SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	28/01/2019 20:26
Date Of Accident	28/01/2019 06:55
Exact Location Of Accident	CLEMENTI AVE 2 SLIP ROAD TO WEST COAST ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA4830Y
Insured/Policyholder	
Name Of Registered Owner	NG YONG HWEE
NRIC No	S7441445A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92313800
Alternative Phone No	OFFICE-92313800
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy	NO

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number

Cover Note Number

Driver

Name of Driver NG YONG HWEE NRIC No S7441445A Date Of Birth 14/12/1974 Occupation INDOOR **Date Of Driving Pass** 14/10/1992

Driving Experience 26 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92313800

Fax Number

OFFICE-92313800 Contact Number

EMail Address NOEMAIL Address SIN

Postcode

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 - 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)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NG JUN FENG

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU4053T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

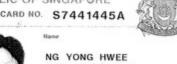
SKETCH PLAN Vehicle No Aimex D IMPORTANT NOTICE 1. Hease report correctly the details of the accident to speed up the claims process. 2. This Form must be completed by the Policyholder and/or the Authorised Driver. 3; Information provided must be as truthful and accurate as possible. Any willful pisrepresentation 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, 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, 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) 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes. Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Policyholder's Signature / Date & Personnel Sketch Plan

Please continue to Annex E

		-
Vehicle No	i un un	
Describe Circumstances of the Accident	Annex	
production and the second seco	2-N- 1- +10	
was travelily along Clement: free 2	going as Turn	
left into west coast road. Traffic	was slow.	
Vehicle Bjust hit outs the near	of my relicle A	
at the slip road.	<u> </u>	
of the silp rout.		
		-
		-
		10
	2000000	_
You had been advised by the workshop that in the		
event that you wish to claim against your own policy		Times
(OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the		
stipulated timeframe from the day of occurrence.		
Declaration		
		-
We declare the foregoing particulars are true in every respect.		- 1
7		
1	lim	
Mill	XW)).	
officyholder's Signature / Date 8 Driver's Signature (It driver is not the policyholder) / Date	Winessed by Reporting Centre	-
me & Time	Personnel	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7441445A





(HUANG YONGHUI)

永 裈 黄

CHINESE Date of birth 14-12-1974

C7441445A

Country of birth SINGAPORE

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

02 Jun 1997

No. S7441445A

15-12-2004 343 UPPER BUKIT TIMAH ROAD #08-03 SINGAPORE 588196

NRIC No: \$7441445A

Date: 06/01/2018







Liberty Insurance Pte Ltd Registration no.199002791D 51 Club Street #300 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890

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)

MOTOR VEHICLES (THIRD-PA	ARTY RISKS) ROLES, 1959 (MAEATON)
Certificate No	SD18V02242 /VPC2 /R00
Form Date of Issue	MX1 02-MAR-2018
1.Index Mark and Registration No. of Vehicle: 2.Chassis number of Vehicle: 3.Name of Policyholder: 4.Effective date of Commencement of Insurance	SLA4830Y JHMRC1890GC202204 NG YONG HWEE (HUANG YONGHUI)
	02-MAR-2018 00:00 AM

for the purposes of the Act: 5.Date of Expiry of Insurance:

01-MAR-2020 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

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.

N.) Use for raing 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.

Excess S\$100

*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, NCD Protection

SUM INSURED:

EXCESS:

MARKET VALUE AT THE TIME OF LOSS

Section I S\$1000,Additional Excess For Young & Inexperienced Drivers S\$3000,Windscreen

FINANCE COMPANY:

PRODUCER NAME:

KAH MOTOR COMPANY SDN BERHAD

PLMJ/PLMJ/02-MAR-18

S1_CI_T1_T3_OE_Template2-Ver1.

02-MAR-18



Accident Photo



Accident Photo

