

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	26/12/2019 10:08
Date Of Accident	23/12/2019 20:10
Exact Location Of Accident	ALONG GRANGE ROAD (OPPOSITE ORCHARD CINE LEISURE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFV88K
Insured/Policyholder	
Name Of Registered Owner	BENJAMIN ELI MANASSEH
NRIC No	SXXXX516J
Email Address	NASH.BENJAMIN@FJBENJAMIN.COM
Mobile Phone No	(LOCAL) +65-91597273
Alternative Phone No	OTHERS-91597273

Vehicle Particulars

Manufacturer	PORSCHE
Model	PANAMARA
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V002378/VPS/R08
Cover Note Number	

Driver

Name of Driver	BENJAMIN ELI MANASSEH
NRIC No	SXXXX516J
Date Of Birth	05/01/1950
Occupation	INDOOR
Date Of Driving Pass	25/04/1967
Driving Experience	52 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91597273
Fax Number	
Contact Number	OTHERS-91597273
Email Address	NASH.BENJAMIN@FJBENJAMIN.COM

Address	46 CORONATION ROAD WEST #03-01
Postcode	269262
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	SIDE SWIPE
Weather Conditions	CLEAR
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
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

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	SHA7161Y
Vehicle Make/Model/Colour	HYUNDAI IONIQ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH BOON YEOW (WU WENYAO)
NRIC/Passport Number	SXXXX211A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

OPPOSITE DIRECTION CENTRE LANE (GROUCH RD)

A) SFV88K

B) SHA7161Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was Driving in My Lane Vehicle Marked "A". TAXI Marked "B" drove into my lane and scratched the front left side of MY CAR.

DRIVER of TAXI ~~have~~ claimed it was my fault. I disagreed and showed him the pictures.

DECLARATION

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

Policyholder's Signature

Date & Time:

26/12/19
10:15 A.M.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

26/12/2019

Rosh

WABAS

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 12 / 2019 (DD/MM/YYYY), TIME: 20 : 11 (HH:MM)

LOCATION: Opposite ORCHARY Ciri Leasur

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFV 88K
 b) INSURANCE COMPANY: Liberty Insurance
 c) POLICY NUMBER: S 119 V 02378 / VPS / ROA
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: PORSCHE PANAMERA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ELI MANASSEH BENJAMIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 00375163 CONTACT: 94597273
 c) ADDRESS: 46-C, CORONATION Rd West
Astria Meadows #03-01. SDE 269262

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DS Aboir (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 05 / 01 / 1967 (DD/MM/YYYY) ASD

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25.4.1967

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: SHA 7161 Y MODEL: Hyundai IONIC

b) DRIVER'S NAME: GON BOON YEW

c) NRIC/FIN/PASSPORT: S 7641211A CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: NA

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: Rash.Benjamin@irbenjamin.com
 VIDEO

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

SI19V02378 /NPS /R08

Form

MX1

Date of Issue:

25-Feb-2019

1. Index Mark and Registration No. of Vehicle:

SFV68K

2. Chassis number of Vehicle:

WP0ZZZ97ZBL003301

3. Name of Policyholder:

ELI MANASSEH (NASH) BENJAMIN

4. Effective date of Commencement of Insurance

03-MAR-2019 00:00

for the purposes of the Act

5. Date of Expiry of Insurance

02-MAR-2020 23:59

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).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers



Authorised Signature

For information only:

COVERAGE:	Comprehensive, Unlimited Windscreen, Add. Named Driver Charges, Valet Extension
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I - Named Drivers - Singapore: S\$3000 / Outside Singapore: \$6,000.00, Section I - Unnamed Drivers - Singapore: S\$4000 / Outside Singapore: \$6,000.00, Windscreen Excess: \$500.00
FINANCE COMPANY:	MAYBANK
PRODUCER NAME:	ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD