

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	15/11/2019 17:54
Date Of Accident	13/11/2019 07:45
Exact Location Of Accident	BLK 18 HOLLAND DRIVE DECK 1A MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2269G
Insured/Policyholder	
Name Of Registered Owner	NEO SEI HWA
NRIC No	S1745231B
Email Address	SEIHWA@TENARCHITECTS.COM.SG
Mobile Phone No	(LOCAL) +65-96991009
Alternative Phone No	OTHERS-96991009

Vehicle Particulars

Manufacturer	PEUGEOT
Model	5008
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V01119/VPE2/R00
Cover Note Number	

Driver

Name of Driver	NEO SEI HWA
NRIC No	S1745231B
Date Of Birth	14/03/1966
Occupation	INDOOR
Date Of Driving Pass	12/01/1984
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96991009
Fax Number	
Contact Number	OTHERS-96991009
Email Address	SEIHWA@TENARCHITECTS.COM.SG

Address	BLK 18C HOLLAND DRIVE #14-433
Postcode	274018
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	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?	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	SKX2543E
Vehicle Make/Model/Colour	MAZDA 5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE JIT SEN GABRIEL
NRIC/Passport Number	S7812935B
Contact Number	98753900
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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: 15/11/19
4.10pm

Driver's Signature

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

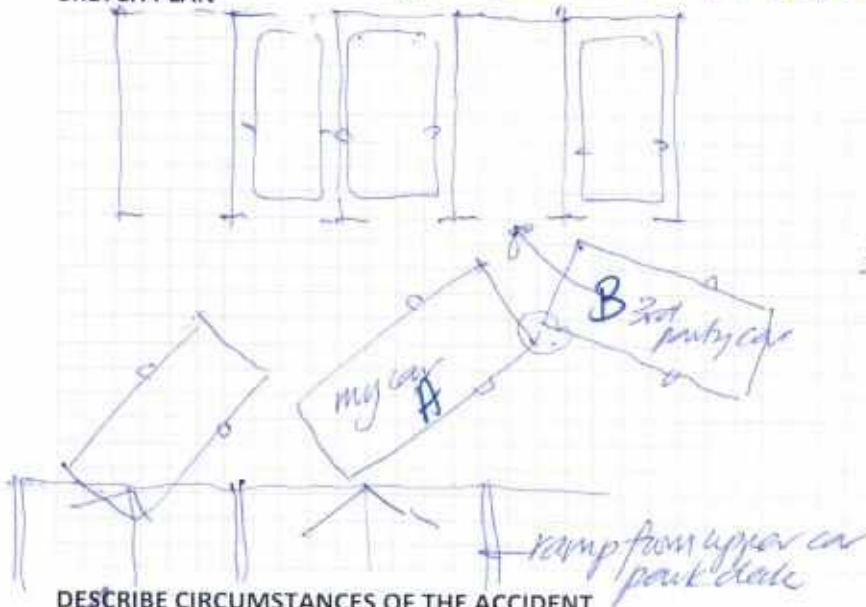
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

HOLLAND DRIVE DECK 1A (Bk 18)



3rd party car reverse without notifying my car.

A) SLA 2269 G

B) SKX 2543E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ramp from below car park deck

I came down from upper deck car park. The other car had stopped in front of me & I stopped my car too. The other driver started to reverse into an empty lot without noticing that I was behind him. I tried to reverse my car but his car hit me before I could move. His car's rear bumper hit my car front right corner. Resulting in scratches & marks on surface.

DECLARATION

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

Policyholder's Signature

Date & Time: 15/11/19

4.10pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

15/11/2019

ACCIDENT STATEMENT

ACCIDENT DATE: (13/11/2019) (DD/MM/YYYY), TIME: (07:43) (HH:MM)

LOCATION: Holland Drive JACK 1A (B1K 18)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA22696
 b) INSURANCE COMPANY: Overseas Insurance
 c) POLICY NUMBER: 5018V01115/1992/PO
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Peugeot 5008
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Neo Seetian (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1745231B CONTACT: 91991089
 c) ADDRESS: 181 Holland Drive #14-433 5274018

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: AS ABDOU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (14/3/1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 12/1/1984

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)

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: SKX2543E MODEL: Mazda5
 b) DRIVER'S NAME: LEE Jit Sen Gabriel
 c) NRIC/FIN/PASSPORT: S7812935B CONTACT: 98753900

9. THIRD PARTY VEHICLE

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

email = SPHINX@tearworks.com.sg

VINO

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	SD18V01119 /VPE2 /R00
Form	MX1
Date of Issue	24-JAN-2018
1.Index Mark and Registration No. of Vehicle:	SLA2269G
2.Chassis number of Vehicle:	VF30E9HD8FS255560
3.Name of Policyholder:	NEO SEI HWA
4.Effective date of Commencement of Insurance for the purposes of the Act:	25-FEB-2018 00:00 AM
5.Date of Expiry of Insurance:	24-FEB-2020 23:59 PM
6.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.	
7.Limitations as to use*:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
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).	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <p>Authorised Signature</p>	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, NCD Protection
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I \$5400, Additional Excess For Young & Inexperienced Drivers \$51000, Windscreen Excess \$50
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	SD CONTEGO SERVICES

PLGG/PLGG/24-JAN-18

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24-JAN-18