#### 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

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	ACCIDENT STATEMENT
Date Of Report	30/09/2019 09:46
Date Of Accident	28/09/2019 09:30
Exact Location Of Accident	BLK 446 PASIR RIS DR 6 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS9431M
Insured/Policyholder	
Name Of Registered Owner	CHUR SIEW NOI
NRIC No	S1655893A
Email Address	BETTY_CHUR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96503440
Alternative Phone No	OFFICE-96503440
Vehicle Particulars	
Manufacturer	FORD
Model	TITANIUM-999CC 1.0 GTDI 5DR (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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number SL19V11684/VPC/R02

Cover Note Number

#### **Driver**

Name of Driver

CHUR SIEW NOI

S1655893A

Date Of Birth

13/04/1964

Occupation

Date Of Driving Pass

13/04/1964

Driving Experience 55 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96503440

Fax Number

Contact Number OFFICE-96503440

EMail Address BETTY CHUR@HOTMAIL.COM

84 RIVERINA CRESCENT 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

Insurance Company of Driver's Own Vehicle

#### **General Information of the Accident**

**COLLISION - HEAD ON COLLISION** Type Of Accident

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

#### **Circumstances of Accident**

#### REFER TO ACCIDENT STATEMENT.

#### 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**

SHC8325A Vehicle Registration Number Vehicle Make/Model/Colour **BLUE** 

**Details Of Properties** 

TAXI Vehicle Category

TAN ENG KEONG Name of Driver

NRIC/Passport Number

Contact Number 90666312

Address Postcode

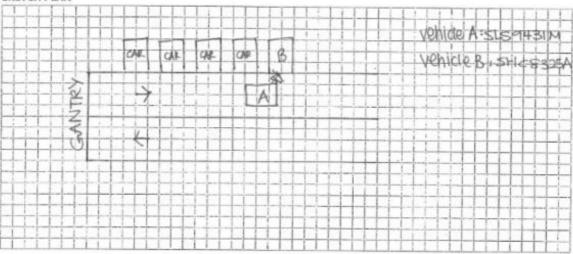
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

1 45.



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The second secon
On Saturday, 28th September 2019 morning when I was driving
Straight lite the carpart at BIK 446 Passer Ris Drive 6, a
blue comfort Taxi driven by Mr. Tan Eng Keong suddenly
bulged out from the carpark lot without checking for
on-coming vehicles. When he realised his taxi had hit onto
my car (the front left side of my car), he quictly reverses
his ar to the original position before coming out of his
car to look at the situation.
The taxidiver, Mr. Tan Eng Keong came out of his taxi
to look at the damage of his taxi which has only a few
scratched marks and asked if I would like to settle
my car damage privately. I had explained to him that
the insurance company is closed on Saturday + Sinday.
which I have to get my our damage access on Monday,
30th September 20A. Hence, have not accepted or
intend to accept any offer for private settlement.

DECLARATION

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

Policyholder's Signature

Date & Time:

Drivor's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: SYGEYA NRIC/FIN No.:

GIARMC Seatch - Co.Fe. 11, V3

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# Certificate of Insurance

www.libertyinsurance.com.sg

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)

Effective Date of Commencement:

Name of Policyholder:

CHUR SIEW NOI

Date of Issue:

20 Sep 2019

Registration No.:

SLS9431M

Chassis No.:

12 Oct 2019 00:00

WF05XXGCC5HR82332

Date of Expiry:

11 Oct 2020 23:59

Certificate No.:

SI19V11684/ VPC / R02

Type of Certificate:

MX1

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.

#### Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

#### 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.

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

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I S\$400, Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0

Name of Finance Company:

Name of Producer:

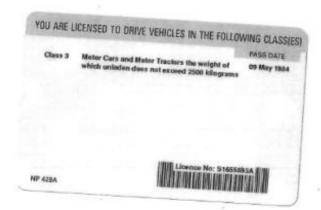
SD CONTEGO SERVICES (A1429-3)

PLRM/B2BAAMT/S115V11684/20-Sep-2019/MetorC2Ivt.0

#### nric and driving license









#### Common Statement

#### SKETCH PLAN

#### **INIPORTANT NOTICE**

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- 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)
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (li) 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:
  - 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

GIARAIC SketchPlanForus VS

Date & Time: 9.47 4+

30th Sep 2019

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

9.47am

30th Sep 2018

Reporting Centre Personnel's Signature Name: RADIMA

NRIC/FIN No.:

Page 6 of 37

