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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**EMail Address** 

- 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 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.

aroresaid.	
A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	15/10/2019 16:16
Date Of Accident	13/10/2019 15:30
Exact Location Of Accident	YISHUN AVE 2 FILTER LANE TO YISHUN AVE 7
Country/State of Loss	SINGAPORE
Contract of the Contract of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK9680X
Insured/Policyholder	
Name Of Registered Owner	LEE YI HANG JOSEPH
NRIC No	S9136283Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94366698
Alternative Phone No	OFFICE-94366698
Vehicle Particulars	
Manufacturer	BMW
Model	7).
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V02612/VMS/R00
Cover Note Number	•
Driver	
Name of Driver	LEE YI HANG JOSEPH
NRIC No	S9136283Z
Date Of Birth	17/09/1991
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94366698
Fax Number	
Contact Number	OFFICE-94366698

NOEMAIL

Address BLK 552 WOODLANDS DR 44 #12-34

Postcode 730552

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

NO soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**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 STATEMENT

Attachment(s)

Are accident photos available for attachment?

NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO DETAILS OF OTHER VEHICLE PROPERTY 1

UNKNOWN

YES

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 5. 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)

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:
  - 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")
- 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.

14019

1253HR

/ 1253HKS

14/014

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature

Date & Time:

'Driver's Signature

(If driver is not the policyholder)

Date & Time:



Yishun Ave 2

A) FBH 9680X B) UMKANONON CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRYING TO FILTER INTO YISHUN HAVE 7 ON THE WAY IN I SAW THE CAR INFORMS OF ME HAVE ALREADY MOVE OF
ON THE WAY IN I SAW THE CAR INFORMI OF ME HAVE ALREADY MOVE OF
WHEN I WAS INSIDE THE FILTER LANE, I CHECK MY RIHGT BLIND SAT
TO TEAD ON I MOVE OUT INTO YISHUN AVE 7 KUT I DIDN'I KNOW HE
IN THE FRONT OF ME HAVE HAVE TAMED THE BREAK AND STOPPED. ITMI
LOURSE COST ME STRETCHED HIS CAR AND ALONG MY BIKE MIND DUE TO
THAT SUDDEN STOP MY BIKE UNABLE 16 PROPED ON TO THE FLOOR.
THE SUPPLY SION THE GRADE CHARGE STATE OF
military all a Marcel 120
THATIS ALL I HAVE SAIT
505EP4

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DE	-	A	D	A.	TI	0	N

I/We declare the foregoing particulars are true in every respect. 141019

1253HRS

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

12-53 HKS

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

# ACCIDENT'STATEMENT

ACC	DENT DATE: 13 10	3:019 j(00/MM/1971)	, TIME: 15 : 30	J(HH:MM)
	MON: YiShun Ave			
1	DETAILS OF VEHICLE	FBH9630X		
	b)INSURANCE COMPA			
	CIPOLICY NUMBER:	SOIQVO	1612	
*		PREHENSIVE) THIRD PAR	TY / THIRD PARTY FIR	E atheft)
	OJMAKE & MODEL:	BHW 75000XR.		
9	fitype: (SALOON / COL	JPE / MPV /VAN / LORRY	MOTORCYCLEY	OTHERS)
4	g) VEHICLE CATEGORY	(PRIVATE / COMMERCIA	AL MOTORCYCLE	
	h)PURPOSE OF USING	AT ACCIDENT TIME: 15	30HRS	_
	I) ARE YOU CLAIMING !	INDER YOUR OWN INSUE	RANCE (YES INO)	
£.	IF NO, PLEASE STATE (	THIRD PARTY CLAIM ARE	PORTING ONLY	
2.	NSURED / POLICY HOL	DER FOCEOU		F. 4 4 1 HS
	A)NAME: 1 AFE 1+	maner joustern	MALEY PE	
	b) NRIC/FIN/PASSPORT	39/3/195±	_CONTACT: 9436	00-15
	C) ADDRESS: ELOCA SS	2 WOODLAND DRIVE	: 44	
	47 15-34	SC1 30554)	1000	<del></del>
10.11. 0 .	CONTINUE TO 3.4 IF E	DRIVER ALSO POLICY HO	llek	
the of passongs	DRIVER '		MALE / FE	MALE)
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(_)	CIADDRESS:			
				7000000
	"d) DATE OF BIRTH: (	1001 1991 100/	MM/YYYY)	
	e)OCCUPATION: (INDO	OOR KOUTDOOR	The Walter	
	MINORIE DE DRIVING	DACC 06,02/30		- do
4.	WAS DRIVER AN EMP	LOYER OF THE INSURE	ED'S COMPANY? (Y	ES)/
	IF NO, RELATIONSHIP	POF THE DRIVER WITH	HINSURED:	
5.		N: CLEAR / RAINING /	OTHERS NIL	
	BIROAD SURFACE: (DR	THE CHICKS	(FL.	
	WAS ANYBODY INJURE			
7.	a) REPORTED TO POUC	WHICH POLICE STATION:	WOODLAND NPL	
D.	VILLA BARTY LIMITALE			1
the of passenger	a) VEHICLE NUMBER:	WKNOWA UD	MODEL! MAR	chohZ
( Including driver)	b) DRIVER'S NAMEL			
C Inclimited Sixtee."	c) NRIC/FIN/PASSPO	RT:	_CONTACT:	
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(Industing driver	) I NRICYFIN/PASSPOI		_CONTACT:	
( 5				
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			450	:

email = jasephlee 91@hotmail.com VIDEO





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	SD19V02612 /VMS /R00				
Form	MY3				
Date of Issue	26-FEB-2019				
1.Index Mark and Registration No. of Vehicle:	FBK9680X				
2. Chassis number of Vehicle:	WB10D0303GZ442726				
3.Name of Policyholder:	LEE YI HANG JOSEPH				
4.Effective date of Commencement of Insurance for the purposes of the Act:	22-FEB-2019 10:18 AM				
5.Date of Expiry of Insurance:	21-FEB-2020 23:59 PM				
6.Persons or Classes of Persons entitled to drive*:	LEE YI HANG JOSEPH, DANIEL LEE YI, LEE KEE CHYE, OOI QIYANG				

LEE YI HANG JOSEPH, DANIEL LEE YI, LEE KEE CHYE, OOI QIYANG

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\*:

A) Use only for the Policyholder's business or profession. B) Use only for social, domestic and pleasure purposes by: LEE YI HANG JOSEPH, DANIEL LEE YI, LEE KEE CHYE, OOI QIYANG

## 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.

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, Flood and Special Perils, Add. Named Riders Charges

SUM INSURED: EXCESS:

MARKET VALUE AT THE TIME OF LOSS

FINANCE COMPANY:

Section I S\$700, Theft (Outside Singapore) S\$2500

SIN HENG CREDIT PTE LTD

PRODUCER NAME:

E TAY TRADING COMPANY

PLVC/PLVC/26-FEB-19

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