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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 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.
- 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.

<b>中国国际国际公司等的人的</b> 。但是	ACCIDENT STATEMENT
Date Of Report	19/03/2018 17:23
Date Of Accident	19/03/2018 07:10
Exact Location Of Accident	JUNCTION OF DOVER RD/NORTH BUONA VISTA RD
Country/State of Loss	SINGAPORE
CIL-MENT PROPERTY DE D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDS113K
Insured/Policyholder	
Name Of Registered Owner	THONG JIAN XIONG KELVIN
NRIC No	S8031958D
Email Address	KEL_THONG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97986600
Alternative Phone No	OTHERS-97986600
Vehicle Particulars	
Manufacturer	MASERATI
Model	MC STRADALE 4 SEATER
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?	YES
If No, Please state action to be taken	
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	C007B310
Driver	
Name of Driver	THONG JIAN XIONG KELVIN
NRIC No	S8031958D
Date Of Birth	14/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2001
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97986600
Fax Number	e-man on the original in the original production of the contraction of
Contact Number	OTHERS-97986600
FM-WARI	sees a en communicació Michael (Michael Michael Michae

KEL\_THONG@YAHOO.COM.SG

Address

BLK 31 WEST COAST PARK

#12-24

Postcode

127649

LLAZ GEORGE BANGANIAN

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

OILY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

SLW6989U

Vehicle Make/Model/Colour

B.M.W 5201

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

IVAN GOH BOON HWA

NRIC/Passport Number

S0022557F

Contact Number

96855574

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

20

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

Policyholder's Signature

Date & Time: 19/03/208

10.34 mm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Peporting Centre Personnel's Signature

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## **DECLARATION**

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 1963/18

10-44am district temperature of

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

Beporting Centre Personnel's Signatura

## AGCIDENT STATEMENT

ACCIDENT DATE: 19 / 123 / 2018 ((DD/MM/YYY), TIME: (OT. : 10 )(HH:MM)

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	1. DETAILS OF VEHICLE	s # 18 19
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	BINSURANCE COMPANY LIBERTY INFURAN	(E
	BINSURANCE COMPANTI	No. of Contract of
	DIPOLICY NUMBERI CONTREHENSIVE / THIRD PAR	TY / THIRD PARTY FIRE LIHEFT
	APOLICY TYPE: COMPREHENSIVE THIND	LE A SEATER
	B)MAKE & MODEL: MASERATI MC STEADS	MOTORCYCLE, OTHERS
	()TYPE: (SALOON / COUPE / MPY / VALLY COM	I / UOTORCYCLE)
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	THE REPORT OF THE PROPERTY OF	NOTICE PLANTS
	I) ARE YOU CLAIMING ONDER TO CLAIM / R	EPORTING ONLY)
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to but	ongs DRIVER : DS BOOK	
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$(\perp)$	c) ADDRESSI	
	*d) DATE OF BIRTHI ( 14 / 10 / 1980 )(D	D/MM/YYYY) ; ;
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	IDATE OF DRIVING PASS THE INST	JRED'S COMPANY? (YES / NO)
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	IF NO, RELATIONSHIP OF THE ALINING	-/ OTHERS
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A A .	d) VEHICLE NOMBER	The state of the s
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(Indudi	ing driver) 1) HRIC/FIM/PASSPORT!	
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email: kel-thong@yahos.com.sg fax =

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8031958D



THONG JIAN XIONG KELVIN

CHINESE 14-10-1980 SINGAPORE





4741004



WIC No. S8031958D



Date of leave 01-07-2011

APT BLK 31 WEST COAST PARK #12-24 SINGAPORE 127649

NRIC No:

Date: 1/0/11/2017

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

PAGS DATE

Motor Cars and Motor Tractors the weight of which unlader does not exceed 2500 kilograms

18 Apr 2001

NP 428A





www.libertyinsurance.com.sq.

Name of Producer:

Date of Issue:

12 Dec 2017

# Motor Cover Note

Cover Note No.:

C0078310

Quotation/ Proposal/ Policy No.:

To: 11 Dec 2018 23:59

NEW

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on

Details of Schedule

Name of Insured:

Period of Insurance:

Registration No.:

Make and Model:

Type of Body:

Capacity/Tonnage:

Year of Manufacture/Registration:

Chassis No.:

Engine No.:

Sum Insured:

Name of Finance Company:

Type of Plan:

Excess:

THONG JIAN XIONG KELVIN

From: 12 Dec 2017 15:41

(SLS2640Y) SDS113K

MASERATI MC STRADALE 4 SEATER

COUPE SPORTS

4691

ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD (89008)

2014/2014

ZAMUH45C000088960

M145A225810

MARKET VALUE AT TIME OF LOSS

TOKYO CENTURY LEASING (S) PTE LTD

Comprehensive

AS PER QUOTED AND AGREED TERMS

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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).

Not valid unless counter-signed by authorized secont

Date: 12 Dec 2017 15:41

For and on behalf of

LIBERTY INSURANCE PTE LTD

## IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 50 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.





## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

	MNA1100324	70	Vehicle Registr	ation No:	SDS113 A	
Name(as shown in NRIC)	Though Trans X	roug Kal	UM NRIC/FIN/Pass	part Na :	5803 95	80
	hicle Owner) (*) Pleas	e delete as ap	propriate			
Address	8				Singapore(	
Contact (Tel)			_Mobile No.:_	97986	600	
Email Address						
Date of Accident	19/03/2010		_Time of Accide	nt: 07	(0	
Place of Accident	June mon	0 = 00V	AR ROMO/	MORNS	RUOKIA V	(81A
Insurance Company	21BURTY		J			
	MATION/AMENDM					
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Policyholder / Drive	's Signature		Reporting Name:	Centre Persi	onnel's Signatur	re .