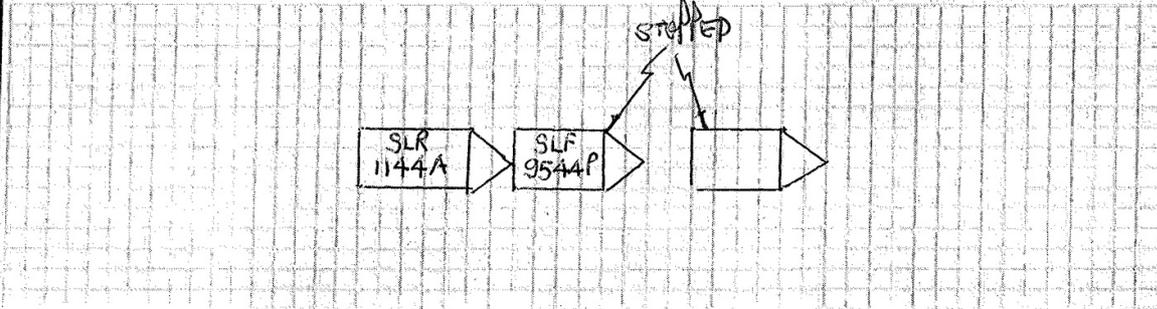
*Choi* 29/2/2018      *Wong* 29/2/2018

Policyholder's Signature / Date & Time  
12.40pm

Driver's Signature (If driver is not the policyholder) / Date & Time  
12.40pm

Witnessed by Reporting Centre Personnel

Sketch Plan



Please continue to Annex E

Vehicle No SLF 9544<sup>P</sup>

Annex E

Describe Circumstances of the Accident:

I was driving into the slip road from Bukit Panjang Town into BKE (PIE) on 26 Feb 2018 at around 7.30am. As the traffic was very heavy, my car could only travel slowly into the slip road. Suddenly I felt a knock onto the back of my car and that's when I realised that the car behind my car had knocked into my car bumper.

Both me and the other car driver drove to the road divider & road shoulder respectively in order not to block the traffic. We got off our cars to check on the damage.

I noted scratches on my car boot and noted that the other car's ~~bonnet~~ <sup>front bumper</sup> had some damage. As I did not notice other damage to my car at that point in time, I exchanged

contact details with the other driver and we both took photos

You had been advised by the workshop that in the event that you wish to claim against your own policy (OD claim), there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

of the cars. On 26 Feb 2018 evening, I examined the car again and realised that there was a dent made to my car bumper due to the accident.

Declaration

We declare the foregoing particulars are true in every respect.

*Chao* 29/2/18 *Murmu* 29/2/18

Policyholder's Signature / Date & Time  
12.40pm

Driver's Signature (If driver is not the policyholder) / Date & Time  
12.40pm

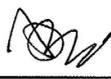
*[Signature]*  
Witnessed by Reporting Centre Personnel



Liberty Insurance Pte Ltd  
 Registration no. 199002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 069428  
 Tel: (65) 6221 8611 Fax: (65) 6226 3360

## 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	SD16V12198 /VPC2 /R00
Form	MX1
Date of Issue	26-SEP-2016
1.Index Mark and Registration No. of Vehicle:	SLF9544P
2.Chassis number of Vehicle:	MRHFC5650GT000227
3.Name of Policyholder:	GAN CHOON AIK (YAN JUNYI)
4.Effective date of Commencement of Insurance for the purposes of the Act:	16-SEP-2016 00:00 AM
5.Date of Expiry of Insurance:	15-SEP-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.	
<p>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.</p>	
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.	
<p>*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.</p>	
<p>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).</p>	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive,Unlimited Windscreen,Ncd Protection
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$600,Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000,Windscreen Excess S\$100
FINANCE COMPANY:	OVERSEA-CHINESE BANKING CORPORATION LTD
PRODUCER NAME:	KAH MOTOR COMPANY SDN BERHAD

PLST 20160927

Ver.1.260705

Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7621693B



Name  
CHUA BEE YAN  
(CAI MEIYAN)  
蔡美燕

Race  
CHINESE

Date of birth 16-07-1976 Sex F

Country of birth  
SINGAPORE

S7621693B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7621693B

Name  
CHUA BEE YAN  
(CAI MEIYAN)

Birth Date 16 Jul 1976  
Issue Date 15 Nov 2003

001002092E

3914243



NRIC No. S7621693B



Date of Issue  
03-08-2006

Address  
APT BLK 418 FAJAR ROAD  
#11-435  
SINGAPORE 670418

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	08 Dec 1997

NP 428A

Licence No. S7621693B



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo

