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 <u>truthful</u> and <u>accurate</u> 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.
- $5. \ \underline{\text{Any false reporting may be referred to the Police for investigation.}}$
- 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

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	ACCIDENT STATEMENT
Date Of Report	05/12/2019 15:29
Date Of Accident	05/12/2019 10:05
Exact Location Of Accident	BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGD912P
Insured/Policyholder	
Name Of Registered Owner	AZAHARI BIN ALI
NRIC No	S1584251B
Email Address	DELNASAT@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91370040
Alternative Phone No	OTHERS-91370040
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
Exact Purpose for which vehicle was being used at time of accident	t .
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	SI19V12480/VPE/R00/E00
Cover Note Number	

	-	_	
	ν		

Name of Driver AZAHARI BIN ALI
NRIC No S1584251B
Date Of Birth 18/01/1963
Occupation OUTDOOR
Date Of Driving Pass 23/11/1983

Driving Experience 36 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91370040

Fax Number

Contact Number OTHERS-91370040

EMail Address DELNASAT@YAHOO.COM.SG

APT BLK 137 BEDOK RESERVOIR ROAD #04-1455 Address

SINGAPORE

470137 Postcode

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

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

YES

NO

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

GBH1001A

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

ONG WEE KHENG Name of Driver

NRIC/Passport Number S7012216B 83358760 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJD9139K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NG CHENG SIM
NRIC/Passport Number S1425772A
Contact Number 92708736

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AZAHARI BIN ALI

Approximate Age Injuries Sustain

Injured person in which vehicle? SGD912P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address APT BLK 137 BEDOK RESERVOIR ROAD #04-1455

SINGAPORE

Postcode 470137

SKETCH PLAN

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- 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.
- 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:
 - (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

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Page 4 of 18

KETCH PLAN		
	Horst Ave 1	
60	dek North Ave 1 5 >>	0
		Veh A: 540912P
		Veh B: GBH 100 / A
		Vah C: 5109139K
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
I was driving along	Bedck North Ave Ion the seco	and lane. The vehicle in front of me
stopped due to red -	traffic light ahead. I stopped m	y car as well. Next second I felt
strong impact from	the near of my car causing it	to surge forward and hit onto
the vehicle in front o	of mire. I alighted and realized	that Veh B had collided onto
my car causing the		
350		and the second
		1
		70
		4 9
_		
ECLARATION		
We declare the foregoing part	ticulars are true in every respect.	/.
1345	EMANAGEMENT	10
olicy tolder's Signature ata 8 Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/Fib No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 251B

Vehicle Details

Vehicle No.: SGD912P

Vehicle to be Exported: No

Intended Deregistration Date: 05 Dec 2019
Vehicle Make: MAZDA

Vehicle Model: MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF

Primary Colour: Red
Manufacturing Year: 2015

Engine No.: PE10221686

 Chassis No.:
 JM6CW1071F0121493

 Maximum Power Output:
 111.0 kW (148 bhp)

Open Market Value: \$17,183.00
Original Registration Date: 12 Jun 2015

Transfer Count: 1

Actual ARF Paid: \$12,183.00

Intended PARF Rebate Details

First Registration Date:

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 11 Jun 2025
PARF Rebate Amount: \$9.137.00

Intended COE Rebate Details

COE Expiry Date: 11 Jun 2025

COE Category: B - Car above 1600cc or 97kW (130bhp)

COE Period(Years): 10

 QP Paid:
 \$75,000.00

 COE Rebate Amount:
 \$41,375.00

 Total Rebate Amount:
 \$50,512.00

The information contained herein is correct as at 05 Dec 2019

OK

12 Jun 2015