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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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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 | 02/07/2018 16:32 |
| Date Of Accident | 30/06/2018 15:30 |
| Exact Location Of Accident | HARBOUR DRIVE (INFRONT OF 31 WEST COAST HIGHWAY) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | SLQ2595E |
| Insured/Policyholder | |
| Name Of Registered Owner | FAZRUL ISMAIL MALSA BIN ABDUL MALEK |
| NRIC No | S7923706Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96974519 |
| Alternative Phone No | OTHERS-96974519 |

Vehicle Particulars

| | |
|--|-----------------------------------|
| Manufacturer | RENAULT |
| Model | MEGANE-1.5 D SEDAN DCI AT EU6 (M) |
| Exact Purpose for which vehicle was being used at time of accident | SOCIAL |
| 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 | SD17V08911/VPC2/R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------------|
| Name of Driver | FAZRUL ISMAIL MALSA BIN ABDUL MALEK |
| NRIC No | S7923706Z |
| Date Of Birth | 11/08/1979 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/08/2012 |
| Driving Experience | 5 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96974519 |
| Fax Number | |
| Contact Number | OTHERS-96974519 |
| EEmail Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | 426 JURONG WEST AVE 1 #03-334 |
| Postcode | 640426 |
| 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 - MAJOR/MINOR RD |
| 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? | 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO ATTACHMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------------------|
| Vehicle Registration Number | SHA9808C |
| Vehicle Make/Model/Colour | CITYCAB TAXI |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | LIEW SIE PENG |
| NRIC/Passport Number | S2176172I |
| Contact Number | 92306289 |
| Address | |
| Postcode | |
| Insurance Company Name | MS FIRST CAPITAL INSURANCE LTD |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filling.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

| | |
|-----------------------------|--|
| Date and Time of Accident | Date: 30 th June 2018 Time: 1530hrs. |
| Exact Location of Accident | Harbour Drive West Coast Highway (In front of 31 West Coast Highway) |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLQ2595E |

INSURED / POLICYHOLDER (OWN VEHICLE)

| | |
|---|-------------------------------------|
| Name of Registered Owner (See Insurance Cert.) | Fazrul Ismail Masha Bin Abdul Malek |
| Personal Identification - NRIC (Singaporean/PR) | S79237062 |
| - FIN/Passport Number | |
| - Not Applicable | |

VEHICLE PARTICULARS (OWN VEHICLE)

| | |
|--|---|
| Vehicle Make / Model | Manufacturer Renault Model Megane |
| Type of Vehicle* | <input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others |
| Exact Purpose for which vehicle was being used at time of accident | 80911 |
| Are you claiming under your own insurance policy for repair to your vehicle? | <input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting) |
| Vehicle Category* | <input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle |

INSURANCE COMPANY (OWN VEHICLE)

| | |
|-----------------------------|---|
| Name of Insurance Company * | Liberty |
| Type of Policy | <input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only |
| Fleet Policy | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Policy Number | SD13V08911/VPL21R00 |
| Motor CI | |

DRIVER

| | |
|---|---|
| | <input type="radio"/> Same as Insured above |
| Name of Driver | Fazrul Ismail Masha Bin Abdul Malek |
| Personal Identification - NRIC (Singaporean/PR) | S79237062 |
| - FIN/Passport Number | |
| Date of Birth | 11 dd/ 08 mm/ 1979/yy |
| Driving Date Pass | 13 dd/ 08 mm/ 2012/yy |
| Year of Driving Experience | Year(s) Month(s) |
| Occupation | <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor |
| Gender | <input checked="" type="radio"/> Male <input type="radio"/> Female |
| Contact Number / Mobile Phone / Fax No. | 9697 4519 |

| | | | |
|---|--|---------|-------------------|
| Address of Driver | 426 Junong West Ave 1 #03-334 | | Postcode (640426) |
| Email Address | | | |
| Was driver an employee of the Insured's Company? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| If No, Relationship of the Driver with the Insured | Owner | | |
| Vehicle Registration Number of Driver's Own | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable) | | | |
| Insurance Company of Driver's Own Vehicle (if applicable) | | | |
| GENERAL INFORMATION OF THE ACCIDENT | | | |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | Minor / Major | | |
| Weather Conditions | <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____ | | |
| Road Surface | <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____ | | |
| OTHER INFORMATION | | | |
| Was any foreign vehicle involved in this accident? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Was any body injured in the accident? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Was any other vehicle or property damaged? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| Was there any video captured by Car Camera? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Number of Passengers (Including Driver) | 01 | | |
| DETAILS OF POLICE ACTION | | | |
| Was the Accident reported to the Police? | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.) | | |
| Police Station Name | | | |
| Police Station Address | | | |
| Police Station Contact | Tel No. | Fax No. | |
| Was notice of intended Prosecution given? | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?) | | |
| DETAILS OF OTHER VEHICLE / PROPERTY 1 | | | |
| Vehicle Registration Number | SMA 9808C | | |
| Vehicle Make/ Model/ Colour | Citycab. | | |
| Details of Properties | | | |
| Name of Driver | Liew Sic Peng | | |
| Personal Identification - NRIC (Singaporean/PR) | S2176172E | | |
| - FIN/Passport Number | | | |
| Contact Number | 9230 6289 | | |
| Address | | | |
| Name of Insurance Company | | | |
| Nature of Damage | | | |
| No. of Passenger (Including Driver) | | | |
| (Note - Please use page 6 if you need to add more vehicles.) | | | |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

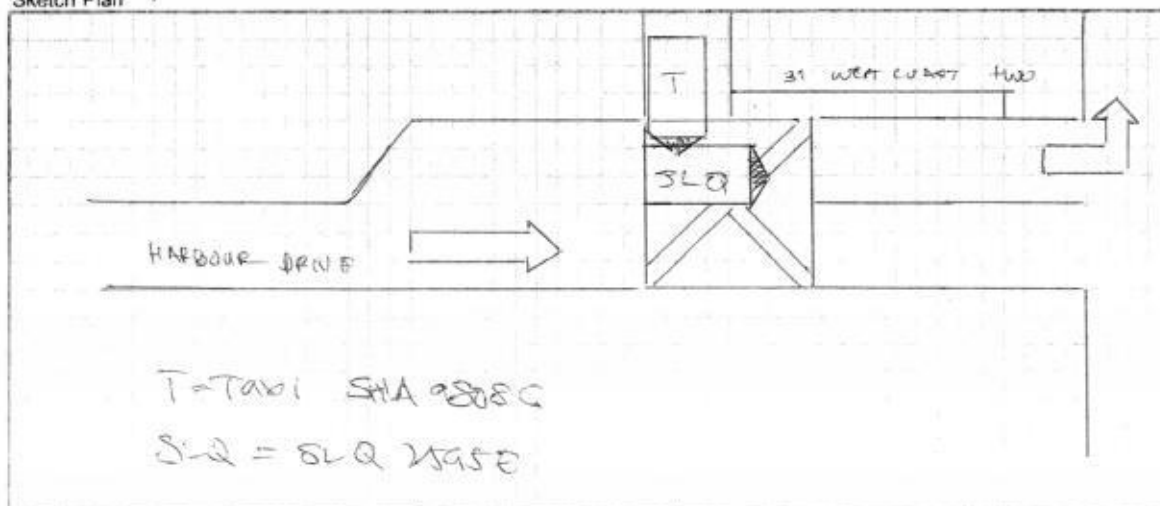
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law vers/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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

On 30 June at about 1528 hours, I was driving along Harbour drive towards west coast highway. As I drove past west coast car mart, a taxi hit the side of my car. He was exiting the car mart.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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

 02/07/18

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre Personnel