

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	02/12/2019 14:55
Date Of Accident	30/11/2019 12:00
Exact Location Of Accident	JOHOR
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC656M
Insured/Policyholder	
Name Of Registered Owner	LEE BEE TIN
NRIC No	S7099103I
Email Address	BEETIN.LEE@LCLEE.COM.SG
Mobile Phone No	(LOCAL) +65-97570518
Alternative Phone No	OFFICE-97570518

Vehicle Particulars

Manufacturer	BMW
Model	X3
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	THIRD PARTY
Fleet Policy	NO
Policy Number	SD18V08123/VPC2/R00
Cover Note Number	

Driver

Name of Driver	LEE BEE TIN
NRIC No	S7099103I
Date Of Birth	09/04/1970
Occupation	INDOOR
Date Of Driving Pass	11/05/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97570518
Fax Number	
Contact Number	OFFICE-97570518
Email Address	BEETIN.LEE@LCLEE.COM.SG

Address	11 MOONBEAM VIEW
Postcode	277266
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?	YES
Foreign Vehicle Registration Number	UUU7331 (PRIVATE CAR)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN
Police Station Address	ROAD: JALAN TERBAU , POSTCODE: 80250 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: 607-2237977 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	UUU7331
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	L.H.TAN
NRIC/Passport Number	
Contact Number	60126272821
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:

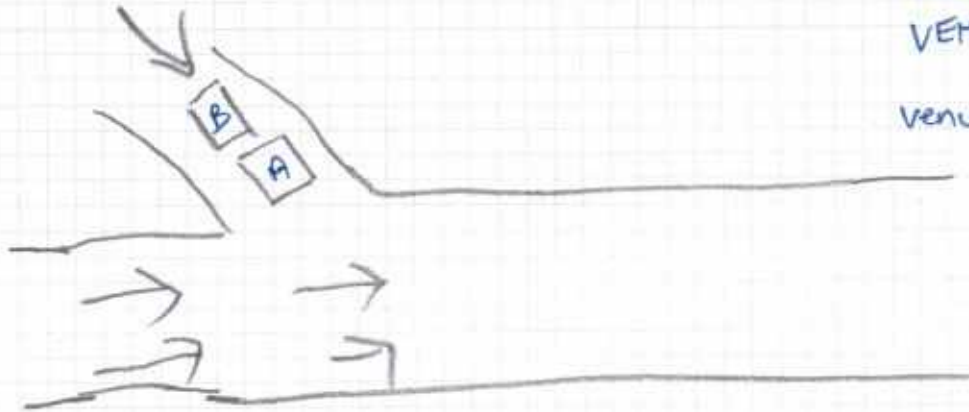


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



VEH A: SMC 656 M
 VEH B: UUU 7331
 Venue: MALAYSIA (Johor)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30th Nov ^{12pm} when I stopped at the junction to check for the main road traffic to be cleared. A car, UUU 7331, hit me from behind with very great impact. The gentleman said sorry and said he will claim insurance. I told him I will go back to Singapore to settle the issue with him. I had made a police report in JB before driving home on 1st Dec within 24 hrs of the accident.

DECLARATION

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

[Signature]

Policyholder's Signature
 Date & Time:

[Signature]

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

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



POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Aduan Penerimaan Repot Polis :

Nama Pengadu : LEE BEE TIN
No Kad Pengenalan / Paspot : S70991031
No Repot Polis : TRAFIK JOHOR BAHRU 08/031171/19
Tarikh @ Masa Repot Polis : 01/12/2019 @ 10:57
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R118503) SJN ZAINUDIN BIN MUSTAPHA
Tempat Tugas : JOHOR, J/BAHRU SELATAN
No Telefon Pejabat : No Telefon Bimbit : 011-28691146
Tarikh @ masa Perjumpaan :
Pengesahan Penerimaan Repot :

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :

Tarikh @ Masa Gambar Diambil

Pengesahan Gambar Diambil

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :
08:00 Pagi - 04:00 Tengah Hari
02:00 Petang - 04:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
02:45 Petang - 04:30 Petang
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis
2. Gambar Kenderaan
3. Rajah Kasar Kemalangan
4. Keputusan Siasatan
5. Lain-lain Dokumen

Tarikh @ Masa Dokumen Diserah :

Waktu Pejabat :

Ahad - Rabu :
8:00 Pagi - 1:00 Tengah Hari
2:00 Petang - 4:00 Petang
Khamis :
8:00 Pagi - 1:00 Tengah Hari
2:00 Petang - 2:30 Petang
Rehat - 1:00 T/Hari - 2:00 Petang
Jumaat, Sabtu - Tutup
Cuti Umum / Khas - Tutup

Pengesahan Kaunter Pembekalan
Dokumen :

Tandatangan Pegawai Kaunter
Pembekalan Dokumen

Nama	: LEE BEE TIN	No. Polis/Tentera	: ---	No. Paspor	: S 21031
No. K/P (Baru)	: ---	Jantina	: Perempuan	Tarikh Lahir	: 01/01/1970
No. Sijil Beranak	: ---	Keturunan	: Cina	Warganegara	: SINGAPORE
Umur	: 49 Tahun 8 Bulan				
	LAIN-LAIN				
Alamat Tinggal	: 11 MOOBEAM VIEW, 277266 SINGAPORE				
Alamat IbuBapa	: ---				
Alamat Pejabat	: ---				
No. Tel(Rumah)	: ---	No. Tel(Pejabat)	: ---	No. Tel(Bimbit)	: 6597570518
Emel	: ---				

Pengadu Menyatakan:-

PADA 30/11/2019 JAM LEBIH KURANG 1200HRS. SAYA MEMANDU M/KAR NO SMC656 DARI SINGAPURA HENDAK MENUJU KE TAMAN ISKANDAR, APABILA SAYA SAMPAI DI KM21 LEBUHRAYA PASRI GUDANG, KETIKA ITU KEADAAN JALAN SESAK DAN BERGERAK PERLAHAN. SEMASA SAYA SEDANG BERHENTI, TIBA-TIBA SAYA TERDENGAR BUNYI DENTUMAN DAN HENTAKKAN KUAT DARI ARAH BELAKANG DAN TELAH DAPATI SEBUAH M/KAR NO UUU7331 TELAH MELANGGAR M/KAR SAYA DARI ARAH BELAKANG. SAYA TIDAK CEDERA. KEROSAKAN M/KAR BAHAGIAN BELAKANG: BUMPER, LAMPU, SENSOR, BONET DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Kontinjen Dihantar : JOHOR

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1999
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

Certificate No SD18V08123 /VPC2 /R00
Form MX1
Date of Issue 02-AUG-2018
1. Index Mark and Registration No. of Vehicle: SMC656M
2. Chassis number of Vehicle: WBATR92010LE25584
3. Name of Policyholder: LEE BEE TIN
4. Effective date of Commencement of Insurance for the purposes of the Act: 30-JUL-2018 00:00 AM
5. Date of Expiry of Insurance: 29-JUL-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.

(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

SUM INSURED

EXCESS

FINANCE COMPANY

PRODUCER NAME

Comprehensive, Unlimited Windscreen, NCD Protection.

MARKET VALUE AT THE TIME OF LOSS

Section I: \$9000, Additional Excess For Young & Inexperienced Drivers: \$62500, Windscreen Excess: \$30

DBS BANK LTD

SD CONTEGO SERVICES

20190226

Ver.1.260705