





## 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	16/09/2019 09:35
Date Of Accident	15/09/2019 14:10
Exact Location Of Accident	CORPORATION ROAD TRAFFIC LIGHT JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC252G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EDMUND ELIAS NG ENG HING
NRIC No	S6934240Z
Email Address	EDJEAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97980009
Alternative Phone No	OTHERS-97980009

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID
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	SD19V09332/VPC/R00/E00
Cover Note Number	

### Driver

Name of Driver	EDMUND ELIAS NG ENG HING
NRIC No	S6934240Z
Date Of Birth	30/09/1969
Occupation	INDOOR
Date Of Driving Pass	10/07/1987
Driving Experience	32 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97980009
Fax Number	
Contact Number	OTHERS-97980009
Email Address	EDJEAN@GMAIL.COM

Address	BLK 81 REDHILL LANE #19-51
Postcode	150081
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?	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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : MOTHER IN LAW GENDER: : FEMALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL2560C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAHMAN ATEKOR
NRIC/Passport Number	
Contact Number	987304097 (R.RAVI) BOSS
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:

9.5am 16 Sep 19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

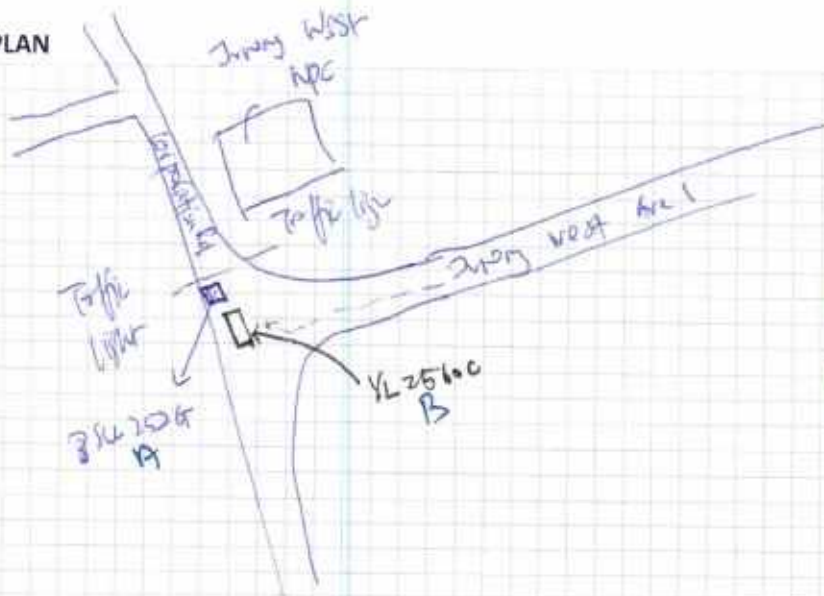


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



A) SL 205 A

B) YL 2560 C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15 Sep 2019, 2pm I was on the way to send my mother-in-law home to her Boon Lay flat. As ~~was~~ I was turning right into Corporation Rd from Jong West Ave 1. My car stopped in front of the traffic light as there were pedestrian crossing the road. The lorry YL 2560 C driver, Mr Rahman Atiker didn't stop his lorry on time and hit my car from the back.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

16 Sep 19 9.15am

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

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (15 Sep 19) (DD/MM/YYYY) TIME: (14:10) (HH:MM)

LOCATION: Corporation Road Traffic Junction

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 252 G  
 b) INSURANCE COMPANY: Liberty Insurance  
 c) POLICY NUMBER: SD19V09332 / APC / R00 / E00  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Freed  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: EDWARD ELIAS NG EN G LING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S69342402 CONTACT: 9798 0009  
 c) ADDRESS: 81K @ Redhill Lane #19-51 SC(50081)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 a) NAME: As above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: (30 / 09 / 1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10 Jun 1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Driver

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YL2560C MODEL:  
 b) DRIVER'S NAME: Rahman Atekur  
 c) NRIC/FIN/PASSPORT: CONTACT: 97304097 (R-Ravi)

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

email = edjeane@gmail.com  
 VIDEO

**Name of Producer:**

MAXURANCE VENTURE (A1151 PI)

**Date of Issue:**

23 Jul 2019

**Previous Policy No.:**
**Policy No.:**

SD19V09332/VPC/R00/E00

**Details of Insured**
**Name of Insured:**

EDMUND ELIAS NG ENG HING

**Mailing Address:**

81 REDHILL LANE, #19-51, SINGAPORE

**Period of Insurance (both dates inclusive):**

From: 19 Jul 2019 00:00

To: 18 Jul 2020 23:59

**NRIC/FIN No.:**

S6934240Z

**Postal Code: (150081)**
**Occupation:**

Manager (Office)

**Details of Vehicle**
**Registration No.:**

SLC252G

**Capacity/Tonnage:**

1498 C.C.

**Chassis No.:**

GB71081983

**Hire Purchase Owner/Leasing Company:**
**Make and Model:**

HONDA FREED HYBRID 7-SEATER 1.5G  
AUTO

**Seating Capacity Including Driver:**

7

**Engine No.:**

LEB5618727

**Type of Body:**

MPV

**Year of Manufacture/Registration:**

2018 / 2019

**Sum Insured:**

MARKET VALUE AT THE TIME OF LOSS

**Operative Endorsements:**

V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0145, V0152, V0225, V0233, V0236, V0237, V0249, V0276, V0281, 2011

**Details of Coverage**
**Type of Plan:**
**Excess:**

Pte Car - Standard Plan (Comprehensive)

Section I - Named Drivers S\$ 500.00

Section I - Unnamed Drivers S\$ 1,000.00

Additional Excess for Young, Elderly &amp; Inexperienced Drivers S\$ 3,000.00

Windscreen Excess S\$ 100.00

**Additional Coverage(s):**

Unlimited Windscreen, NCD Protection

**Name of Driver(s):**

EDMUND ELIAS NG ENG HING, SIN YUEN MEI

**Basic Premium:**

S\$ 1,788.49

**Discounts:**

No Claim Discount (50%), Offence Free Discount (5%)

**Prevailing GST (7%):**

S\$ 59.47

**Total Premium Payable Inclusive of  
Prevailing GST (7%):**

S\$ 909.00

This Schedule replaces any other Schedule. This Schedule and Policy are to be read together as one contract. Persons or classes of persons entitled to drive and limitations are to use, are as specified in the Certificate of Insurance issued in relation to this policy.

Date: 23 Jul 2019 08:52

For and on behalf of

LIBERTY INSURANCE PTE LTD