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 <u>truthful and accurate</u> 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.
- 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	03/04/2018 16:11		
Date Of Accident	02/04/2018 16:40		
Exact Location Of Accident	SERANGOON GARDEN WAY		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJQ8090D		
Insured/Policyholder			
Name Of Registered Owner	LIM ENG LIANG ELISHA		
NRIC No	S7140852C		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96848865		
Alternative Phone No	OTHERS-98786320		
Vehicle Particulars			
Manufacturer	KIA		
Model	CARENS 2.0 AT ABS D/AIRBAG 2WD 5DR		
Exact Purpose for which vehicle was being used a time of accident	t 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	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	LIBERTY INSURANCE PTE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	SI17V08573		
Cover Note Number	27/05/2017 - 26/05/2018		
Driver			
Name of Driver	TEO WEE GEK		
NRIC No	S7137753I		
Date Of Birth	20/10/1971		
Occupation	INDOOR		
Date Of Driving Pass	30/11/2000		
Driving Experience	17 YEARS AND 4 MONTHS		
Gender	FEMALE		
Mobile Number	+65-98786320		

OTHERS-96848865

RAECHRISTINATEO@GMAIL.COM

BLK 535 SERANGOON NORTH AVE 4 Address

#04-175

Postcode 550535

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

COLLISION - HEAD TO REAR Type Of Accident

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

2

NO

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKC1918A

Vehicle Registration Number

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)

Page 2 of 21

SKETCH PLAN

IMPORTANT NOTICE

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- 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:

Driver's Signature (If driver) not the policyholder)

Date & Time:

Reporting Comme Personnel's Signature

Name:

NRIC/FIN No.:

Date of accident:	Will Work Time: 16: 40	_Location: Co	angoon Ga	arden W
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Email address :				
& myself :	01-5015 - ha a Que	51 40		
Email address : TAC	christinateo@gn	all-20m		
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	Date & Time:		C/FIN No.:	

AH LIM MOTOR COMPANY





Certificate of Insurance

Certificate No.:

Date of Expiry:

MX1

26 May 2018 23:59

Type of Certificate:

SI17V08573/ VPE / R04

www.libertyinsurance.com.sg

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)

Effective Date of Commencement:

Name of Policyholder:

LIM ENG LIANG ELISHA

Date of Issue: 19 May 2017

Registration No.:

SJQ8090D

27 May 2017 00:00 Chassis No.:

KNAFG521397273674

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.

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.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

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.

*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.

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).

For and on behalf of

LIBERTY INSURANCE PTE LTD

Approved Insurers

For Information Only:

Coverage(s): Sum Insured: Comprehensive. Unlimited Windscreen MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess for

Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

UNITED OVERSEAS BANK LIMITED

Name of Producer:

LEE CHUAN AIK DENNIS (A1447-2)

A1447-2/B2BAAANT/S117V08573/19-May-2017/MotorClv.L.0

NRIC of Lim Eng Liang Elisha (owner)





9681860

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Lots Vra myan Sinda



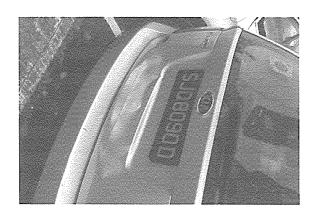


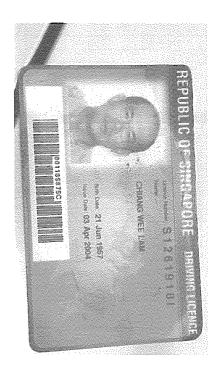


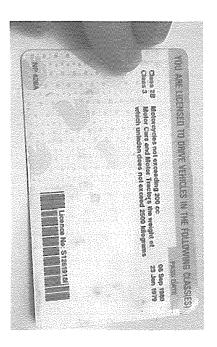
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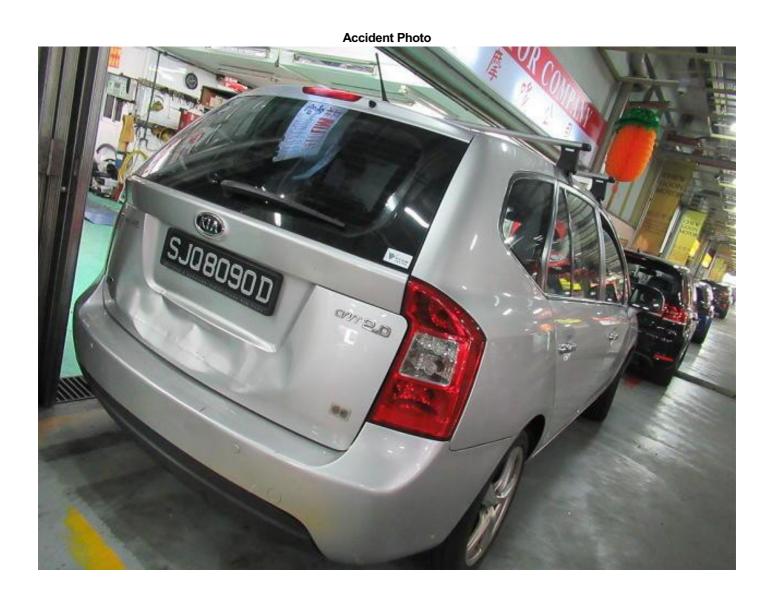








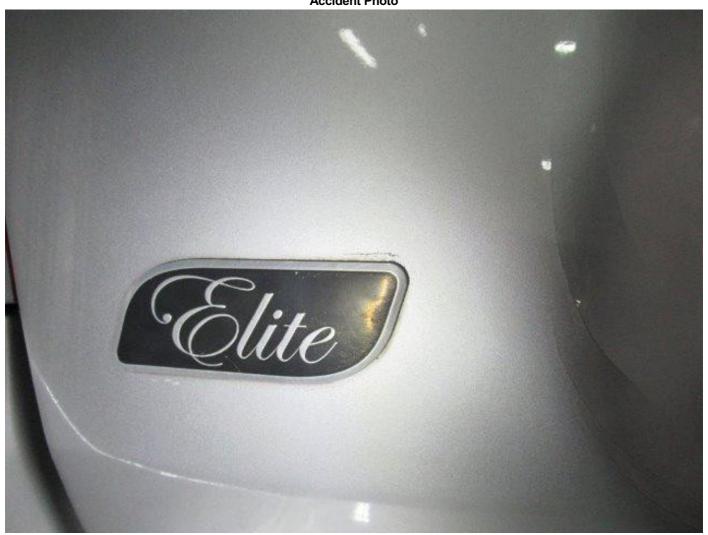


























Addendum Sheet Pg. 1



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: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MALM 1904 4493 Vehicle Registration No: SJ&8 0900 Name(as shown in NRIC): TEO WEE GFIC NRIC/FIN/Passport No : S737X3T (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore(9378 6320 9694 9365 Contact (Tel) _____Mobile No.: **Email Address** 02/04/18 Date of Accident __Time of Accident : ____16:40 Sevangoon Way. Garden Place of Accident In Surance Liberty Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: proof. Typo error on To vehicle. It share To amend the SKC 1918A. 120 Policyholder / Driver's Signature Reporting entre Personnel's Signature Date: Name: NRIC/FIN No.:

Date: 04/04/18