

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	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

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

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	

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) +65-93201591
Fax Number	
Contact Number	OTHERS-93201591
Email Address	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	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	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

Veh A: PC 1342 B

Veh B: SKD 4709 W

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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:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

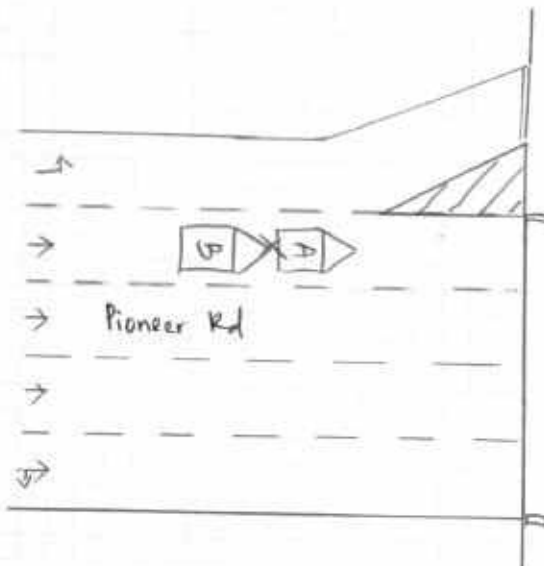
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

12/03/18
1:45pm

12/03/2018
Res L M A B O B

SKETCH PLAN

Veh A: PC1342B
Veh B: SKD 4209M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I travelling along Pioneer Rd, I stopped my vehicle at traffic Junction (traffic light was red). Vehicle B Suddenly hit onto my rear.

DECLARATION

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

12/03/18
1:45pm

12/03/2018

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: 5.15 PM
*Accident Location: Pioneer Road

Vehicle Details

*Vehicle Number: PC1342B *Make & Model: Mercedes Viano CDI 2.2 EL

Insured / Policyholder

*Owner Name: Sky light Limousine Services *NRIC: 53201674B
*Address: _____
*Email: _____ *HP: 9320 1591
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: N/A

Driver () same as above

*Driver Name: Romeo Ang women *NRIC: S8914601A
*Address: BLK 368 Bukit Batok St 31 #07-479 5(650368)
*Date of Birth: 16/04/1989 *Driving Pass Date: 26/07/2013 *HP: 9320 1591
*Email: romeoanglm@gmail.com *Gender: Male / Female
*Occupation: Driver (Indoor / Outdoor) *Tel / H / Other: N/A
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: Owner)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: _____ *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SKD 4209M
Make & Model: Toyota Corolla
Vehicle Category: _____
Name of Driver: SIVANRAJ MANOGARAN
NRIC : G2648197Q
HP : _____
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
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: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *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

REPORT

DRIVER'S LICENCE



Licence Number: S8914601A

Name:

ROMEO ANG LUOMEN

Birth Date: 15 Apr 1989

Issue Date: 25 Jul 2013



S8914601A

ROMEO ANG LUOMEN

CHINESE

15-04-1989 M

SINGAPORE

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

EFFECTIVE DATE

Class 2 Motor Cars <= 3500kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 25 Jul 2013



Licence No. S8914601A

HP-425R

332075



S8914601A

25-04-2004

APT. BLK 368 BUKIT SATOK STREET 31
407-475
SINGAPORE 650368



**Liberty
Insurance.**



Liberty Insurance Pte Ltd
Registration no. 139002791 D
51 Crib Street
#03-00 Liberty House
Singapore 059436
Tel: 653 1221 8811 Fax: (65) 6225 6820
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 1969
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1968 (MALAYSIA)

Certificate No: SH17V02854 /VBS /R05
Form: MZ603A
Date of Issue: 14-Feb-2017
1. Index Mark and Registration No. of Vehicle: PC1342B
2. Chassis number of Vehicle: WDF63981523711032
3. Name of Policyholder: SKYLIGHT LIMOUSINE SERVICES
4. Effective date of Commencement of Insurance for the purpose of the Act: 13-MAR-2017 00:00
5. Date of Expiry of Insurance: 12-MAR-2018 23:59
6. Persons or Classes of Persons entitled to drive*

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 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*

- 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:

- A) Use for racing, pace-making, reliability trials or speed-testing.
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.

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

Authorized Signature

For information only:

COVERAGE: Comprehensive, Unlimited Windscreen, Flood and Special Perils
SUM INSURED (\$): MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$): Section I \$2,000.00, Section II \$1,500.00; Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00
Windscreen Excess \$150.00
FINANCE COMPANY: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD
PRODUCER NAME: E TAY TRADING COMPANY