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MNA118049174 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 13/04/2018 14:15 SUBMITTED BY: ROSLI BIN ABDUL WAHAB

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.

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 ladgement 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 STATI	1111	

Date Of Report

13/04/2018 14:15

Date Of Accident

13/04/2018 07:40

Exact Location Of Accident

ALONG SENG POH RD(INFRONT OF TIONG BAHRU MARKET)

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SDW8368T

Insured/Policyholder

Country/State of Loss

Name Of Registered Owner

YIP SAM THONG

NRIC No.

S2033399E

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-90302319

Alternative Phone No

OTHERS-90302319

Vehicle Particulars

Manufacturer

HONDA

Model

ODYSSEY-2.4 (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

REPORTING ONLY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

LIBERTY INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

SD16V08540/VPC2/R00

Cover Note Number

Driver

Name of Driver

YIP SAM THONG

NRIC No.

S2033399E

Date Of Birth

27/04/1948

Occupation

INDOOR

Date Of Driving Pass

04/10/1974

Driving Experience

43 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90302319

Fax Number

Contact Number

OTHERS-90302319

EMail Address

NOEMAIL

Address

BLK 53 LENGKOK BAHRU

#11-327

Postcode

150053

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

COLLIDED INTO PARKED VEHICLE

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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

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

SKX572J

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 16

SKETCH PLAN

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
- 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.
- 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:

Beporting Centre Personnel's Signature
Name: Kolk (WAHAB

NRIC/FIN No.:

Trong BAHEU MARKET!

PARKING SEUG POAT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
CN 13/04/2018 AT ABOUT 107:40/HES I WAS AT STONE
POH ROBO AND WANTED TO GO TO TISHER BOYEN MARKET
I could not Fino Any PARKING COT & 7 MOUR TO THE
FROM & TRY TO KREEP LKET BYT MY CAR HIT THE FROM
RIGHT SIDE OF SEX 5727 WHICH WAS PARK AT THE
PARKIMA LOT- THURK WAS MUBORY AT THE CAR, I WASTED
GUITH SOME TIME & I TOOK SOME POTONOS OF THE DAMAGE
THOT ALC

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 Persondel's Signature
Name:
NRIC/FIN No.:

NRIC/FIN No .:

	ACCI	JENI SIAICINIC	INI
	DENT DATE: 13,04,206	VDD WILL OVYVI	MAR: (07 - 30 1(HH:MM)
ACCI	DENT DATE: 1 2 0 1 700][DD/MM/1111]	DILCHUS 12H ROAT
LOCA	TION: TWONG BAYBU	MARICET	BI) Stand Land 1000 1
100.			8
1.	DETAILS OF VEHICLE	0010-	
	a) VEHICLE NUMBER: SD	N 8304 /	
	b)INSURANCE COMPANY:	LIBRICTY.	
2	CIPOLICY NUMBER: SDI	WO 2540 /VP	C2/ROD
	d)POLICY TYPE: (COMPREHE)	USIVE / THIRD PART	(/ THURD PARTY FIRE & THEFT)
	ALLEGATION AND PARTIES.	The state of the s	
	STYDE IS ALOON / COURT / M	PY_/VAN / LORRY	MOTORCYCLE / OTHERS)
	h) PURPOSE OF USING AT ACC	CIDENT TIME:	ANCE (VES (NO)
	HARF YOU CLAIMING UNDER	JOHN OMM INPOKY	AUCE LIMITS
	IF NO, PLEASE STATE (THIRD	PARTY CLAIM / KER	ORTING CINETY
2.	ANAME: TO SOM	HOUS	MALE / FEMALE
	(V. 1) 1 (V. 1) 1 (V. 1)	0033399E	CONTACT: 9030 2319
	b) NRIC/FIN/PASSPORT: 3	1025011	_compen
LATIES)	c) ADDRESS:		
WIFE)	CONTINUE TO 3.4 IF DRIVER	ALSO POLICY HOL	DER
Sprazzan fo of		CONTRACTOR SECTION	
	CINIAME:	BOUK	(MALE / FEMALE)
Clincluding driver	bjnric/fin/passport:	12 - Luck	_CONTACT:
	c)ADDRESS:		
		4. 1908 UDDIN	114 (VVVV)
	d)DATE OF BIRTH: (27)	OUTDOOR!	22-6
	e OCCUPATION: [INDOOR /		979
in.	MAS DRIVER AN EMPLOYER	OF THE INSURE	D'S COMPANY? (YES / NO)
4.	IF NO, RELATIONSHIP OF T	HE DRIVER WITH	INSURED: OWNIGH
5	a) WEATHER CONDITION: (CL	EAR / RAINING / O	THERS
	b)ROAD SURFACE: (DRY / WI	ET / OTHERS	• •
6.	WAS ANYBODY INJURED (YES	(NO)	
7.	a) REPORTED TO POLICE (YES	/ NO)	
	IF YES, PLEASE STATE WHICH	POLICESTATIONS	
	THIRD PARTY VEHICLE	C572J	MODEL: MAZDA
d his of passanger	A I MONTERIE BLARKE.		
Clinduding differen	c) NRIC/FIN/PASSPORT:		CONTACT:
() 9.	THIRD PARTY VEHICLE		HWYMCHA-SHEET C
ν . Λ	O ACTUCAT NUMBER		_MODEL:
Kilde of passenger Clinduding delive	C) DRIVER'S NAME:		CONTACT:
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email =

VIDEO :

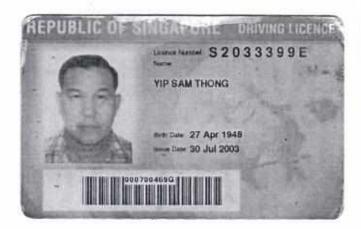
REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2033399E



Name

YIP SAM THONG

中三葉 CHINESE Date of hirth Ses 27-04-1948 M Country of birth CHINA



505634



инс на \$2033399E



26-05-2012

APT BLK 53 LENGKOK BAHRU #11-327 SINGAPORE 150053







Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapure 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 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, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD16V08540 /VPC2 /R00	
Form	MX1	
Date of Issue	13-JUL-2016	
1.Index Mark and Registration No. of Vehicle:	SDW8368T	
2.Chassis number of Vehicle:	JHMRC1880GC205041	f.:
3.Name of Policyholder:	YIP SAM THONG	
4.Effective date of Commencement of Insurance for the purposes of the Act:	30-JUN-2016 00:00 AM	
5.Date of Expiry of Insurance:	29-JUN-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.

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":

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 carnage 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

Authorised Signature

For Information only:

COVERAGE:

Unlimited Windscreen, Ncd Protection, Comprehensive

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section | S\$1000, 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

PI AO/PI AO/13-JUL-16

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13-JUL-16