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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 witholding of material facts may allow insurance companies to
- 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.

- 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

Personal party and the second	ACCIDENT STATEMENT
Date Of Report	12/03/2018 15:21
Date Of Accident	09/03/2018 17:15
Exact Location Of Accident	ALONG PIONEER ROAD
Country/State of Loss	SINGAPORE
THE REPORT OF THE PARTY WHEN	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC1342B
Insured/Policyholder	
Name Of Registered Owner	SKY LIGHT LIMOUSINE SERVICES
Co Reg No	53201674B
Email Address	ROMEOANGLM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93201591
Alternative Phone No	OFFICE-93201591
Vehicle Particulars	37.172.00201301
Manufacturer	MERCEDES-BENZ
Model	VIANO-2.2 D CDI (W639) (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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V02854/VBS/R05
Cover Note Number	CHANNEL I 123 ANT CHANNEL I 120 ANT CHANNEL I
Driver	
Name of Driver	ROMEO ANG LUOMEN
NRIC No	S8914601A
Date Of Birth	16/04/1989
Occupation	OUTDOOR
Date Of Driving Pass	26/07/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +85-93201591
East Ministraci	No. of the second secon

OTHERS-93201591

ROMEOANGLM@GMAIL.COM

Address

BLK 368 BUKIT BATOK STREET 31

#07-479

Postcode

650368

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

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?

Number of vehicles involved in the accident

NO

NO

Was any body injured in the Accident?

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

SKD4209M

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SIVANRAJ MANOGARAN

NRIC/Passport Number

G2648197Q

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

Velo A: PC 1343 R Veh B: SKD 4209 W

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 liability.
- 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. 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

12/03/18

(ii) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/03/206

Policyholder's Signature Date & Time:

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	> Pioneer Rd
	
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DESCRIBE CIRCUMSTANCES OF	E THE ACCIDENT
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(traffic lies have by	ing Pioneer Rd . I stopped my Vehicle at traffic Junction). Vehicle & Suddenly hit onto my year.
THE TIGHT WAS KIN). Vehicle B Suddenly hit onto my venv.
CLARATION	
ECLARATION Ve declare the foregoing particular	Sare true in even-rement
ECLARATION Ve declare the foregoing particular	s are true in every respect.
We declare the foregoing particular	12/18/18
Ne declare the foregoing particular	1.45pm pur 12/03/2018
We declare the foregoing particular	12/18/18

Accord Auto Services Pte Ltd Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report *Date of Accident: 09/03/2018 *Time of Accident: 5/15PM *Accident Location: Promer Road Vehicle Details *Vehicle Number: PC 13H2B * Make & Model: Morcedes Viano CDI 2. 3 EL Insured / Policyholder *Owner Name: Sky light Limousine Services *NRIC: 53 201674B * HP: 9370 1591 (Indoor / Outdoor) * Tel /H /Other: N# *Occupation: Driver () same as above *Driver Name: Romeo Ang Women *NRIC: 58914601A *Address: BIK 368 BUEIT BOTOK ST 21 #07-479 5(650 260) *Date of Birth: 16/04/1989 *Driving Pass Date: 26/07/2013 *HP: 9320/591 *Gender (Male / Female *Email: rowecang/m@gmail-com *Occupation: Tolev (Indoor / Outdoor) * Tel /H /Other: Nh *Driver an employee: Yes / No (*If no, what is relationship with the policyholder: Passengers Details (Male/Female) * P/Name: (Male/Female) * P/Name: (Male/Female) * P/Name: _____ (Male/Female) * P/Name: Insurance Company *Coverage: C / TPFT / TPO * Policy No: _____ *Insurer: Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 Vehicle No.: SKD H209M Vehicle No.: Make & Model: Toyota Corgra Make & Model: Vehicle Category: Vehicle Category: Name of Driver: SIVANRAT MANOGARAN Name of Driver: ____ NRIC : 612648197a NRIC : No. of Passengers (Including Driver):_____ No. of Passengers (Including Driver): For Official Use Only *Claiming against Own Ins.: Yes No (If No, Reporting Only TP Claims) General Information of the accident *Type of accident: Head-Rear / Side swipe / others: *Any video cam: Yes (No *Weather conditions: Clear / Raining / others: *Road Surface: Dry / Wet / others: _____ *Witness: Yes / No (Name: NRIC :_____ HP:____ *Accident reported to police: Yes / No *Summon against whom:

*No. of passengers (include driver):

-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No -I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

*Injured party: Yes / No





Lomos Number S8914601A Name

ROMEO AND LUOMEN



ter (se 16 Apr 1989 Asset Date 25 Jul 2013



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

EFFECTIVE DATE

Class 3 Motor Carin < 3000kg with <7 passengers, exclusive 26 Jul 9013 of the driver; and other motor yetholes << 2500kg

Licence No. Sap14601A

58914601A

ROMEC ING LUCMEN

CHINESE

16-04-1989 M

SINGAPORE

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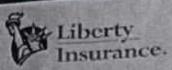


589146014

26-04-2004

APT BLK 368 BUKIT SATOK STREET 31 #27-425 SINGAPORE 650368

(NESIZER)





Liberty Insurance Pte Liu

Congress (1994) The (66) 6275 6860 Tel (86) 6224 8611 Fac (66) 6275 6860

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT ICHAPTER 1891
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1988 (MALAYSIA)

MOTOR	MOTOR VEHICLES (THRID-PARTY JUSKIS) ROLES, 1981 INV.	
THE RESERVE OF THE PARTY OF THE	SH7V02854 /VBS /R05	
Cartificate No	M2903A	
ram	14-Feb-2017	
Date of Items.	PC1342B	
1 Judex Mark and Registration No. of Vehicle	WDF63981523711032	
2 Chassis rumber of Vehicle	SKYLIGHT LIMOUSINE SERVICES	
3. Name of Poscyhukter: 4. Effective date of Commencement of Insurance	13-MAR-2017 00:00	
for the purpose of the Act.	27.50	
S. Onte of Expery of Insurance!	12-MAR-2018 23:59	
6 Persons or Classes of Persons		

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

Provided that the person driving is permitted in accordance with the Scenning or other lews or regulations to drive the Motor Vehicle or has been so permitted and is not conquestions by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Musicr Vehicle

And provided further that the Mosor 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.

- A) Use only for the carriage of passengers or goods in connection with the Policyholder's business.
- B) Use only in the Republic of Singapore

8. Policy does not cover:

- B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*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 VWs hareby 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 180) and Part IV of the Road Transport Act, 1987 (Malaysia)

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

Par 1 1 1

For Information only.

Comprehensive, Unlimited Windscreen, Flood and Special Perils COVERAGE.

MARKET VALUE AT THE TIME OF LOSS SUM INSURED (S\$):

Section I \$2,000.00, Section II \$1,500.00, Additional Excess - All Claims - Young, Ekkerly & Inexperienced Drivers, \$3,500.00, EXCESS (S\$):

Windscreen Excess \$150.00

MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD FINANCE COMPANY

E TAY TRADING COMPANY PRODUCER NAME

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