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 <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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	20/04/2018 15:21	
Date Of Accident	19/04/2018 18:05	
Exact Location Of Accident	ULU PANDAN ROAD X PANDAN VALLEY	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLK2002G	
Insured/Policyholder		
Name Of Registered Owner	YEO AI KIANG	
NRIC No	S1322493E	
Email Address	KNG_ALAN@YAHOO.COM.SG	

(LOCAL) +65-98390773

OFFICE-98390773

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer HONDA

Model CIVIC-1.6 L VTI (A)

Exact Purpose for which vehicle was being used at

time of accident

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 YES

Policy Number SD17V00798/VPC2/R00

Cover Note Number

Driver

Name of Driver YEO AI KIANG
NRIC No S1322493E
Date Of Birth 20/03/1958
Occupation INDOOR
Date Of Driving Pass 28/12/1977

Driving Experience 40 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98390773

Fax Number

Contact Number OFFICE-98390773

EMail Address KNG ALAN@YAHOO.COM.SG

Address -

Postcode

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 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

AS ATTACHED ANNEX D&E

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TOO LARGE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBG1225B Vehicle Make/Model/Colour RED

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver JAHGER HUSSAIN BIN JAHABAR

NRIC/Passport Number S7442461I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

RH HAND FINGERS

FBG1225B

NO

NO

Vehicle No SLK 2002 G.

SKETCH PLAN

Annex I

IMPORTANT NOTICE

- 1. Hease report correctly the details of the accident to speed up the claims process.
- 2 This Formmust be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
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- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel

Sketch Plan

Please continue to Annex E

Phononists (A)	Lt 2005G	Авпсх
Describe Circumstance	es of the Accident	ericinis is entres authorizational company agreement and account and another than the contract to the contract of the contract
On 1914/2018	s @ about 1805 hrs, right af	iter my car (A)
AND AND REAL PROPERTY OF THE PARTY OF THE PA	rd to the junction of ulu	
Pandan Valle	y. While approaching to the	middle of the
junction, the	re was a car intended cut int	o my lave from
the right to	arning lane. As such, my car	slowed down to
give way R,	ight after the said car filts	ered into my lane
Suddenly I	feel an impact came from	the left rear
portion of my	car, then realised that a m	otorbike (B) had
collided to m	y car left rear portion. The no	den did not fall and
he Sustained	slight injury on his right hand	A fingers.
I and my hu	isband were on board and r	no injury to both
of us.		
No police offi	cer and ambulance attended	to the scene.
		The state of the s
neuron, management ann ann ann ann ann ann ann ann ann a		
claration		
	urs are true in every respect.	
declare the foregoing particula		
declare the foregoing particula		
declare the foregoing particula		Ap.





Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 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 SD17V00798 /VPC2 /R00		
Date of Issue	11-JAN-2017	
1.Index Mark and Registration No. of Vehicle:	SLK2002G	
.2.Chassis number of Vehicle:	MRHFC5650GT000728	
3.Name of Policyholder:	YEO AI KIANG	
4.Effective date of Commencement of Insurance for the purposes of the Act:	09-JAN-2017 00:00 AM	
5.Date of Expiry of Insurance:	08-JAN-2019 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.

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 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

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen, Ncd Protection

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I S\$600,Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000,Windscreen

Excess S\$100

FINANCE COMPANY:

MAYBANK

PRODUCER NAME:

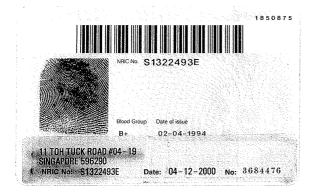
KAH MOTOR COMPANY SDN BERHAD

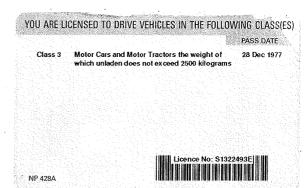
PLGT/PLGT/13-JAN-17

S1_CI_T1_T3_OE_Template2-Ver1.

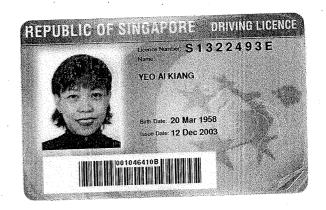
13-JAN-17

Sketch Plan Pg. 4





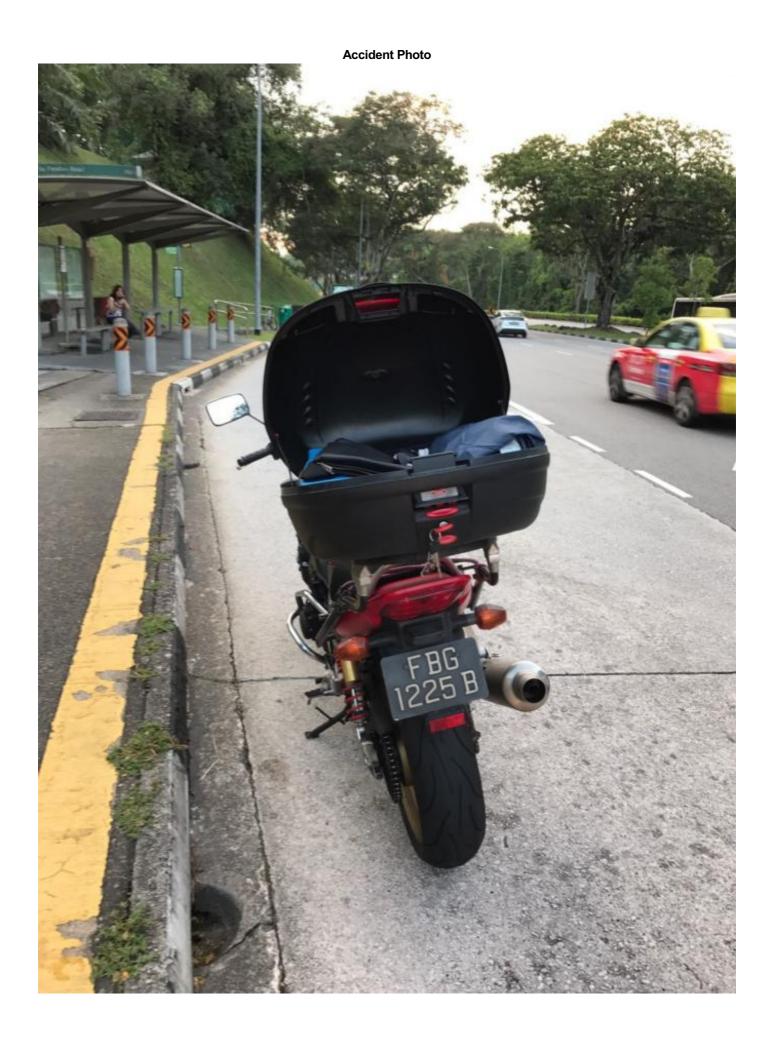












Accident Photo



Accident Photo



Addendum Sheet Pg. 1

Anikka Lai From: Kang Joan <kng_joan@yahoo.com> Sent: Tuesday, 1 May, 2018 11:33 AM To: Anikka Lai Cc: Kang Alan Subject: Re: Fwd: Honda Civic SLK2002G Dear Anikka, Thanks for your reply. Kindly proceed with own damage claim and assist to request for waiver of the Excess of \$600. Please keep us posted and acknowledge receipt of this email. Thank you/Best regards, Joan (Yeo Ai Kiang). On Monday, April 30, 2018, 9:25:37 PM GMT+8, Kang Alan <kng_alan@yahoo.com.sg> wrote: Sent from my iPhone Begin forwarded message: From: Anikka Lai <anikkalai@honda.com.sg> Date: 30 April 2018 at 6:44:56 PM SGT To: Joankang < joan@cyber.com.sg > Cc: "kng_alan@yahoo.com.sg" <kng_alan@yahoo.com.sg> Subject: RE: Honda Civic SLK2002G Hi Ms Yeo, Kindly refer to the answer below:-Sorry for the late reply. Thank you. Warmest Regards Anikka Lai

Kah Motor Co. Sdn Bhd