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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/01/2019 19:12
Date Of Accident	17/01/2019 17:45
Exact Location Of Accident	23 KALLANG AVE IND ESTATE CAR PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFX97Z
Insured/Policyholder	
Name Of Registered Owner	CHUA CHER SIAN
NRIC No	S7521382D
Email Address	CHERSIAN@HAHOO.COM
Mobile Phone No	(LOCAL) +65-90483495
Alternative Phone No	OFFICE-90483495
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
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?	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	SI18V12051/VPC/R01

Driver

Cover Note Number

Name of Driver CHUA CHER SIAN NRIC No S7521382D

Date Of Birth 24/07/1975
Occupation INDOOR
Date Of Driving Pass 11/10/2003

Driving Experience 15 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90483495

Fax Number

Contact Number OFFICE-90483495

EMail Address CHERSIAN@HAHOO.COM

33 BISHAN STREET 11 #31-12 Address

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 ON COLLISION**

Weather Conditions **RAINING** Road Surface WET

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?

2 NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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

REFERV TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: **UPLOAD LATER**

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SGX3434C Vehicle Registration Number Vehicle Make/Model/Colour MAZDA 3

Details Of Properties

Vehicle Category PRIVATE CAR DOROTHY NEW Name of Driver S7142216Z NRIC/Passport Number

Contact Number Address

96343408

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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orchien's ligname & Time: / or / 2019	Driver's Signature of Signature of Signature (8/01/2019 12.15PM	Reporting Centre Personnel's Signature James

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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:
 - 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: $\{S \mid_{\mathcal{O}} \in \mathcal{O}_{\mathcal{O}}\}$

12,15 PM

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

ALTICALITA MO.:





Certificate of Insurance

www.libertyinsurance.com.sg

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).

Name of Policyholder:

CHUA CHER SIAN (CAI ZHIXIAN)

Date of Issue:

21 Sep 2018

Registration No.:

SFX977

GP71121161

Effective Date of Commencement:

13 Oct 2018 00:00 Chassis No.:

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.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

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

Certificate No.:

Date of Expiry:

MX1

12 Oct 2019 23:59

Type of Certificate:

SI18V12051/ VPC / R01

For Information Only:

Coverage(s): Comprehensive, Unlimited Windscreen, NCD Protection

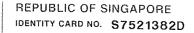
Sum Insured: MARKET VALUE AT THE TIME OF LOSS

Excess: Section I -Named Drivers S\$500, Section I -Unnamed Drivers S\$1000, Additional Excess for Young,

Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

Name of Producer: VENTURE CREDIT PTE LTD (A1451-2)



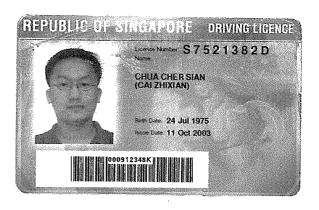


CHUA CHER SIAN (CAI ZHIXIAN)

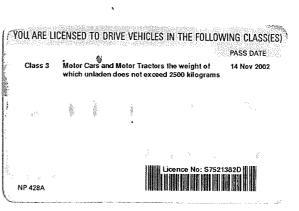
蔡志贤 Race CHINESE

Date of birth Sex 24-07-1975 M Country of birth

97521382b











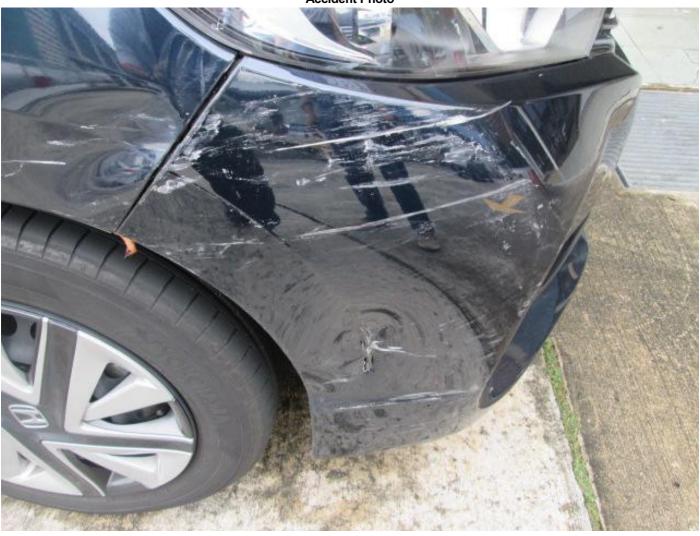












Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre

with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: ______Vehicle Registration No: 3FK 972 Original Report No : _____ Name(as shownin NRIC): thus ther Sian NRIC/FIN/Passport No: 87521382). (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _____Singapore() Contact (Tel) : ______Mobile No. : **Email Address** Date of Accident : ______Time of Accident : _____ Place of Accident : Insurance Company: ___ (B)

ADDITIONALINFORMAT	TION / AMENDM	ENTS:			
I have made a report on t make the following amer		oned accident a	ind wou	ld like to inc	lude additional information
Amond the	Vehicle	nymber	to	SFK	SLI
					
			.,		2
Policyholder / Driver's Sip	gnature			oorting Cent	re Personnel's Signature

NRIC/FIN No.: Date: