

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 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	10/06/2016 17:19
Date Of Accident	09/06/2016 11:25
Exact Location Of Accident	11 JALAN TERUSAN (SH COGENT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8417Z
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Insured/Policyholder

Name Of Registered Owner	C & P LEASING PTE LTD
Co Reg No	199000050G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-97421338

Vehicle Particulars

Manufacturer	NISSAN
Model	GKB45CLBHNB-13.1 D (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	Commercial Vehicle

Insurance Company

Name of Insurance Company	Liberty Insurance Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD15V01265/VCZ/R02
Cover Note Number	

Driver

Name of Driver	ONG HUA KIONG
NRIC No	S1772710I
Date Of Birth	16/04/1966
Occupation	Outdoor
Date Of Driving Pass	30/09/1991
Driving Experience	24 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-97421338
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

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 Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Collision- Head on collision

Weather Conditions Clear

Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? 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

THE DRIVER OF VEHICLE A XD 8417 Z MAKE THE ACCIDENT REPORT ONLY AT OUR WORKSHOP LEE KUAN HWA MOTOR SERVICE BUT THEY ARE CLAIMING AT THIER OWN WORKSHOP.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD2448Z

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver PANG KOK KIONG

NRIC/Passport Number S1475602G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

XD 84172 (DCA 4/6/16)

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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' 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' 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.



ONG HUA KIONG

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan diagram showing a grid layout with handwritten labels and markings.

Labels and markings include:

- Container
- XD 84172
- SH Cogent Office
- SH Cogent Ward
- 11 Jalan Terusan
- (A)
- (B) XD 84172 / TRA 178C

Sketch Plan #2

Describe Circumstances of the Accident

On abovementioned date / time, my vehicle was stationary in the queue waiting for document processing. Suddenly, I felt an impact on my vehicle's RH portion. I quickly alerted to check. I realized that the trailer of vehicle B had collided into my vehicle while reversing. As a result, my vehicle sustained damages on the RH portion. The trailer of Veh B was not damaged.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



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

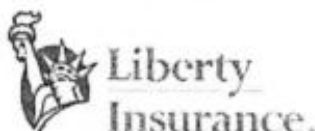
ONE HUA KIDUE

Witnessed by Reporting Centre Personnel

Sketch Plan #3



Sketch Plan #4



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	SD16V01694 /VZ /R03
Form	MZ408
Date Of Issue	10-FEB-2016
1.Index Mark and Registration No. of Vehicle:	XD8417Z
2.Chassis number of Vehicle:	GKB5E00172
3.Name of Policyholder:	C & P LEASING PTE. LTD.
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-FEB-2016 00:00 AM
5.Date of Expiry of Insurance:	31-JAN-2017 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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.
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 and business purposes of any person to whom the vehicle is hired.
8.Policy does not cover:	A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a greater number of trailers in all than is permitted by law. C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.
*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 SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Section I S\$3000, Section II S\$1000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 FINANCE COMPANY: MAYBANK PRODUCER NAME: H TEAM INSURANCE BROKERS & CONSULTANTS PTE LTD	

PLAS-/22-MAR-16

S1_C1_T1_T3_OE_Template2-Ver1.

22-MAR-16

Mar 22, 2016, 10:28 AM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



