

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 10:24
Date Of Accident	21/01/2019 09:40
Exact Location Of Accident	ADAM RD TWDS FARRER ROAD ~ ADAM RD FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR66K
Insured/Policyholder	
Name Of Registered Owner	IDEAL ELECTRIC (SINGAPORE) PTE LTD
Co Reg No	197302467G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96319188

Vehicle Particulars

Manufacturer	BMW
Model	M135I-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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 CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V07839/VPS/R05
Cover Note Number	

Driver

Name of Driver	KOH RONGSHENG KEVIN
NRIC No	S8113077I
Date Of Birth	27/04/1981
Occupation	INDOOR
Date Of Driving Pass	07/09/2000
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96319188
Fax Number	
Contact Number	
Email Address	KEVINKOH@GMAIL.COM

Address	115 UNIVERSITY ROAD SINGAPORE 297911 1090 LOWER DELTA ROAD #06-14/16 SINGAPORE 169201
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO. OWNER SON
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	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)	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 ATTACHED SKETCH / STATEMENT PLAN

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	SHC5623J
Vehicle Make/Model/Colour	RENAULT - TRANSCAB
Details Of Properties	VEH.B
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

IDEAL ELECTRIC (S) PTE LTD
1090 Lower Delta Road #06-08/16

Tiong Bahru Industrial Estate
Singapore 169201

Tel: +65-62709773 Fax: +65-62736868

Email: info@ideal-electric.com.sg

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

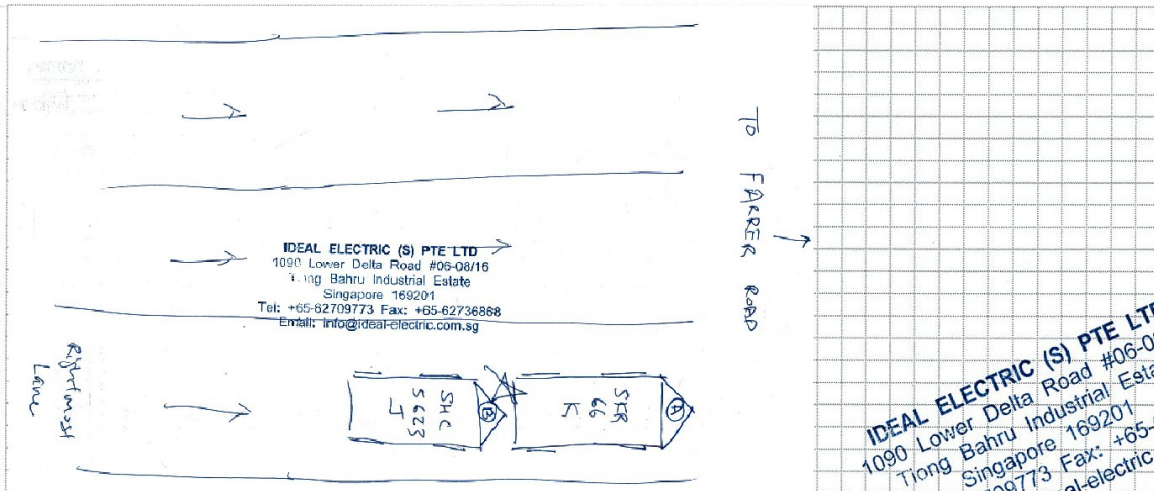


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving alone in SKR 66 K vehicle on the rightmost lane ~~towards Farrer Road~~ along Adam Road. The traffic direction was towards Farrer Road, somewhere near the Adam Road Flyover. Traffic was heavy. At about 9:43 am, I braked suddenly due to the car in front of me. Vehicle SHC 5623 J who was behind me did not brake in time as it was following too closely and hit into the back of my vehicle SKR 66 K.

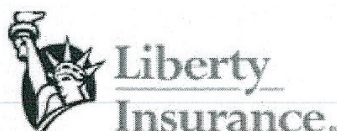
DECLARATION

IDEAL ELECTRIC (S) PTE LTD
1090 Lower Delta Road #06-08/16
Tiong Bahru Industrial Estate
Singapore 169201

Tel: +65-62709773 Fax: +65-62736868
Email: info@ideal-electric.com.sg

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

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



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	S118V07839 /VPS /R05
Form	MX1
Date of Issue:	13-Jun-2018
1.Index Mark and Registration No. of Vehicle:	SKR66K
2.Chassis number of Vehicle:	WBA1B72060J777505
3.Name of Policyholder:	IDEAL ELECTRIC (SINGAPORE) PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	26-JUN-2018 00:00
5.Date of Expiry of Insurance:	25-JUN-2019 23:59
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 - (Driver must be between 27 to 65 years old with at least 2 years driving experience and no claims for the past 3 years) - Singapore S\$2500 / Outside Singapore \$5,000.00, Windscreen Excess \$300.00
FINANCE COMPANY:	
PRODUCER NAME:	AETNA INSURANCE BROKERS PTE LTD

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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