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## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 14/04/2018 16:51

## 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 missepresentation 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.

- 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 porties.
- 7. By the ladgement of this report to the injuriers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

toresaid.	ACCIDENT STATEMENT
Date Of Report	14/04/2018 12:15
	07/04/2018 09:30
Exact Location Of Accident	EXIT WOODLANDS AVENUE 12
	SINGAPORE
Di Di	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW4355K
Insured/Policyholder	
	DESMOND HOON SIO HWEE
Name Of Registered Owner	S7617836D
NRIC No	ADELINE.CHAN42@YAHOO.COM.SG
Email Address	(LOCAL) +65-98364728
Mobile Phone No	OTHERS-96348986
Alternative Phone No	
Vehicle Particulars	KIA
Manufacturer	SORENTO-2.4 (A)
Model	
Exact Purpose for which vehicle was being used at time of accident	MEETING FRIEND
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	SI18V02762/VPE/R00
Cover Note Number	
Driver	
Name of Driver	ADELINE CHAN KIN LENG
NRIC No	S7602851F
Date Of Birth	04/02/1976
Occupation	INDOOR
Date Of Driving Pass	12/07/2001
Driving Experience	16 YEARS AND 8 MONTHS
Gender Capacitation	FEMALE
Mobile Number	(LOCAL) +65-98364728
Fax Number	
Contact Number	OTHERS-96348986
EMail Address	ADELINE.CHAN42@YAHOO.COM.SG
Lividii Addi baa	Page 1 of

Address

BLK 420 CLEMENTI AVENUE 1

#35-213

Postcode

120420

SPOUSE

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

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?

YES

If Yes, Please state which Police Station Police Station Name

CLEMENTI N.P.C

Police Station Address

ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180407/2114

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

20563MID

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

GOVERNMENT

Name of Driver

KASYFIL AZIZ BIN KAMARULZAMAN

NRIC/Passport Number

S9504716E

Contact Number

84536783

Address

Postcode Insurance Company Name

Nature Of Damage

#### SKETCH PLAN

### 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 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
- 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)
  - (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

Adeline Chan

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

ERMOND HOON

Pellottolder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3 04 /2018

Reporting Centre Personnel's Signature
Name: ADJ HOLEMAN

SKETCH PLAN STW 43CT

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ESCRIBE CIRCUMSTANCES OF THE ACCIDENT
on 07/04/2018 at about 0930hr, I was alriving vehicle
I by the CT ABBE along Woodlands rive 12 his
I was diving a one the way, I took a glance at the vigin
cide of the sich Minus and SAW Crange Colour syllian
light flacking from a MINDET 10My banning regis hearten
STITUTE THE SIDE
lines ventions it the said anver was littering the
he call ded into my nant star pumper.
ADEA ALL MANAGEMENT OF THE STATE OF THE STAT
of the road and came down from the ventue
a look as die a accident
I then obtained his particular from him and I gave
1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
wish to state that there was an one injured away
the point of accident and I have the images of the
damages on the vehicle.
PULICK EKRORT TOOLBOYOT 2114

### DECLARATION

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

EMOND HOOM Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13 4 30 8

15.40 481.

Foeline Chon

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

Photos of SJW4355X

















Post waters

















ger/ related sold





1013

Report No. T/20180407/2114

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

REPORT OF	A TRAFFIC	ACCIDENT		Station Diary No.:	
Date/Time Report Made: 07/04/2018 17:59		ade:	Vide Report No.:	126	
Informant	's Particu	lars			
Name of I	nformant:		Address: APT BLK 420 CLEMENTI AVE 120420	NUE 1 #35-213 SINGAPORE	
ID Type / ID No.: NRIC NO / S7602851F Nationality: SINGAPORE CITIZEN		51F	Contact No.: Home/Office:	Mobile: 96348986	
			Email:		
Sex: Female	Age:	Date of Birth: 04/02/1976	Type of Informant: Driver	Liver Cohen Nema	
Race: Chinese			Language:	Institution / School Name:	
Occupation: CUSTOMER SERVICE ADMIN		ICE ADMIN	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 07/04/2018 09:30	Type of Location Straight Road	
	I OS AVENUE 12 Iands Avenue 12		97 70	1 1 1 1 1 1	
Exit of Wood Weather: Clear	Iditos Avendo 12	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	(	Traffic Volume: Heavy	
One Way  Type of Colli  Between Mo				Anyone conveyed by ambulance: No	

Details of V			Model	Color	Condition	No of Passenge
Vehicle No.	Type	Make	IVIOGCI		No	0
20563MID	Lorry				Damage	
					Seriously	0
SJW4355K	Car				Damaged	



Report No T/20180407/2114

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

CONTINUATION OF REPORT Tel No. 1800-8729999

On 07/04/2018 at about 0930hrs, I was driving vehicle bearing registration number; SJW4355K along Woodlands Avenue 12. As I was driving along the road, I took a glance at the right side of the side mirror and saw orange color signal light flashing from a MINDEF lorry bearing registration number: 20563MID travelling by my side.

Upon realizing it, the said driver was filtering into my lane and he collided into my right side rear bumper, After the accident, we move our vehicle to the side of the road and came down from the vehicle to take a look at the accident.

I then obtained his particulars from him and I gave my particulars to him.

I wish to state that there was no one injured during the point of accident and I have the images of the damages on the vehicle.

The purpose of lodging this report is for insurance claims.

The particulars of the person as follows: Name: Kasyfil Aziz Bin Kamarulzaman

NRIC: \$9504716E

Add: Blk 422 Clementi Ave 1 #04-333





3 of 3

Report No. T/20180407/2114

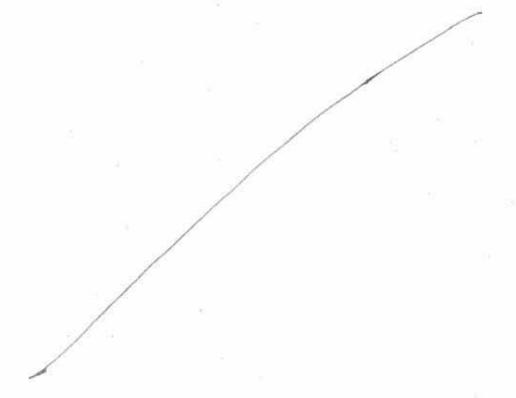
Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan



IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 1 WONG JUN LI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/04/2018 17:59
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: 07/04/2018 (DD/MM/YYY	(), TIME: (09:30)(HH:MM)
KINDA/ANIAC AVE	2
LOCATION: NOUDETINGS	ō
1. DETAILS OF VEHICLE	K
	NSURANCE
· LEGILLOVIEWERS CINOVASTICE	VPE 1 ROO
DIPOLICY TYPE: (COMPREHENSIVE) THIRD PA B) MAKE & MODEL: LA SORCNIO HTYPE: (SALOON / COUPE / MPV / VAN / LOR B) VEHICLE CATEGORY: (PRIVATE) COMMERCE H) PURPOSE OF USING AT ACCIDENT TIME: N	RY / MOTORCYCLE / OTHERS) SUV
IF NO, PLEASE STATE (THIRD PARTY CLAIM (	REPORTING UNLT
A) NAME: Decrond Hoon SIO THE	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	OLDER
A DOMES	
GINAME: ADELINE CHAN KIN 4	CONTACT: 9634 8786
(P1) b(NRIC/FIN/PASSPORT: STEED SEL/FIN/PASSPORT: STEE	Ave 4 #35-313
e OCCUPATION: (INDOOR) OUTDOOR)	10001
1) DATE OF DRIVING PASS 13 30	IRED'S COMPANY? (YES / NO)
5 GIWEATHER CONDITION: (CLEAR) RAINING	/ OTHERS
biroad surface: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES (NO)	CO DES TIMESTA
7. G) REPORTED TO POLICE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATIC	on Clement NPC
IF YES, PLEASE STATE WHICH POLICE STATE	= - 111-0
4 HE of passinger a) VEHICLE NUMBER: 20563 MID	MODEL: 5 TONNER
	in Kamanuizaman / 103
( Including driver) O) NRICHNIPASSPORT: 59504716E	CONTACT: 8453 6483
( 1) 9. THIRD PARTY VEHICLE	170 SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
d) VEHICLE NUMBER:	MODEL:
PER STANSON OF DRIVER'S NAME.	CONTACT
(Industry deliver) 1) NRIC/FIN/PASSPORT:	CONTACT
(	*
7	

email = adeline chan 42 @ yahoo . com . sg :fax =

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7602851F



Harris

ADELINE CHAN KIN LENG (ADELINE ZENG JIANLING)

曾健凌

CHINESE

Date of birth Se 04-02-1976 F

SINGAPORE



MHC Nu. S7602851F

Date of issue

22-02-2006

APT BLK 420 CLEMENTI AVENUE 1 #35-213

SINGAPORE 120420

NRIC No: \$7602851F

Date: 02/03/2013

No: 7277886

3841052

OU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSICS!

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg

17 Mar 2004 12 Jul 2001

S7602851F

5/No: 9000011150

NP 425A

License No: \$7002561F





# Certificate of Insurance

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)

Name of Policyholder:

DESMOND HOON SIO HWEE (DESMOND HONG XIAOFEI)

Date of Issue:

Effective Date of Commencement:

02 Mar 2018

04 Mar 2018 00:00

Chassis No.:

Registration No.:

SJW4355K

KNAKU811MA5065495

Certificate No.:

SI18V02762/ VPE / R00

Date of Expiry:

03 Mar 2019 23:59

Type of Certificate:

MX1

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):

Comprehensive, Unlimited Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$900, Section I - Unnamed Drivers S\$1400, Additional Excess for

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

Name of Finance Company:

KENSO LEASING PTE LTD

Name of Producer:

D&S AUTO AGENCY (A1661-3)

JERTRAAMT/SH8V02762/02-Mar-2018/MotorC2/v1.0