

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	12/02/2019 16:44
Date Of Accident	06/02/2019 15:40
Exact Location Of Accident	EDL (MALAYSIA EXPRESSWAY JALAN PASIR PELANGI)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4189X
Insured/Policyholder	
Name Of Registered Owner	DARWIN-51 CAR RENTAL PTE LTD
Co Reg No	201407909C
Email Address	LOOIJHKEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88215151
Alternative Phone No	OFFICE-88215151

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V07071/VPZ/R01
Cover Note Number	

Driver

Name of Driver	LOOI JIA HUA, KEN
NRIC No	S1594452H
Date Of Birth	27/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1989
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91804291
Fax Number	
Contact Number	OTHERS-91804291
EEmail Address	LOOIJHKEN@GMAIL.COM

Address	BLK 256 ANG MO KIO AVENUE 4 #04-47
Postcode	560256
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : MALE
Passenger 3	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : F/20190207/2061

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	SJB2594K
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD RIZAL
NRIC/Passport Number	S7838068C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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.



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.:

12/2/2019

Sketch Plan #2

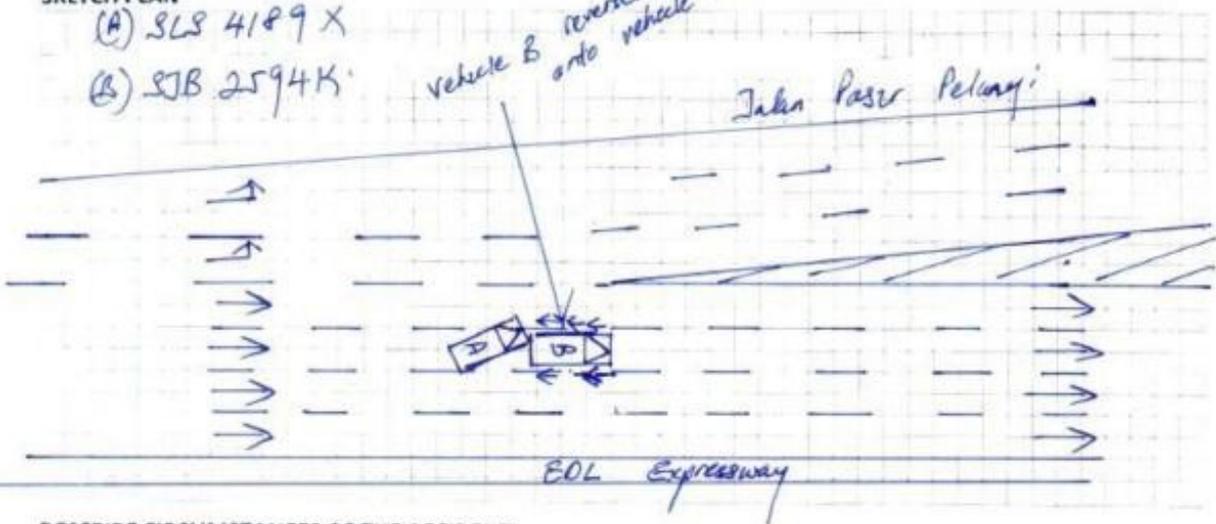
SKETCH PLAN

(A) SLS 4189 X

(B) SJB 2594K

Vehicle B reversed and collided onto vehicle A.

Jalan Paser Pelang



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report
No F/20190207/2061

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:

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

12/2/2019



**SINGAPORE
POLICE FORCE**



F/20190207/2061

2 of 2

POLICE REPORT (NP299)

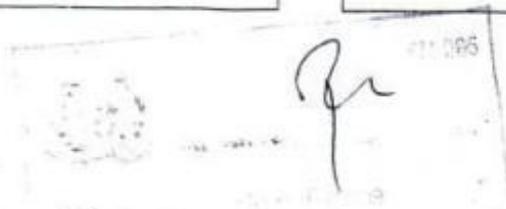
CONTINUATION OF REPORT

Report No. F/20190207/2061

and trying to reverse. No one was injured. I am lodging for my own record purpose.

Signature Of Officer Recording The Report: F / Staff Sgt NOOR RAMDAN BIN JOBRI		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time:	07/02/2019 13:05
Officer In-Charge Of Case: F / Ang Mo Kio South N.P.C / Staff Sgt NOOR RAMDAN BIN JOBRI Contact No.: 64519999 64519999		Classification Of Case:	Aggravated

Authentication Stamp



Sketch Plan #5

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1594452H**

Name: **LOOI JIA HUA, KEN**

Birth Date: **27 Mar 1963**

Issue Date: **21 Jul 2003**

000671340K



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1594452H**

Name: **LOOI JIA HUA, KEN**

呂佳桦

Race: **CHINESE**

Date of Birth: **27-03-1963** Sex: **M**

Country/Place of Birth: **MALAYSIA**

S1594452H




Land Transport Authority

VOCATIONAL LICENCE

License No: **S1594452H**

Name: **LOOI JIA HUA KEN**

Issue Date: **8/8/2011**

Please visit www.lta.gov.sg to check the status of this vocational licence



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

Class	Description	PASS DATE
Class 2 nd	Motorcycles not exceeding 300 cc	22 May 19
Class 1 st	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Oct 1986

NT-426A

License No: **S1594452H**

5901868

S1594452H

NRIC No. **S1594452H**

Date of Issue: **28-03-2018**

Address: **APT BLK 258 ANG MO KIO AVENUE 4 #04-47 SINGAPORE 560258**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	22/09/1999

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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