

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 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	21/01/2019 20:37
Date Of Accident	09/12/2018 20:00
Exact Location Of Accident	PARKWAY PARADE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL5789U
Insured/Policyholder	
Name Of Registered Owner	LAU WEE CHIN (LIU WEIQIN)
NRIC No	S7500289J
Email Address	STELLA0289@YAHOO.COM.TW
Mobile Phone No	(LOCAL) +65-96856408
Alternative Phone No	OTHERS-96856408

Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER EVOQUE 2.0 TSS
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V0529I/VPC2/R00
Cover Note Number	

Driver

Name of Driver	LAU WEE CHIN (LIU WEIQIN)
NRIC No	S7500289J
Date Of Birth	04/01/1975
Occupation	INDOOR
Date Of Driving Pass	05/01/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96856408
Fax Number	
Contact Number	OTHERS-96856408
Email Address	STELLA0289@YAHOO.COM.TW

Address	80 KIM SENG ROAD #32-08
Postcode	239426
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 (including own vehicle) involved in the accident	2
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)	4
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : HELPER GENDER: : FEMALE

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 SKETCH PLAN (TYPE OF COLLISION IS T/P MISJUDGE AND HIT INSURED)

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	SLC1496M
Vehicle Make/Model/Colour	MERCEDES BENZ
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

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7. 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:
 - (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.
- (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:
 - (i) 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.



Policyholder's Signature
Date & Time:

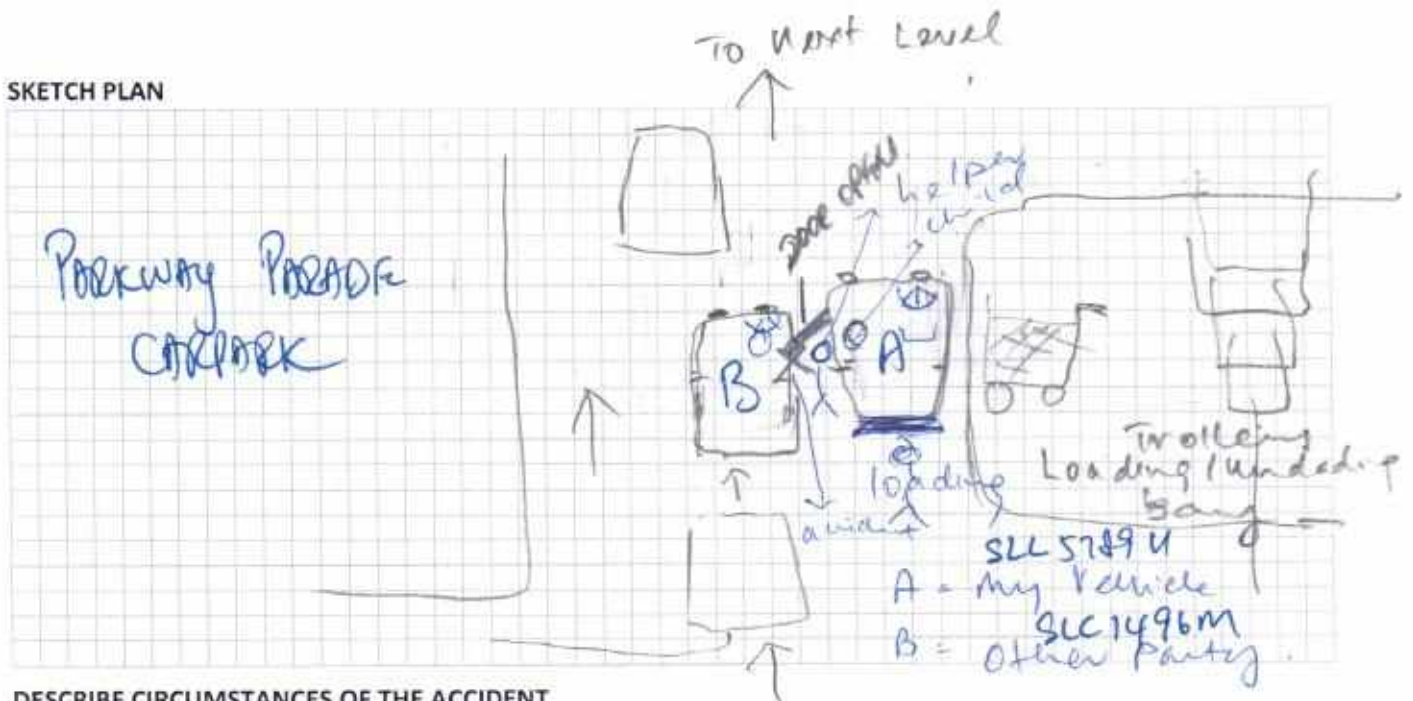
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



22/01/2015
Rafiq Hossain

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I dispute to the claim. At the time of accident, ~~the~~ my vehicle was stationary at the loading bay where I was loading the groceries and my helper helped put my daughter's seat belt in the front seat - Hence the door was opened. There were sufficient space for oncoming vehicles, to make sure we are not obstructing traffic many cars passed by without problem until subject vehicle misjudged and crashed onto the right bottom of the door. While not severe, it was clear he hit my car, he slowed down abit and picked up speed to move on without intent to stop. I then chased after his vehicle which stopped one storey below. The driver was impatient and complained he was late to see his doctor! without apologising nor checking if anyone was hurt. Seeing he is an old man and angry he just swap details and left. Later on we spoke on the phone and he decided that he will just fix our own vehicles since it's not major. Hence I did not file any report. A few days later his insurer called me about him wanting to claim against me! I reiterated the incident to him and he said he will discuss with him to drop. Will notify me if he is proceeding. I did not hear from

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

21/1/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature] 21/01/2019
Kashli W...
PS 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

after and assume we will resume original plan to repair on ^{our} own. I then travelled for overseas till January 19. And when I returned I saw he went against the plan and claimed insurance against ME!!!

This man is dishonest, unreliable and has highly questionable judgement.

DECLARATION

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



Policyholder's Signature

Date & Time:

21/1/19

GIATNC SketchPlan form_V3

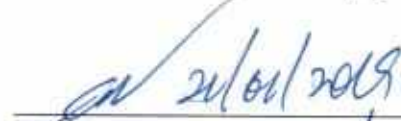


Driver's Signature

(If driver is not the policyholder)

Date & Time:

21/1/19

 21/01/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KOL LIAISON

ACCIDENT STATEMENT

ACCIDENT DATE: 9/12/2018 (DD/MM/YYYY), TIME: 8:20:00 (HH:MM)

LOCATION: Parkway Parade Car park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL 5789 W
 b) INSURANCE COMPANY: Liberty
 c) POLICY NUMBER: SD17V05291/VPE2/R00
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Range Rover
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Domestic
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Lau Nee Chin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7500289J CONTACT: 96856908
 c) ADDRESS: 80 Kim Seng Road 32-08
Singapore 239426

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: Lau Nee Chin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7500289J CONTACT: 96856908
 c) ADDRESS: 80 Kim Seng Road 32-08
Singapore 239426

* d) DATE OF BIRTH: 4/1/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLL 1496M MODEL: Mercedes
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
 (including driver)
(4)

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

Email = stella0289@yahoo.com.tw

VIDEO Nil

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7500289J



LAU WEE CHIN
(LIU WEIQIN)

刘薇勤

Race
CHINESE

Date of Birth
04-01-1975

Country of Birth
SINGAPORE

Sex
F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licensee Name/Name
S7500289J

LAU WEE CHIN
(LIU WEIQIN)

Birth Date: 04 Jan 1975

Issue Date: 06 Apr 2004



2972009

NRIC No: S7500289J



Blood Group: Date of Issue
O+ 25-07-1997

80 KIM SENG ROAD #32-08
SINGAPORE 239476

NRIC No: S7500289J

Date: 30/04/2013

No: 7405910

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

05 Jan 1999

NP 428A





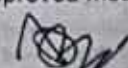
**Liberty
Insurance.**



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 6511 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	SD17V05291 /VPC2 /R00
Form	MX1
Date of Issue	21-APR-2017
1.Index Mark and Registration No. of Vehicle:	SLL5789U
2.Chassis number of Vehicle:	SALVA2AG1GH164095
3.Name of Policyholder:	LAU WEE CHIN (LIU WEIQIN)
4.Effective date of Commencement of Insurance for the purposes of the Act:	28-FEB-2017 00:00 AM
5.Date of Expiry of Insurance:	27-FEB-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.	
7.Limitations as to use*:	
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
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$800, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	WEARNES AUTOMOTIVE PTE LTD

PLES/PLES/21-APR-17

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21-APR-17