

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 | 16/10/2019 09:13 |
| Date Of Accident | 11/10/2019 21:00 |
| Exact Location Of Accident | MARYMOUNT RD INFRONT OF MARYMOUT MRT STATION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SKE9507P |
| Insured/Policyholder | |
| Name Of Registered Owner | FROIS AGARRAR |
| Co Reg No | 53402298K |
| Email Address | MUTALIB.HASHIM1968@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96890294 |
| Alternative Phone No | OFFICE-96890294 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer | TOYOTA |
| Model | ISIS |
| Exact Purpose for which vehicle was being used at time of accident | GOING HOME |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SD19V10904/VPL/R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | ABDUL MUTALIB BIN HASHIM |
| NRIC No | S6808911E |
| Date Of Birth | 06/03/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/07/1988 |
| Driving Experience | 31 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96890294 |
| Fax Number | |
| Contact Number | OTHERS-96890294 |
| Email Address | MUTALIB.HASHIM1968@GMAIL.COM |

| | |
|-----------------------------------------------------|------------------------------------|
| Address | BLK 299 YISHUN STREET 20 #06-39 |
| Postcode | 760299 |
| 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 | SLIGHTLY WET |

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

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 | SHC1745S |
| Vehicle Make/Model/Colour | HYUNDAI IONIQ |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | ONG HENG |
| NRIC/Passport Number | S0208245D |
| Contact Number | 98616838 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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6. 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.
7. 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)**

(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.

15/10/2019 162042

15/10/2019 1620 Hrz

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILST I WAS COMING OUT OF MARYMOUNT LANE GOING ONTO MARYMOUNT ROAD, I SAW A TAXI THAT HAD JAMMED BRAKE JUST AFTER THE TURN INTO MARYMOUNT ROAD. I FOLLOWED SUIT TO SHAM MY BRAKE AND DUE TO DISTANCE WAS QUITE SHORT I COULD NOT ^{BRAKE} MY VEHICLE TO COME TO A FULL STOP. I HAD TRIED TO SWERVE TO THE RIGHT BUT EVEN THEN THE ~~TO~~ LEFT HAND BUMPER OF MY CAR BUMPED INTO THE RIGHT BACK BUMPER OF THE TAXI.

THERE WAS ANOTHER CAR INVOLVED A MAZDA2 PLATE NO SLQ 7636M WHICH THE TAXI HAD HIT WHEN HE WAS MAKING THE TURN FROM MARYMOUNT LANE TO MARYMOUNT ROAD BUT THIS VEHICLE WAS QUITE A DISTANT AWAY FROM THE TAXI WHEN WE CAME OUT OF OUR RESPECTIVE VEHICLE TO EXCHANGE OUR DETAILS.

DECLARATION

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

Policyholder's Signature
Date & Time:
15/10/2019 1620HKL

Driver's Signature
(If driver is not the policyholder)
Date & Time:
15/10/2019 1620HKL

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

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 10 / 2019 (DD/MM/YYYY), TIME: 21 : 00 (HH:MM)

LOCATION: MARYMOUNT ROAD JUST IN FRONT OF MARYMOUNT
MT STATION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKK9507P
b) INSURANCE COMPANY: LIBERTY
c) POLICY NUMBER: SD19V10904/VPL/R00
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA ISIS
f) TYPE: SALOON / COUPE (MPV) / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE) / (COMMERCIAL) / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME
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: FROIS AGARRAR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53402298K CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ABDUL MUTALIB BIN HASHIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 56908/11K CONTACT: 96890294
c) ADDRESS: BLK 299 YISHUN ST. 20, #06-39, S(760299)

* d) DATE OF BIRTH: 06 / 03 / 1968 (DD/MM/YYYY)

e) OCCUPATION: INDOOR (OUTDOOR) 23/07/1988

f) DATE OF DRIVING PASS _____
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS
b) ROAD SURFACE: (DRY / WET / OTHERS) SLIGHTLY WET

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: SHC17455 MODEL: HYUNDAI IONIQ
b) DRIVER'S NAME: ONG HENG
c) NRIC/FIN/PASSPORT: 50208245D CONTACT: 98616838

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = mutalib.hashim1968@gmail.com

VIDEO

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 | SD19V10904 /NPL /R00 |
| From | MZ400B |
| Date Of Issue | 30-AUG-2019 |
| 1.Index Mark and Registration No. of Vehicle: | SKE9507P |
| 2.Chassis number of Vehicle: | ZNM100063800 |
| 3.Name of Policyholder: | FROIS AGARRAR |
| 4.Effective date of Commencement of Insurance for the purpose of the Act: | 31-AUG-2019 00:00 AM |
| 5.Date of Expiry of Insurance: | 30-AUG-2020 23:59 PM |
| 6.Persons or Classes of Persons entitled to drive*: | |
| For Private Hire Vehicle (PHV) Usage : | ABDUL MUTALIB BIN HASHIM |
| For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder. | |
| <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*: | |
| A) Use for carriage of passengers or goods in connection with the Policyholder's business. | |
| B) Use for social, domestic and pleasure purposes. | |
| 8.Policy does not cover: | |
| A) Use for racing, pace-making, reliability trials or speed-testing. | |
| B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. | |
| *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>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 style="text-align: right;">For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p style="text-align: right;"> _____ Authorised Signature</p> | |
| For Information only: | |
| COVERAGE : | Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only) |
| SUM INSURED: | MARKET VALUE AT THE TIME OF LOSS |
| EXCESS: | Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100 |
| FINANCE COMPANY: | |
| PRODUCER NAME: | MAXURANCE VENTURE |

PLVCA/30-AUG-19

S1_CL_T1_T3_OE_Template5-Ver1. 30-AUG-19

Enquire Vehicle Registration Details

| | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Owner Particulars | |
| NRIC/Passport/Company Cert No.: | 53402298K |
| Owner ID Type: | Business |
| Owner Name: | FROIS AGARRAR |
| Registered Address: | APT BLK 299 YISHUN STREET 20 #06-39 SINGAPORE 760299 |
| Mailing Address: | - |
| Birth Date: | - |
| Vehicle Particulars | |
| Vehicle No.: | SKE9507P |
| Previous Vehicle No.: | - |
| Effective Date of Ownership: | 02 Sep 2019 |
| Original Regn Date: | 19 Apr 2012 |
| Registration Date: | 19 Apr 2012 |
| Year of Manufacture: | 2009 |
| Vehicle Type: | Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover |
| Vehicle Scheme: | - |
| Vehicle Attachment 1: | No Attachment |
| Vehicle Attachment 2: | - |
| Vehicle Attachment 3: | - |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | ISIS 1.8LX A |
| Primary Colour: | Silver |
| Secondary Colour: | - |
| Passenger Capacity: | 6 |
| Chassis No.: | ZNM100063800 |
| Engine No.: | 1ZZ3256203 |
| Engine Capacity / Power Rating: | 1794 cc / - |
| Maximum Power Output: | 97.0 kW (130 bhp) |
| Propellant: | Petrol |
| Max Unladen Weight: | 1400 kg |
| Maximum Laden Weight: | 1785 kg |
| Open Market Value: | \$21,163.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 18 Apr 2022 |
| Minimum PARF Benefit: | \$10,581.00 |
| No. of Transfers: | 2 |
| IU Label No.: | 1124607368 |
| COE No.: | 2012020107000688C |
| COE Expiry Date: | 18 Apr 2022 |
| COE Category: | E - Open Category |
| COE Registration Category: | B - Car (1601cc & above) |
| Quota Premium (QP) / Prevailing Quota Premium: | \$67,101.00 / - |
| Actual QP Paid: | \$67,101.00 |
| QP (Regn Cat): | \$67,889.00 |
| OPC Cash Rebate Eligibility: | No |
| QP during COE Bidding Exercise: | \$67,101.00 |
| Additional Registration Fee Rate: | 100.00 % |
| Actual ARF Paid: | \$21,163.00 |
| Vehicle Lifespan Expiry Date: | No Lifespan |
| CO2 Emission: | - |
| CO Emission: | - |
| HC Emission: | - |
| NOx Emission: | - |
| PM Emission: | - |
| Message: | COE rebate, if applicable, will be based on the QP of \$67,101.00. This is the lower of QP from Category E and the corresponding Category B in the same tender exercise. To renew the COE, the Prevailing Quota Premium payable is that of Category B. This is a public service vehicle. |