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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to apped 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
- 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 Contre 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.

foresaid.	sie upon application by interested paries.  to the archiving of this report at the centre and to copies of the report baing made available  CCIDENT STATEMENT
AND THE RESIDENCE OF THE PARTY	5/11/2019 17:54
Tate Of Report	3/11/2019 07:45
Date Of Accident	BLK 18 HOLLAND DRIVE DECK 1A MSCP
Exact Location Of Accident	SINGAPORE
	TAILS OF OWN VEHICLE
AND THE PARTY OF T	SLA2269G
Vehicle Registration Number	OCHALOVO
Insured/Policyholder	NEO SEI HWA
Name Of Registered Owner	
NRIC No	S1745231B SEIHWA@TENARCHITECTS.COM.SG
Email Address	(LOCAL) +65-96991009
Mobile Phone No	OTHERS-96991009
Alternative Phone No	OLHEK2-9099 1009
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	DIE LED
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO NO
Policy Number	SD18V01119/VPE2/R00
Cover Note Number	
Driver	
Name of Driver	NEO SEI HWA
NRIC No.	S1745231B
n - Of Birth	14/03/1966

14/03/1966 Date Of Birth INDOOR Occupation 12/01/1984 Date Of Driving Pass

35 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96991009 Mobile Number

Fax Number

OTHERS-96991009 Contact Number

SEIHWA@TENARCHITECTS.COM.SG EMail Address

BLK 18C HOLLLAND DRIVE #14-433 Address 274018 Postcode 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

COLLISION - HEAD TO REAR Type Of Accident CLEAR Weather Conditions DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

Details of Police Action NO 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 PLEASE REFER TO SKETCH PLAN

Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SKX2543E

Vehicle Registration Number MAZDA 5 Vehicle Make/Model/Colour

Details Of Properties PRIVATE CAR Vehicle Category

LEE JIT SEN GABRIEL Name of Driver

S7812935B NRIC/Passport Number 98753900 Contact Number

Address Postcode Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

NO

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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</u> and <u>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.
- 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")
  - (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:
    - 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.

Palicyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pers

Name:

NRIC/FIN No.:

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## DECLARATION

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

Policyholder's Signature

Date & Time: /5/11/14

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's

Nepre:

NRIC/FIN No.:

re Personnel's Signature 12

# ACCIDENT'STATEMENT

Ą	CCIDEN	NY DATE 13. 1/1 20	15 100/MM/	YYY), TIME;(	74 43	_)(HH:MM)
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3913	9 h ŋ	TYPE: (SALOON / COUPE I) VEHICLE CATEGORY: (PI I) PURPOSE OF USING AT / ARE YOU CLAIMING UND IF NO, PLEASE STATE (THIS	RIVATE / COMA ACCIDENT TIME DER YOUP OWN	HERCIAL / MOTO	es/(10)	
	2., If A b	NSURED / POLICY HOLDER NAME: VEC SE NRIC/FIN/PASSPORT: 1 NADDRESS: 186 Holler	tties 517452318	CONTA	(MALE /-F	
the of passen Cincluding elvin	987 D	CONTINUE TO 3.d IF DRIVER  I) NAME:  I) NRIC/FIN/PASSPORT:  I) ADDRESS:	CONTRACTOR OF	2014	(MALE / F	EMALE)
	6) 4. V	d) DATE OF BIRTH: (	R / OUTDOOR!	12/2003 /2// NSURED'S COM	1484 19ANY7 D	YES Y (G)
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email = Seinweterwooderfs.com.sg





### Liberty Insurance Pte Ltd

Registration no. 199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Websits: 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, 1969 (MALAYSIA)

MOTOR VEHICLES (THIRD-P)	ARTY 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		

6.Persons or Classes of Persons en 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).

For and on behalf of

Approved Insurers

Authorised Signature

For Information only:

COVERAGE:

EXCESS:

Comprehensive, Unlimited Windscreen, NCD Protection

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

Section | \$\$400,Additional Excess For Young & Inexperienced Drivers \$\$1000,Windscreen Excess

550

FINANCE COMPANY:

UNITED OVERSEAS BANK LIMITED

PRODUCER NAME:

SD CONTEGO SERVICES

PLGG/PLGG/24-JAN-18

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

24-JAN-18