

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 19:31 |
| Date Of Accident | 21/01/2019 07:45 |
| Exact Location Of Accident | DUNEARN ROAD (NEAR ACS BARKER ROAD) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | EU3338L |
| Insured/Policyholder | |
| Name Of Registered Owner | EU CHEE WEI DAVID |
| Passport No/FIN | F2147646M |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-82888835 |
| Alternative Phone No | OTHERS-82888835 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | VOLVO |
| Model | XC60-2.0 T5 (A) |
| Exact Purpose for which vehicle was being used at time of accident | SOCIAL |
| 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 | SD17V07204/R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | EU CHEE WEI DAVID |
| Passport No/FIN | F2147646M |
| Date Of Birth | 04/10/1973 |
| Occupation | INDOOR |
| Date Of Driving Pass | 27/08/1994 |
| Driving Experience | 24 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82888835 |
| Fax Number | |
| Contact Number | OTHERS-82888835 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | 8 VANDA DRIVE ORCHID VILLAGE |
| Postcode | 287847 |
| 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 | 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) | 2 |
| Passenger 1 | NAME: : GERALDINE QUEK 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

REFER TO ATTACHMENT.

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 | SR999Z |
| Vehicle Make/Model/Colour | MERCEDES |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

Describe Circumstance of the Accident

On 21 January 2019, at approximately 7.45am, I was driving along Dunean Road (towards City), a car from behind (SR999Z) ~~hit~~ crashed from behind, when my car was stationary. This happened before Catlex Retail Station at Balker Road.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

I/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


Witnessed by Reporting Centre Personnel



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

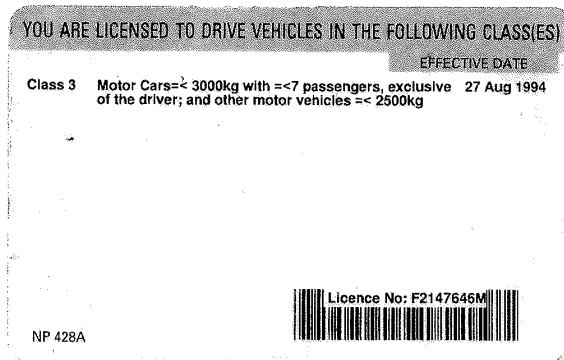
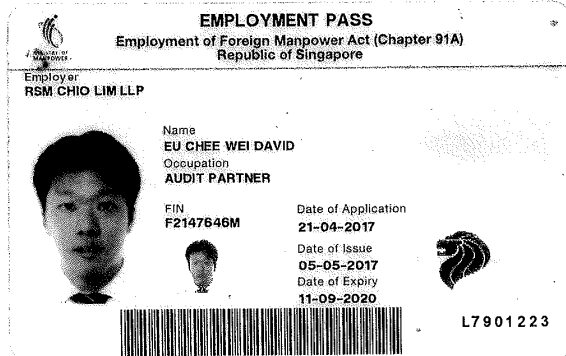
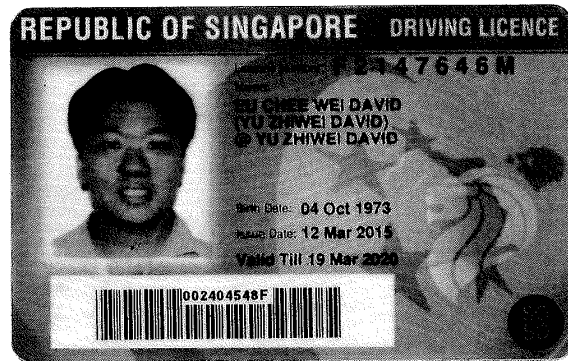
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

| | |
|---|---|
| Certificate No | SD17V07204 /VPC2 /R00 |
| Form | MX1 |
| Date of Issue | 11-JUN-2017 |
| 1.Index Mark and Registration No. of Vehicle: | EU3338L |
| 2.Chassis number of Vehicle: | YV1DZ40LDH2165426 |
| 3.Name of Policyholder: | EU CHEE WEI DAVID |
| 4.Effective date of Commencement of Insurance for the purposes of the Act: | 29-MAY-2017 00:00 AM |
| 5.Date of Expiry of Insurance: | 28-MAY-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: | OVERSEA-CHINESE BANKING CORPORATION LTD |
| PRODUCER NAME: | WEARNES AUTOMOTIVE PTE LTD |

PLES/PLES/12-JUN-17

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12-JUN-17



Accident Sketch Plan Pg. 1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

| | |
|--|--|
| Date and Time of Accident | Date: 21/01/19 Time: 0745 |
| Exact Location of Accident | THE DUNEAN RD (NEAR ACS BAKER RD) |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | EU 3338L |
| INSURED / POLICYHOLDER (OWN VEHICLE) | |
| Name of Registered Owner (See Insurance Cert.) | EU CHEE WEI DAVID |
| Personal Identification - NRIC (Singaporean/PR) | F2147646M |
| - FIN/Passport Number | |
| - Not Applicable | |
| VEHICLE PARTICULARS (OWN VEHICLE) | |
| Vehicle Make / Model | Manufacturer VOLVO Model XC60 |
| Type of Vehicle* | <input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____ |
| 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? | <input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting) |
| Vehicle Category* | <input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle |
| INSURANCE COMPANY (OWN VEHICLE) | |
| Name of Insurance Company * | LIBERTY |
| Type of Policy | <input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only |
| Fleet Policy | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Policy Number | SD17 V072041RU |
| Motor CI | |
| DRIVER | <input checked="" type="radio"/> Same as Insured above |
| Name of Driver | EU Chee Wei David |
| Personal Identification - NRIC (Singaporean/PR) | F2147646M |
| - FIN/Passport Number | |
| Date of Birth | 04 dd/ 10 mm/ 73 /yy |
| Driving Date Pass | 27 dd/ 08 mm/ 94 /yy |
| Year of Driving Experience | Year(s) Month(s) |
| Occupation | <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor |
| Gender | <input checked="" type="radio"/> Male <input type="radio"/> Female |
| Contact Number / Mobile Phone / Fax No. | 8258 8835 |

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Accident Sketch Plan Pg. 1

| | | |
|---|--|-------------------|
| Address of Driver | 8 VANDA DRIVE | |
| | ORCHID VILLAGE | Postcode (287844) |
| Email Address | | |
| Was driver an employee of the Insured's Company? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| If No, Relationship of the Driver with the Insured | OWNER | |
| Vehicle Registration Number of Driver's Own | <input type="radio"/> Yes <input type="radio"/> No | |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable) | | |
| Insurance Company of Driver's Own Vehicle (if applicable) | | |
| GENERAL INFORMATION OF THE ACCIDENT | | |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | HEAD-REAR | |
| Weather Conditions | <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____ | |
| Road Surface | <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____ | |
| OTHER INFORMATION | | |
| Was any foreign vehicle involved in this accident? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Was any body injured in the accident? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Was any other vehicle or property damaged? | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Was there any video captured by Car Camera? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Number of Passengers (Including Driver) | 02 GERALDINE QUEK (F) | |
| DETAILS OF POLICE ACTION | | |
| Was the Accident reported to the Police? | <input type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.) | |
| Police Station Name | | |
| Police Station Address | | |
| Police Station Contact | Tel No. | Fax No. |
| Was notice of intended Prosecution given? | <input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?) | |
| DETAILS OF OTHER VEHICLE / PROPERTY 1 | | |
| Vehicle Registration Number | SR 999 Z | |
| Vehicle Make/ Model/ Colour | MERCEDES | |
| Details of Properties | | |
| Name of Driver | | |
| Personal Identification - NRIC (Singaporean/PR) | | |
| - FIN/Passport Number | | |
| Contact Number | | |
| Address | | |
| Name of Insurance Company | NTUC | |
| Nature of Damage | | |
| No. of Passenger (Including Driver) | | |
| (Note - Please use page 6 if you need to add more vehicles) | | |

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Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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6. This report will be forwarded by the insurers to 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)

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' 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' 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.

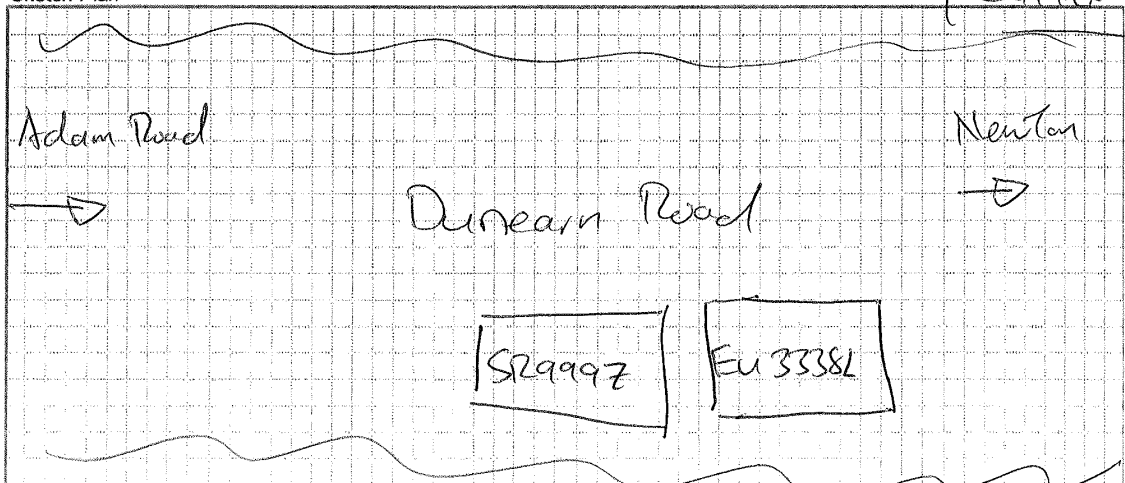
[Signature] 21/1/19

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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Accident Photo



Accident Photo



Accident Photo



Accident Photo

