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 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

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	ACCIDENT STATEMENT
Date Of Report	01/04/2019 12:20
Date Of Accident	01/04/2019 08:00
Exact Location Of Accident	HILLVIEW ROAD TOWARDS UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH220K
Insured/Policyholder	
Name Of Registered Owner	XU LONG
NRIC No	S8084139F
Email Address	GREATLX@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92428528
Alternative Phone No	OTHERS-92428528
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 G (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 C0091246

Cover Note Number

Driver

Name of Driver **XU LONG** NRIC No S8084139F Date Of Birth 20/01/1980 Occupation **INDOOR Date Of Driving Pass** 25/04/2006

Driving Experience 12 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92428528

Fax Number

Contact Number OTHERS-92428528

EMail Address GREATLX@HOTMAIL.COM Address BLK 446A BUKIT BATOK WEST AVE 8 #21-401

SINGAPORE

Postcode 651446

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 CHAIN 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

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2 NAME:

: SONG SHAN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO WITH OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKF7682Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 15

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJG173D

Vehicle Make/Model/Colour

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

SKETCH PLAN

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 interested parties.
- 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 invoive 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:
 - 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:

11-06-

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Sketch Plan #2

ETCH PLAN			
	A I	\$ 1	Vehicle
	XX 1	1 to 1	A-SHH 220
	[A]	24. A	B-SKF 7662
	LAZ	P	C-SJE 133
	8	Q.	
	101	8	
Bes		<u>*</u>	
Stop.		Alons Hillwen Rd	Legend
		5	P 6
	1	A	□ 6
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		Vehicle Motorcycle
			Con To / State 12
VV nen I was	driving along hillvie	W road and	top in the wit
the Car in Front	Due to Red Light.	Then the car	bening me out
	and hit mycar. I		d not time to
brake immediet	ely to avoid hit ting	g the car in	tront of mine
		110 111 11 111 111	
DECLARATION			
NAME declars the foregoing particul	ve a fourteen (14) days clause whereby the clain	against own policy must be mad	e within the stipulated timeframe
longer			men -
olicyholder's Signature	Driver's Signature	Reporting Cent Name:	re Personnel's Signature
The state of the s			
11:45	(If driver is not the policyholder) Date & Time:	NRIC/FIN No.:	pance



Motor Cover Note

www.libertyinsurance.com.sg

Name of Producer:

VENTURE CREDIT PTE LTD (A1451)

Date of Issue:

04 Jan 2019

Cover Note No.:

C0091246

Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk

Details of Schedule

Name of Insured:

XU LONG

Period of Insurance:

From: 08 Jan 2019 00:00

To: 07 Jan 2020 23:59

Registration No.:

Make and Model:

HONDA/FIT 1.3GF

Type of Body:

HATCHBACK

Capacity/Tonnage:

1317

Year of Manufacture/Registration:

2018/2019

Chassis No.:

GK31337888

Engine No.:

L13B144534 🛈

Sum Insured:

MARKET VALUE AT TIME OF LOSS

Name of Finance Company:

MAYBANK SINGAPORE LIMITED

Type of Plan:

Comprehensive

Excess: AS AGREED

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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).

Not valid unless counter-signed by authorized person.

Date: 04 Jan 2019 17:37

For and on behalf of

LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

Liberty Insurance Pte Ltd (Registration No. 199002791D) | GST Registration No. M2-0093571-3 51 Club Street #03-00 Liberty House Singapore 069428 | Tel: 1800-LIBERTY (542 3789) | Fax (+65) 6223 6434

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DRIVER DRIVING LICENSE Pg. 1



















