

## 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	26/07/2019 08:41
Date Of Accident	25/07/2019 17:50
Exact Location Of Accident	CAR PARK F FACULTY AVENUE @ NTU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA8426D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG WENG FOO
NRIC No	S7401352Z
Email Address	ERNIE_ERIC@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96638034
Alternative Phone No	OFFICE-65141232

### Vehicle Particulars

Manufacturer	FORD
Model	FOCUS-999CC TITANIUM (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V13284/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	WONG WENG FOO
NRIC No	S7401352Z
Date Of Birth	16/01/1974
Occupation	INDOOR
Date Of Driving Pass	04/11/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96638034
Fax Number	
Contact Number	OFFICE-65141232
Email Address	ERNIE_ERIC@YAHOO.COM.SG

Address	BLK 11 FERNVALE LANE #10-01
Postcode	797495
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 TO REAR
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?	
Was any other material or property damaged?	NO
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

REFER TO SKETCH PLAN

#### 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	SJB3779M
Vehicle Make/Model/Colour	TOYOTA/ESTIMA/BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NORHIDAYATEE BTE MOHAMAD BAKTI
NRIC/Passport Number	
Contact Number	98340176
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan


### SKETCH PLAN

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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
- (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: 26 JUL 2019

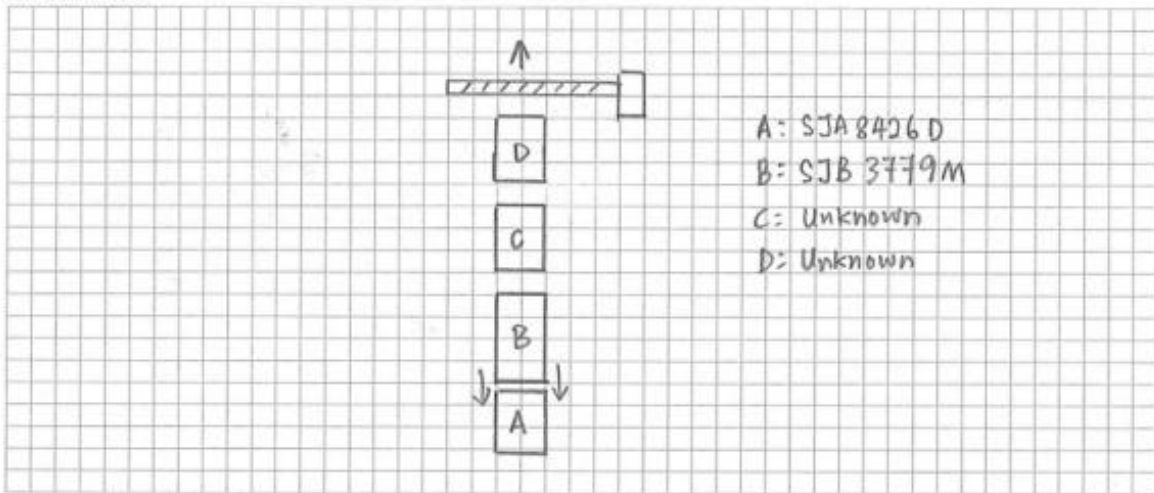
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

26 JUL 2019   
Reporting Centre Personnel's Signature  
Name: Simon Koh  
NRIC/FIN No.: Customer Service Advisor  
Accident & Bodyshop



## Sketch Plan #2

### SKETCH PLAN



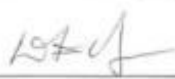
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident was on 25 July 2019, Thursday evening at 5:50pm. The location is at NTU, Faculty Avenue, carpark F. There were 2 vehicles in front of the carpark gantry waiting to exit the carpark. The vehicle that reversed and hit me, SJB 3779M was the third car after the front 2 vehicles. My car was the 4th vehicle waiting to exit the carpark. Vehicle SJB 3779M reversed and hit my car as she didn't notice my car my stopped at a distance behind her. She reversed and I horned ~~at~~ her but she continued to ~~reverse~~ and reverse and hit my front vehicle.

The purpose of the vehicle reversed was because the 1st car at gantry was having problem exit and 2nd car and SJB 3779M reversed their cars.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time: 26 JUL 2019

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

26 JUL 2019   
Reporting Centre Personnel's Signature  
Name: Simon Koh  
NRIC/FIN No: Customer Service Advisor  
Accident & Bodyshop 2



# Certificate of Insurance



**Liberty Insurance Pte Ltd**  
 Registration no. 199201791D  
 51 Cecil Street  
 #05-00 Liberty House  
 Singapore 05405  
 Tel: (65) 6221 9011 Fax: (65) 6226 8888  
 Website: <http://www.libertyinsurance.com.sg>

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

<b>Certificate No</b>	SD17V/13284 /NPC2 /R00
<b>Form</b>	MX1
<b>Date of Issue</b>	05-DEC-2017
<b>1.Index Mark and Registration No. of Vehicle:</b>	SJA8438D
<b>2.Chassis number of Vehicle:</b>	WF06XXGCC6GK13531
<b>3.Name of Policyholder:</b>	WONG WENG FOO
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	26-NOV-2017 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	27-NOV-2019 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
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 to 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.	
<b>7.Limitations as to use*:</b>	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
<b>8.The Policy does not cover:</b>	
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 5 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 188) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
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 188) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorized Signatory	
<b>For information only:</b> COVERAGE : Comprehensive, Unlimited Windscreen, NCD Protection SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Section I S\$400, Additional Excess For Young & Inexperienced Drivers: S\$1000, Windscreen Excess S\$0 FINANCE COMPANY: UNITED OVERSEAS BANK LIMITED PRODUCER NAME: SD CONTEGO SERVICES	

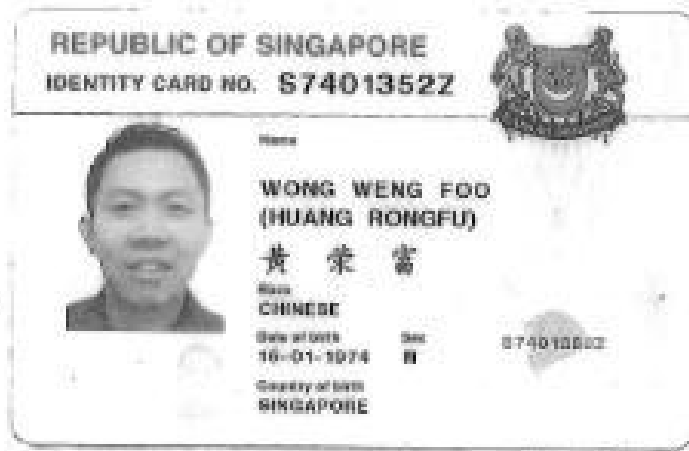
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06-DEC-17

Dec 6, 2017, 5:22 PM

Identification Card



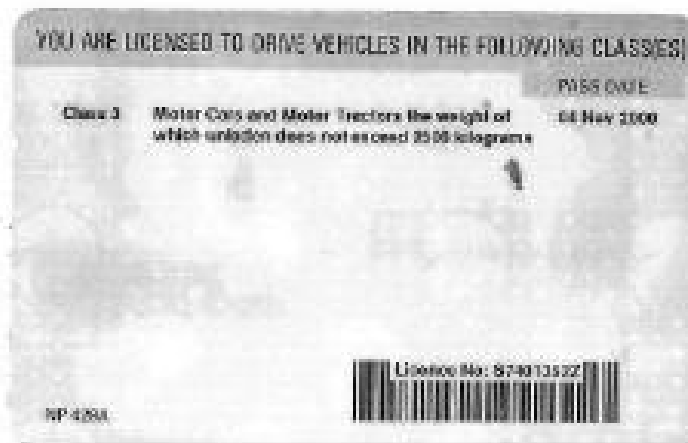
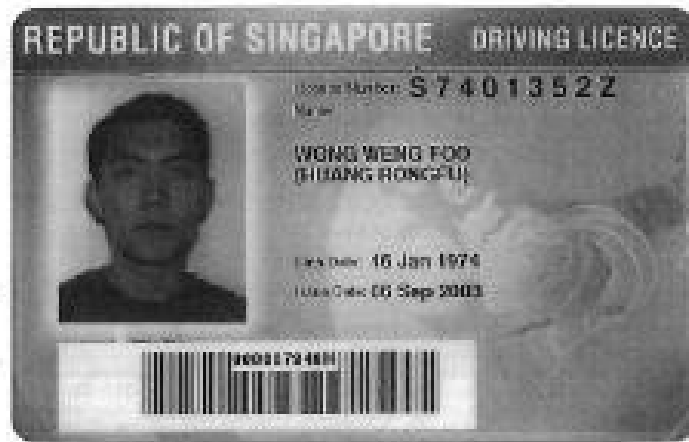
96638034

65141232

emie-eric@yahoo.com.sg



## Driving License



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

