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Contact No:	A4.	For claiming as 6) TR : Re-inspec	tainsUNC Only (wof 10 Jan 200)	2.12			
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	od: (	)	Cover Type: (	)-			
Owner / Driver: (			Tel:				
TP Particulars: Veh No: 51	w 3891L.	, INC(	. )/Non-INC( ).				
Preferred Wksp / INC Assign Wksp / QW: (		7	101	ax:	)		
11 moutes.	Ass't Report by Fax / Hand to Owner/Wksp						
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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 witholding 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. 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	22/12/2018 16:00
Date Of Accident	21/12/2018 21:35
Exact Location Of Accident	SIMS AVE TO JALAN EUNOS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDZ2008G
Insured/Policyholder	
Name Of Registered Owner	UNDERWATER ACADEMY
Co Reg No	53347304K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96232008
Vehicle Particulars	
Manufacturer	HONDA
Model	HRV
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V12082/VPL/R02
Cover Note Number	
Driver	
Name of Driver	CHAN LAI FUN
NRIC No	S6842392I
Date Of Birth	08/11/1968
Occupation	INDOOR
Date Of Driving Pass	09/05/1989
Driving Experience	29 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96232008
ax Number	
Contact Number	
Mail Address	NOEMAIL

Address

1 JALAN KEMBANGAN #07-16

Postcode

419154

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by NO

ambulance?

YES

Was any other material or property damaged? 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

PLEASE REFER TO ATTACHED STATEMENT.

#### 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

SLW3891L

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- fi. 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)

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:
  - 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.

Madenyater Arademy

Underwater Academy Reg No: 53347304K httl://defentegar4016TheTrong Segapor49954

Policyholder's Signature

Date & Time:

Driver's Signature

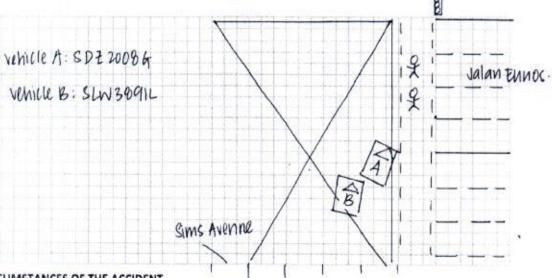
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on the stated date & time, I, vehicle 4, sDZ 2008G,	
was	travelling along the stated venue. Its the traffic light	
was	in my favour, I proceeded. There were 2 pedestria	ns
clossiv	ng, so I stopped my vehicle. About 2 seconds later	V,
vehicle	B, CLW 3891L, lit outo my stationary relice's	_
reav	left portion.	

DECLARATION

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

Policyholana wo. 52372048

Oate & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### ACCIDENT STATEMENT

LOCATION: SIMS AVENUE	e to	Jalan	BUMOS		<u>2_</u> <u>Н</u> НН:ММ
LOCATION: SIME TIVETINE		-			
1. DETAILS OF VEHICLE	002	10006		100	
a) VEHICLE NUMBER:	The second second	20086		-	
bJINSURANCE COMPANY:		Liberty		2	
-IPOLICY MIMBER				Sometiment of the second	
d)POLICY TYPE: (COMPRE	HENSIVE	/ THIRD PA	RTY / THÍRD	PARTY FI	RE &THEFT
CHAPE & MODEL.					
fITYPE:(SALOON / COUPE /	/ MEN /V	AN LORE	OTOM / Y	RCYCLE./	OTHERS)
g) VEHICLE CATEGORY: (PR	IVATE /	COMMERC	IAL / MOIC	DRCYCLE	)
h) PURPOSE OF USING AT A	CCIDEN	T TIME:	phyale		
ILARE YOU CLAIMING UND	ER YQUR	OWN INSU	JRANCE (Y	ES/NO)	
IF NO, PLEASE STATE (THIR	D PARTY	CLAIM / R	<b>EPORTING</b>	ONLY)	
2. INSURED / POUCY HOLDER	4000				
AINAME: UNCER Water	r Acac			(MALE / F	EMALE)
b) NRIC/FIN/PASSPORT:	53341		CONTA		511)
CIADDRESS: 1 Jalan	Fe.mbal	ngan +	07-16	3(4191	94)
			-		
* CONTINUE TO 3.d IF DRIVE	ER ALSO	POLICY HO	DLDER		7.0
Ho of passenge DRIVER a) NAME: CMAN Including driver) DINRIC/FIN/PASSPORT:	Lai 3	FLAM	.53	/LANE / E	ENARIE
leduding chies a) NAME: Chan		2392I	CONTA	MALE OF	23 2008
CALS OF THE PROOF OF THE		nbanga		- I'm CT	419154
(01) claddress: Ivalar	n Fer	nourigh	110.	10 51	11.112.17
	11 , 1	968)(00/			
d) DATE OF BIRTH: (			MM/1111/	10	7
e)OCCUPATION: (INDOOR )	PIENCE	29		\$8	
4. WAS DRIVER AN EMPLOYE	EF OF T	HE INSUR	ED'S COM	PANY? (Y	ES / NO)
IF NO, RELATIONSHIP OF	THE DR	IVER WIT	H INSURE	D: SDE	)USC
5. a)WEATHER CONDITION: (C	PAR / R	AINING /	OTHERS		
b)ROAD SURFACE: (DRY / W	ET / OTH	HERS			-
6. WAS ANYBODY INJURED (YE	S/NO)				4.
7. a) REPORTED TO POLICE (YES	5/NO)				0.000
IF YES, PLEASE STATE WHICH	H POLIC	E STATION:			
8. THIRD PARTY VEHICLE			4 9 9 1000	25.410.0	
o of passenger a) VEHICLE NUMBER:	SLW 39	091L	_MODEL;	-	
aduding driver) b) DRIVER'S NAME:					
			CONTA	CT:	
(02) 9. THIRD PARTY VEHICLE		39			
IN AFFURCIE AUGUSED.			_MODEL:		
to of passinger of DRIVER'S NAME:	ATTENDED		4-1		* •
nduding driver) fl NRIC/FIN/PASSPORT:			_CONTA	CT:	
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AK -

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S68423921



Name



## CHAN LAI FUN

Race CHINESE

Date of Birth

08-11-1968

Country of Birth SINGAPORE



DRIVING LICENCE

0 0 0 6 1 6 5





NRIC No. S68423921

Blood Group

Date of issue

AB+

09-06-1991



1 JALAN KEMBANGAN #07 – 16 SINGAPORE 419154

NRIC No: S68423921

Date:

24-06-2005

No: 5221327

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

PASS DATE

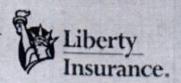
Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

09 May 1989

NP 428A







Liberty Insurance Pte Ltd Registration no. 19900279 51 Club Street 803-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 61 Website: http://www.ibertyinsurance.

## 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 (THRO-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No

SI18V12082 NPL /R02

Form

MZ400A

Date of Issue

21-Sep-2018

1.Index Mark and Registration No. of Vehicle:

SDZ2008G

2 Chassis number of Vehicle

JHMRU1830GX200838

3. Name of Policyholder.

UNDERWATER ACADEMY

4 Effective date of Commencement of Insurance for the purpose of the Act:

01-NOV-2018 00:00

5 Date of Expiry of Insurance:

31-OCT-2019 23:59

6.Persons or Classes of Persons

SEE TENGHWEE DOUGLAS, CHAN LAI FUN

Any person provided he is in the Policyholder's employ and is drving on their 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 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 accordance with 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

- 7 Limitations as to use
- A) Use for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic and pleasure purposes.
- A) Use for racing, pace-making, reliability trials or speed-testing.
- B) Use whilst drawing a trailer except the towing (other than for reward) of 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, 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

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

**Authorised Signature** 

For Information only;

COVERAGE

Comprehensive, Unlimited Windscreen, Geographical Area: Singapore only, Restricted Named Driver - See Teng Hwee Douglas & Chan

SUM INSURED (SS):

MARKET VALUE AT THE TIME OF LOSS

EXCESS (S\$)

Section / \$1,500 00, Section II \$1,500 00, Windscreen Excess \$100,00

FINANCE COMPANY

PRODUCER NAME:

KAH MOTOR COMPANY SON BERHAD