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 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	29/10/2019 13:45
Date Of Accident	26/10/2019 16:10
Exact Location Of Accident	HILLVIEW RD TOWARDS HILLVIEW AVE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD7394D
Insured/Policyholder	
Name Of Registered Owner	LAI TAT SENG
NRIC No	S1450209B
Email Address	LAITATSENG@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-96334973
Alternative Phone No	OFFICE-65326564
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	5008-1.6 D BLUEHDI EAT6 S/R (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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

LIBERTY INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number SI19V06584/VPE/R03/E00

Cover Note Number

Driver

Name of Driver LAI TAT SENG NRIC No S1450209B Date Of Birth 08/03/1960 Occupation **INDOOR Date Of Driving Pass** 24/07/1984

Driving Experience 35 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96334973

Fax Number

OFFICE-65326564 Contact Number

EMail Address LAITATSENG@OUTLOOK.COM Address BLK 50 HUME AVENUE #04-12

Postcode 596229

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 RAINING
Road Surface 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

NO

3

NO

NO

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)

NAME:

: LAI TIAN LANG

GENDER: : MALE

Passenger 2

Passenger 1

NAME: : LAI YONG YAN

GENDER: : FEMALE

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?

Circumstances of Accident

REFER TO THE 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 GBE226R

Vehicle Make/Model/Colour TOYOTA/HIACE/WHITE

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver NOR AZEMIR BIN NOR JEFFREY

NRIC/Passport Number S9222910F Contact Number 82893611

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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) 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")
- (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.

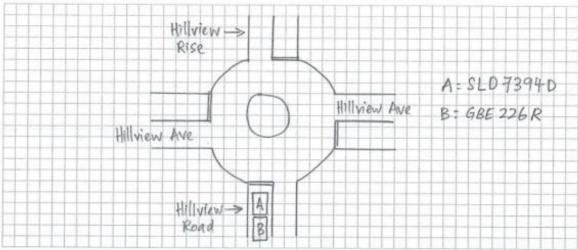
Policyholder's Signature Date & Time: 2 9 0 CT 2019

Driver's Signature (If driver is not the policyholder) Date & Time: 2 9 OCT 2019 Reporting Centre Personnel's Signature

Name: Simon Koh

NRIC/FIN No.: Customer Service Advisor Accident & Bodyshop

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 26th Oct 2019 as around 410 pm. I was driving home
Via Hilview Road toograf willvier Are, I came to a stop
completely to give way to orcaning traffic set the raindatory
Out of sudden, my cet was burnzed behind from a kin.
CBE 126 R. The driver Claimed he couldn't of p in time as
the rand condition is net and slippery. He archarged
our particulars and his for institute claim quiptes.

DECLARATION

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

Policyholder's Signature Date & Time: 2 9 0 CT 2019

Driver's Signature (If driver is not the policyholder)
Date & Time: 2 9 007 2019

Reporting Centre Personnel's Signature

Name: Simon Koh NRIC/FIN No.:

Customer Service Advisor Accident & Bodyshop

Certificate of Insurance



www.liberty/nsurance.com.sg

Policy Schedule

Private Car

Name of Producer:		Policy No.:
SD CONTEGO SERVICES (A	1429-3 PML)	SH9V08684/VPE/R00/E00
Date of Issue:	Previous Policy No.:	1,141,20,000,000,000
27 May 2019	SH8V07531	

Details of Insured

Name of Insured:		NRIGIFIN No.:
LAI TAT SENG		\$14502018
Mailing Address:		
50 HUME AVENUE, #04-12, SUMMERHILL, SINGAPORE		Postni Code (596229)
Period of Insurance (both dates I	nglustve):	Occupation:
From: 28 Jun 2019 00:00	To: 27 Jun 2020 23:59	

Details of Vehicle

Registration No.:	Make and Model:	Type of Body:
SLD7394D	PEUGEOT 5008 1,6 BLUEHDI EAT6 S/R With Sun Roof	MPV
Capacity/Tonnage:	Seating Capacity Including Driver:	Year of Manufacture/Registration:
1560 C.C	7	2015 / 2016
Chassis No.:	Engine No.:	Sum Insured:
VF30E8HZTF8320074	10JBHC3028487	MARKET VALUE AT THE TIME OF LOSS

Hire Purchase Owner/Leasing Company:

UNITED OVERSEAS BANK LIMITED

Operative Endorsements:

V0001, V0009, V0010, V0011, V0012, V0013, V0005, V0095, V0097, V0143, V0145D, V0152, V0224, V0233, V0238, V0237, V0249, V0281, Z011

Details of Coverage

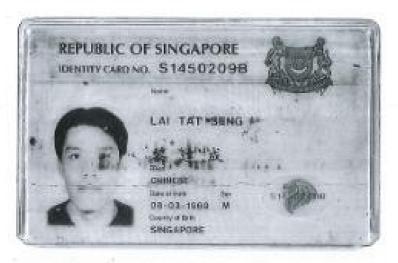
Type of Plan:	Pte Car-Preferred Plan (Comprehensive)
Excess:	Section I - Named Drivers S\$ 400.00 Section I - Unnamed Drivers S\$ 400.00 Young & Inexperienced Drivers S\$ 2,500.00 Windscreen Excess S\$ 0.00
Additional Coverage(s):	Unlimited Windscreen , NCD Protection
Name of Driver(s):	LAI TAT SENG
Basic Premium:	\$\$ 1,094.30
Discounts:	No Claim Discount (50%), Offence Free Discount (5%)
Prevailing GST (7%):	\$\$ 66.21
Total Premium Payable Inclusive of Prevailing GST (7%):	\$\$ 1,012.08

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

Date: 27 May 2019 11:21

For and on behalf of LIBERTY INSURANCE PTE LTD

Identification Card



HIP: 9633 4973 Alt Confact No: 65326x64 email: 19: tarseng@ overlook.com



Driving License





Accident Photo SLD 7394D SLD 7394D





