

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	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

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	-
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
Email Address	NOEMAIL

Address	BLK 552 WOODLANDS DR 44 #12-34
Postcode	730552
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	SIDE SWIPE
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?	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

REFER TO 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

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


SKETCH PLAN

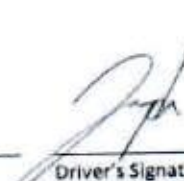
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

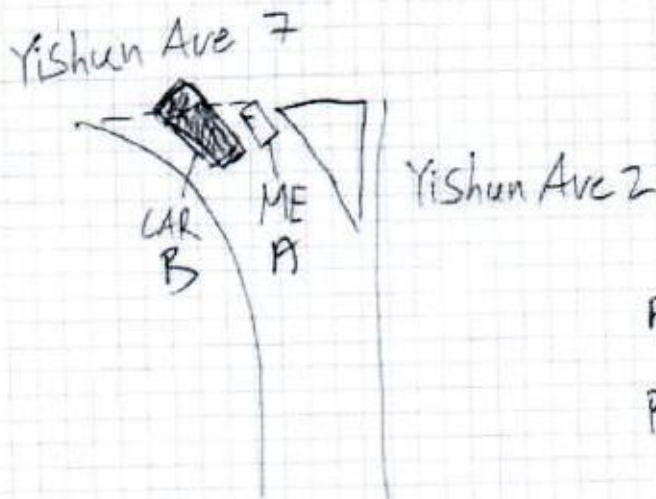
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 14014
1253HR


Driver's Signature
(If driver is not the policyholder)
Date & Time: 141014
1253HRS


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

SKETCH PLAN



A) FBH 9680X

B) UNKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRYING TO FILTER INTO YISHUN AVE 7
ON THE WAY IN I SAW THE CAR IN FRONT OF ME HAVE ALREADY MOVED
WHEN I WAS INSIDE THE FILTER LANE, I CHECK MY RIGHT BLIND SPOT
IS CLEAR SO I MOVE OUT INTO YISHUN AVE 7, BUT I DIDN'T KNOW THE
CAR IN FRONT OF ME HAD JAMMED THE BREAK AND STOPPED. THAT
COURSE COST ME STRETCHED HIS CAR AND ALONG MY BIKE AND DUE TO
THAT SUDDEN STOP MY BIKE UNABLE TO DROP ON TO THE FLOOR.

THAT IS ALL I HAVE SAID
JOSEPH

DECLARATION

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

141019
1253HRS
Policyholder's Signature
Date & Time:

141019
1253HRS
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

ACCIDENT STATEMENT

ACCIDENT DATE: 13/10/2019 (DD/MM/YYYY), TIME: 15:30 (HH:MM)

LOCATION: Yishun Ave 2 filter lane to Yishun Ave 7

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH9680X
 b) INSURANCE COMPANY: Liberty
 c) POLICY NUMBER: SD19V02612
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 4000XR
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 1530HRS
 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: LEE YI HANG, JOSEPH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9136293Z CONTACT: 94366698
 c) ADDRESS: Block 552 Woodland Drive 44
#12-24 SC730552

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 17/09/1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06/02/2018

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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

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

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: WOODLAND NPL

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: UNKNOWN MODEL: MARCHEZ

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

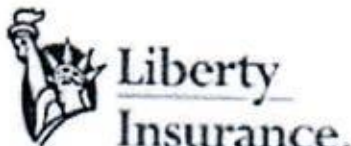
d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = josephlee91@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. D) 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:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$700,Theft (Outside Singapore) S\$2500
FINANCE COMPANY:	SIN HENG CREDIT PTE LTD
PRODUCER NAME:	E TAY TRADING COMPANY

PLVC/PLVC/26-FEB-19

S1_CI_T1_T3_OE_Template4-Ver1. 26-FEB-19