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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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	05/07/2018 15:17
Date Of Accident	05/07/2018 09:10
Exact Location Of Accident	SLIP RD AMK AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG2134Z
Insured/Policyholder	
Name Of Registered Owner	HOCKHUA TONIC PTE LTD
Co Reg No	200210276G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V10696/VCV/R00
Cover Note Number	
Driver	
Name of Driver	ENG BENG KWEE
NRIC No	S7473940G
Date Of Birth	24/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90660509
Fax Number	

OFFICE-90660509

NOEMAIL

BLK 683B WOODLANDS DRIVE 62 Address

#10-115 732683

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Postcode

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 2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

1

#### **Details of Police Action**

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

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

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGA16S

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)

#### 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.
- 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>.
- 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.
- 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.
- 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:
  - 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:
  - 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.

Hockflue Tonic Pte Ltd

Policyholder's Signature Date & Time: Driver's Signature

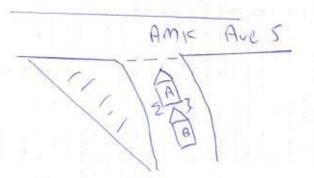
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DOA: 5/7/18 A: GBG 2134Z B: SGA 16S

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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### DECLARATION

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

HockHua Tonic Pte Ltd

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

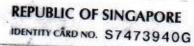
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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Date of Accident: 5718	Time of Accident: Q 10 am
Exact Location of Accident: AM <	Ave 5 Slip Rd
Owner's Name: Hock Hua To	OI C NRIC No: HP No:
Driver's Name: Eng Reng Kuee	NRICNO: 574739 HP No: 906605
Date of Birth: 24 2 19 13 fiving Licence Passing	Date: 10 3 2010 Coupation: Indoor / Outdoor
Address: 683 B Woodland Dri	e 62 #10 -115 (732683)
Relationship of Driver with Insured: 15 Mg Juy Sma	I Address:
Vehicle No: 686 2134 Z Make	& Model: NISS
Insurance Co: Liberty Covera	ge:Policy No:
*Purpose of Reporting? Own Damage Clai	m / 3rd Party Claim / Not Claiming, Just Reporting Only
	Used At Time Of Accident: Private Use / Work
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•	thers: Wet / Duy / Others:
	Yes / No) If yes, Vehicle No & How many pax:
A: 1+0 B. 1+	Oc:
*Was Anybody Injured ? (Yes / 10) If yes,	
Name / NRIC / In Vehicle:	
*Was The Accident Reported To The Polic	a ?
O No O Yes, Which Police Station?	
*Does the Driver Own Any Other Vehicle?	
O No O Yes, Vehicle Registration No:	insurer:
The second secon	No) If yes, Vehicle No & Category:
*Was there any video captured by Car Car	Suprimerons, in accommendation many of the experimental and the control of the co
Sentence Spanish No. 100 100 100 100 100 100 100 100 100 10	Hera: (Tes/190)
Third Party Driver's Particulars	
	ke & Model:
	NRIC No: HP No:
	ke & Model:
Driver's Name:	NRIC No: HP No:
Witness Particulars	
Name:	NRIC No: HP No:







ENG BENG KWEE

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CHINESE Date of Buth Sec 24-02-1974 M

MALAYSIA







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

10 Mar 2017 10 Mar 2017

NP 428A

Licence No:S7473940G





# Liberty Insurance Pte Ltd

Registration to 199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Website http://www.libertylneurance.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	A Spreyidede MCV RB0
Column	M7300A

Form Date Of Issue 24-MAY-2018

1.Index Mark and Registration No. of Vehicle:

GBG2134Z

2. Chassis number of Vehicle:

VSKYBAM20Z0143410

3.Name of Policyholder:

HOCKHUA TONIC PTE. LTD.

4.Effective date of Commencement of Insurance

12-SEP-2017 00:00 AM

for the purposes of the Act:

11-SEP-2018 23:59 PM

5.Date of Expiry of Insurance: 6.Persons or Classes of Persons

entitled to drive\*:

Any person who is driving on the Policyholder's order or with their 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

And provided turther that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not the Motor Vehicle. been cancelled at the time of the accident loss or damage

## 7.Limitations as to use\*:

A) Use in connection with the Policyholder's business.

B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

C) Use for social, domestic and pleasure purposes.

# 8. The Policy does not cover:

A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.

B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.

\*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, 1997 (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 Rieks and Compensation) Act (Chapter 159) 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

MARKET VALUE AT THE TIME OF LOSS

SUM INSURED: EXCESS:

Section I S\$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S

\$1000, Windscreen Excess S\$100

FINANCE COMPANY: PRODUCER NAME:

ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY

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24-MAY-18

PLVC/PLVC/24-MAY-18