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### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 truthful and accurate 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

Life of the state of the late of the state o	ACCIDENT STATEMENT
Date Of Report	28/03/2019 16:55
Date Of Accident	27/03/2019 10:30
Exact Location Of Accident	ORCHARD ROAD TOWARDS HANDY ROAD JUNCTION
Country/State of Loss	SINGAPORE
第二次的12 Administration (1) 的 (2)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG988U
Insured/Policyholder	
Name Of Registered Owner	VINCE CHEN @ TAN CHENG SONG
NRIC No	\$7239602B
Email Address	VINCECHENS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90229919
Alternative Phone No	OTHERS-90229919
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLS 63 AMG
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	SI18V07522/VPS/R02
Cover Note Number	
Driver	
Name of Driver	VINCE CHEN @ TAN CHENG SONG
NRIC No	S7239602B
Date Of Birth	17/10/1972
Occupation	INDOOR
Date Of Driving Pass	24/07/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90229919

OTHERS-90229919

VINCECHENS@GMAIL.COM

152 PRINCE CHARLES CRESCENT Address

159013 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle

OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions 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?

I have been approached by unknown person(s)

YES NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**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 TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLT9855T

Vehicle Make/Model/Colour

TOYOTA HARRIER

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- 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 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. 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 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:
  - (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
- 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 Signatur

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

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6	276488			
Orchard Rol	Hundy			
DESCRIBE CIRCUM	ISTANCES OF THE ACC	IDENT	3	

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They	, adv	nit it	is their	mista	ice.				
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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:

Name: NRIC/FIN No .:

# ACCIDENT STATEMENT

, Ac	CIDENT DATE: 27	1.03 2016	L)(DD/MM/YYY	YI. TIME! (D	30 )(HH:MM
LO	CATION: G	chard Roo	d towards	Handy Roo	/(IIII/NI/V
	a) VEHICLE -NU.  b) INSURANCE ( c) POLICY NUM. d) POLICY TYPE:	MBER: SI 18 (COMPREHEN	169334 Libery V67522/V	1	211
	f)TYPE:(SALOON .g)VEHICLE CAT h)PURPOSE OF I) ARE YOU CLAI IF NO, PLEASE	N / COUPE / MP EGORY: (PRIVA USING AT ACC MING UNDER Y	PV /V AN / LORR IE / COMMERC IDENT TIME:	Y/MOTORCYC	CLE / OTHERS)
	A) NAME: b) NRIC/FIN/PAS c) ADDRESS:	VINUE	Chen	(MAL	E FEMALE)
(Including driver	DRIVER  DRIVER  DRIVER  DINAME:  DINRIC/FIN/PASS  CIADDRESS:	· 4		LDER(MALE	E / FEMALE)
	ODATE OF BIRTH ODOCCUPATION: 1) DATE OF DRIVI WAS DRIVER AN IF NO, RELATION	NODOOR / OL NG PASS I EMPLOYEE O	F THE INSURE	D'S COMPANY	
TOTAL	bIROAD SURFACE	E: IDRY / WET /	R/RAINING/O	THERE	MAG
7,	WAS ANYBODY IN DIREPORTED TO P IF YES, PLEASE ST	OLICE (YES / N ATE WHICH PC	01		* * *
" No of passenger (Including driver)	a) VEHICLE NUM b) DRIVER'S NAM	BER: SLT		MODEL: Tour	ota Havrier
	C) NRIC/FIN/PAS THIRD PARTY VEHIC d) VEHICLE NUM	CLE		_CONTACT:	
(Including driver)		1E:	NAME OF THE OWNER OF THE OWNER.	MODEL:	

email = vinachens@gmail.com

# REPUBLIC OF SINGAPORE





VINCE CHEN @TAN CHENG SONG

陈松 CHINESE

Date of birth

17-10-1972 SINGAPORE





21-11-2011

152 PRINCE CHARLES CRESCENT #12-13 SINGAPORE 159013

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 24 Jul 2003 of the driver; and other motor vehicles =< 2500kg

NP 428A







#### Liberty Insurance Pte Ltd

Registration not 1990027910 51 Club Street 933-00 Liberty House Singapore 069408 Tel: (65)-6221-8611 Fax: (65)-6225-6890 Website, http://www.libertynaurance.com.sq

# CERTIFICATE OF INSURANCE

4101	AN AFTICEFT THURSDANIA MISKS MINTED TARRED WAT	AYSIA)
Certificate No	SI18V07522 /VPS /R02	
Form	MX3	
Diffe of Source	07-Jun-2018	
1. Index Mark and Registration No. of Verside.	SJG988U	
2 Chases number of Vehicle	WDD2183742A026041	

3 Name of Folicyholder. VINCE CHEN @ TAN CHENG SONG

4 Effective date of Commencement of Insurance 10-JUN-2018 00:00 for the purposes of the Act.

5 Date of Expiry of Insurance 09-JUN-2019 23:59

6. Persons or Classes of Persons

VINCE CHEN @ TAN CHENG SONG

ensited to drive\*:

Provided that the person driving is permitted in accordance with the illustrating or other taws or regulations to drive the Motor Vencie or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactivent or regulation in that behalf borndriving the Motor Vencie or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactivent or regulation in that behalf borndriving the Motor Vencie is regulated under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled withe time of the accident loss or damage.

7 Emitations 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 randered inoperative by Section 8 of the Motor Venides (Third Party floks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these fleadings.

I'We hereby certify that the Policy to which this Ciefulforde relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Resis and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act 1987 (Meaywa).

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

100			
Epr I	nfone	ratio r	nonly:

COVERAGE Comprehensive, Unimited Windscreen, NCD Protection

SUMINSURED (SS) MARKET VALUE AT THE TIME OF LOSS

EXCESS (S\$) Section I - Singapore S\$5000 / Outside Singapore \$10,000.00, Windscreen Excess \$500.00

FINANCE COMPANY MOTOR WAY CREDIT PTE LTD

PRODUCER NAME K-2 VENTURES INSURANCE AGENCY