Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 21/05/2019 16:49

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

alorosala.	
	ACCIDENT STATEMENT
Date Of Report	17/05/2019 21:45
Date Of Accident	11/05/2019 15:30
Exact Location Of Accident	BLOCK 510 BEDOK NORTH STREET 3 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS493T
Insured/Policyholder	
Name Of Registered Owner	OH SWEE YANG
NRIC No	S1569226Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96710139
Alternative Phone No	OFFICE-96710139
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 (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	

Driver

Cover Note Number

Name of Driver
OH SWEE YANG
NRIC No
S1569226Z
Date Of Birth
Occupation
INDOOR
Date Of Driving Pass
O4/10/1982
Driving Experience
OH SWEE YANG
O4/10/1962
O4/10/1982

Gender MALE

Mobile Number (LOCAL) +65-96710139

Fax Number

Contact Number OFFICE-96710139

EMail Address NOEMAIL

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

S

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident 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)

0

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name KAKI BUKIT NEIGHBOURHOOD POLICE POST

ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448, POSTCODE: 460526 Police Station Address

, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4429999 - FAX NO: 62444377

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER

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 SKA43R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

AXA INSURANCE PTE LTD Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Vehicle Number:	
venicle Number.	

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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) | 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: Oriver's Signature (If driver is not the policyholder)

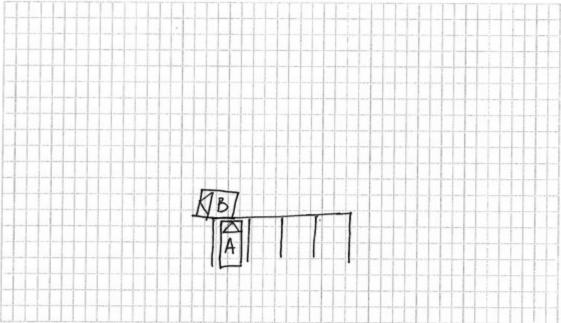
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKE	тсн	PI	ΔNI



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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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999

1 of 3 Report No. T/20190511/2116

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 019 17:49	Made:	Vide Report No.:	Station Diary No.: 26
Informa	nt's Partic	ulars		desperation programs and approved
	f Informant: EE YANG		Address: APT BLK 510 BEDOK SINGAPORE 460510	NORTH STREET 3 #01-51
	/ ID No.: O / S15692	26Z	Contact No.: Home/Office:	Mobile: 96710139
National SINGAP	ity: ORE CITIZ	EN -	Email:	,
Sex: Male	Age: 56	Date of Birth: 04/10/1962	Type of Informant: Driver	
Race: Chinese	+		Language:	Institution / School Name:
Occupat SELF EN	ion: MPLOYED		Driving Licence Information Class:	ation: Date of Expiry:

General Infor	mation of the Accider	nt		SECHOLOGICAL PROPERTY (COM
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/05/2019 15:30	Type of Location: CARPARK
	TH STREET 3 ARK OF BLK 510 BED	OK NORTH STREET	3	
Weather:	THE STATE OF BEING BED	Road Surface:		oad Speed Limit:
Traffic Flow:	, ,	Traffic Control: Not Controlled	T	raffic Volume:
Type of Collis	ion:			nyone conveyed by mbulance: o

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA43R	Car .					0
SLS493T	Car				Slightly	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999 2 of 3 Report No. T/20190511/2116

CONTINUATION OF REPORT

Name	OH SWEE YANG			ID No		045000007
Name	OH SWEE TANG			ID No).	S1569226Z
Related Vehicle	SLS493T (Car)			Conta	act No.	96710139
Hospital/Clinic	NIL .			Class Drivin Licen	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 11/5/2019 at about 1pm, I parked and secured my vehicle at Blk 510 Bedok North Street 3, open carpark, lot no 83. On 11/5/2019 at about 3.30pm, I discovered my front portion of my vehicle is damaged. The bumper of the front car came off. My car plate no came off and someone put it on my windscreen. I also sustained dent and scratches at the same area. I got in built in car camera and it was recording. Hence, I went to view the footages and managed to see a vehicle with registration plate no SKA43R drove out from the lot no 84 and collided with the front portion of my vehicle. After the said car collided, the car went back in the lot and went back out and drive off.

I wish to state that the car was head in parking in the carpark lot. I did save the footages of the accident. This is the first time such incident happen.





Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999

3 of 3 Report No. T/20190511/2116

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Sgt 3 MUHAMMAD SYAHIR BIN MAMAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2019 17:49
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	





Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street W03-00 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	SD17V10399 /VPC2 /R00	
Form	MX1	
Date of Issue	06-SEP-2017	
1.Index Mark and Registration No. of Vehicle:	SLS493T	
2.Chassis number of Vehicle:	JHMRC1880HC203475	
3.Name of Policyholder:	OH SWEE YANG	
4.Effective date of Commencement of Insurance for the purposes of the Act:	05-SEP-2017 00:00 AM	
5.Date of Expiry of Insurance:	04-SEP-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, NCD Protection

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I S\$1000,Additional Excess For Young & Inexperienced Drivers S\$3000,Windscreen

Excess S\$100

FINANCE COMPANY:

OVERSEA-CHINESE BANKING CORPORATION LTD

PRODUCER NAME:

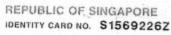
KAH MOTOR COMPANY SDN BERHAD

PLES/PLES/13-SEP-17

S1_CI_T1_T3_OE_Template2-Ver1.

13-SEP-17







OH SWEE YANG



Date of birth 04-10-1962

S1569226Z

Country/Place of birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killogram

5842158



20-12-2017

APT BLK 510 BEDOK NORTH STREET 3 #01-51 SINGAPORE 480510

NP 428A

Accident Photo







