

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	04/09/2019 16:31
Date Of Accident	30/08/2019 22:00
Exact Location Of Accident	ALONG COMMONWEALTH AVE TOWARDS GIM MOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9821D
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE. LTD.
Co Reg No	201414828K
Email Address	NIGELTANG@VINCAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-84884081

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY HYBRID 1.8V CVT
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	SD19V09456/VPZ/R04
Cover Note Number	

Driver

Name of Driver	TAN HEO SEOW
NRIC No	S7213728J
Date Of Birth	10/04/1972
Occupation	INDOOR
Date Of Driving Pass	09/07/1992
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86993389
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 64 TELPOK BLANGAH DRIVE #02-198 100064
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	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

-

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	SLD7618J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	91712591
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

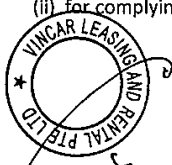
SKETCH PLAN

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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:

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

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

SKETCH PLAN

1000

A - SMA9821D
B - STD 7618J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SMA 9821D	ACCIDENT DATE & TIME: 30/08/19 1000pm
CONTACT NUMBER: 8699 3389	E-MAIL ADDRESS:
LOCATION: Along commonwealth Ave towards Gim Moh Junction.	
When i was stationary at the traffic junction waiting for traffic light suddenly i felt an impact from behind after that i went down and see the 1SLD76183 hit my veh from behind. We have took some photo and the drive wrote a note and confirm that he hit on my veh.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

DECLARATION

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



Policyholder's Signature _____
Date & Time: _____

ulars are true in every

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

[Signature]

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



CONFIDENTIAL


NOTICE OF COMPLIANCE

This is to inform that Mr TAN HOE SEOW (CHEN HEQIU) HP: 86993389
NRIC/FIN S7213728J, residing at 48 LAKESIDE DRIVE #09-37 has reported to
the Police a non-injury traffic accident, which occurred at ALONG
COMMONWEALTH AVENUE TOWARDS GIM MOH, X-JUNCTION on
30/08/2019 at 10:05 pm involving the following vehicles:

- I SMA9821D (Complainant's vehicle: TOYOTA VOXY WHITE)
- II SLD7618J

- 2. If the accident was reported to Police within 24 hours of its occurrence, He/she therefore had complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of issuing Officer : SI Zulhilmi
Date : 01/09/2019
Time : 0048hrs
S/D Ref : 08
Police Post/ Unit : Bukit Panjang NPC


Bukit Panjang NPC
1 Segar Road #01-05
Singapore 677738
Tel : 6692 9999

Original - To be issued to informant
Duplicate - To be retained at NPC or Police Post

30 Aug 2019

From: Sharon Lee (Hp 91712591)

Car plate (SLD 7618J)

To: Philip Tan (Hp 86993389)

Car plate (SMA 9821D)

This is to confirm that the back
side of car (SMA 9821D)

was claimed to be dent

Due to my car (SLD 7618J)

stop too close to the back of the car.

I will be OK for further

Discussion on how to settle this case.

Regards / Sharon Lee Sharon


Philip Tan
2205



Liberty Insurance Pte Ltd
 Registration no. 199002791D
 51 Club Street
 #03-00 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	SD19V09456/VPZ/R04
Form	MZ406A
Date Of Issue	25-JUL-2019
1.Index Mark and Registration No. of Vehicle:	SMA9821D
2.Chassis number of Vehicle:	ZWR800318892
3.Name of Policyholder:	VINCAR LEASING AND RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	10-JUL-2019 00:00 AM
5.Date of Expiry of Insurance:	09-JUL-2020 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	<p>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.</p> <p>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.</p>
7.Limitations as to use*:	<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p>
8.Policy does not cover:	<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>
<p>*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.</p>	
<p>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).</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> 	
<p>_____ Authorised Signature</p>	
<p>For Information only:</p>	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I - Singapore S\$2000 / Outside Singapore S\$4000, Section II - Singapore S\$1500 / Outside Singapore S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	MAYBANK SINGAPORE LTD
PRODUCER NAME:	AETNA INSURANCE BROKERS PTE LTD

PLYW/-25-JUL-19

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25-JUL-19

Accident Photo



Accident Photo



Accident Photo



Accident Photo



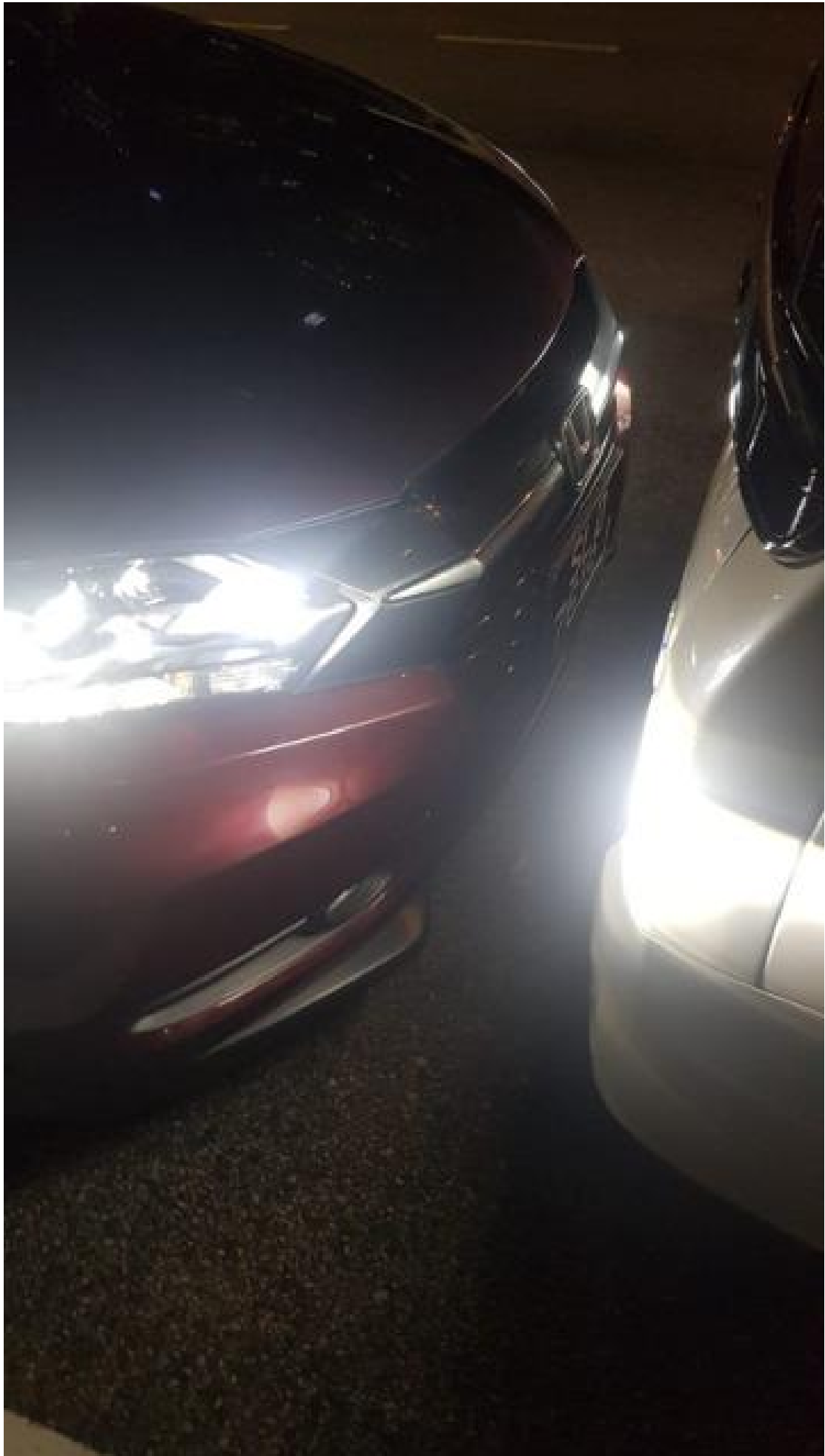
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Accident Photo



Accident Photo



Accident Photo

