

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	20/01/2020 13:14
Date Of Accident	18/01/2020 17:30
Exact Location Of Accident	AMK AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF6600S
Insured/Policyholder	
Name Of Registered Owner	LEE NGEE LIN
NRIC No	SXXXX641A
Email Address	B.S.TAN@GREENOCEAN.COM.SG
Mobile Phone No	(LOCAL) +65-96882291
Alternative Phone No	OTHERS-96882291

Vehicle Particulars

Manufacturer	INFINITI
Model	QX50 SENSORY
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	SD19V05062/VPC2/R00
Cover Note Number	

Driver

Name of Driver	TAN BOON SAI
NRIC No	SXXXX138G
Date Of Birth	07/10/1968
Occupation	INDOOR
Date Of Driving Pass	10/07/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96882291
Fax Number	
Contact Number	
Email Address	B.S.TAN@GREENOCEAN.COM.SG

Address	68 JALAN MATA AYER #05-18
Postcode	757487
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : LEE NGEE LIN 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 attachments.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4161S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ARULTHAMBI RAJ S/O MARIASAVARY ROYALSAMY
NRIC/Passport Number	SXXXX020E
Contact Number	92389815
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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IMPORTANT NOTICE 1. Complete and submit this Form to Allied World's Authorized Reporting Centre ("ARC") for filing. 2. Please report correctly the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorized Driver. 4. 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. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false report may be referred to the Traffic Police Department for investigation.	
ACCIDENT STATEMENT Date and Time of Accident: Date: 18/01/20 Time: 5:30pm Exact Location of Accident: AMK Ave 3.	
DETAILS OF OWN VEHICLE Vehicle Registration Number: SKF6600S	
INSURED / POLICYHOLDER (OWN VEHICLE) Name of Registered Owner (See Insurance Cert.): Lee Ngee Lin Personal Identification - NRIC (Singaporean/PR): S7246641A - FIN/Passport Number: - Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE) Vehicle Make / Model: Manufacturer: Infiniti Model: QX50 Type of Vehicle*: Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input checked="" type="radio"/> Others, SUV Exact Purpose for which vehicle was being used at time of accident: Social Are you claiming under your own insurance policy for repair to your vehicle? <input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting) Vehicle Category*: <input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle	
INSURANCE COMPANY (OWN VEHICLE) Name of Insurance Company*: Liberty Insurance Type of Policy: <input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only Fleet Policy: <input type="radio"/> Yes <input checked="" type="radio"/> No Policy Number: SD19V05062/VPC2/R00 Motor CI:	
DRIVER <input type="radio"/> Same as Insured above Name of Driver: Tan Been Sai Personal Identification - NRIC (Singaporean/PR): S6843138G - FIN/Passport Number: Date of Birth: 07 dd/ 10 mm/ 1968/yy Driving Date Pass: 10 dd/ 04 mm/ 1989/yy Year of Driving Experience: 30 Year(s) 6 Month(s) Occupation: <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female Contact Number / Mobile Phone / Fax No.: 96882291 /	

Sketch Plan #2 Pg. 1

Address of Driver	68 Jalan Mata Ayer # 05-18	Postcode (757487)
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Spouse	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Head - rear	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	2 Lee Ngee Lin (F)	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SHA 4161S	
Vehicle Make/ Model/ Colour	Toyota	
Details of Properties		
Name of Driver	Arulthambi Raj S/O Mariasavary Rapolan	
Personal Identification - NRIC (Singaporean/PR)	S0136020E	
- FIN/Passport Number		
Contact Number	92389815	
Address		
Name of Insurance Company	India International Insurance	
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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
- (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PLS REF TO ACCIDENT VIDEO FOOTAGE

Sketch Plan #4 Pg. 1

Describe Circumstance of the Accident

WHILE DRIVING ALONG ANG MO KIO AVE 3 TOWARD CTE ABT 1730HRS
RED LIGHT STOP.
SHA 4161S TAXI (BLUE TOYOTA) CAME INTO CONTACT ON
OUR CAR REAR (SKF 6600S)
VISUAL INSPECTED - REAR BUMPER DENTED WITH MINOR
PAINT CHIPPED. (REFER TO PICTURE)
PARTICULAR EXCHANGE AND WE ~~WE~~ MOVED ON.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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

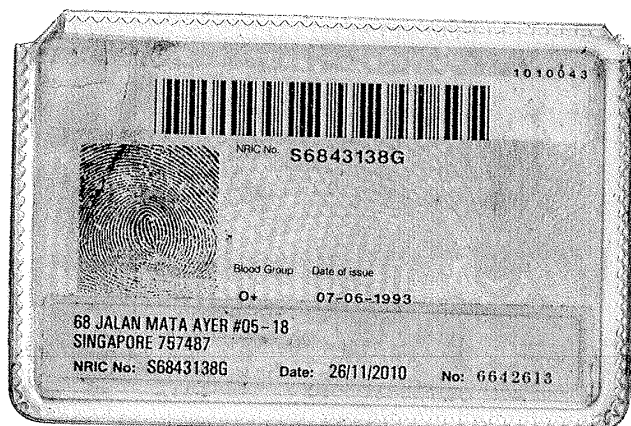
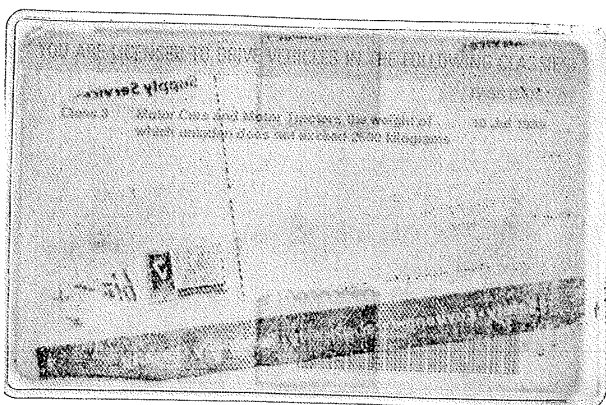
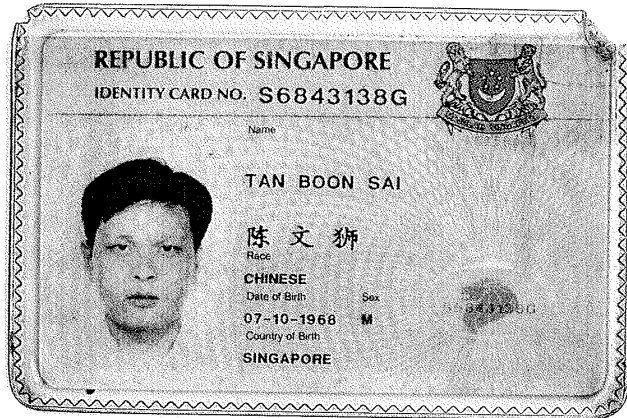
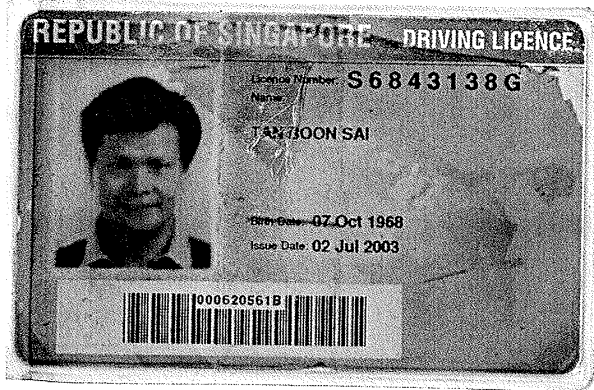


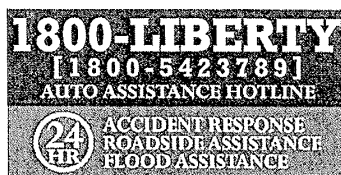
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel






Liberty Insurance Pte Ltd
 Registration no. 199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8611 Fax: (65) 6226 3360

Certificate of Insurance

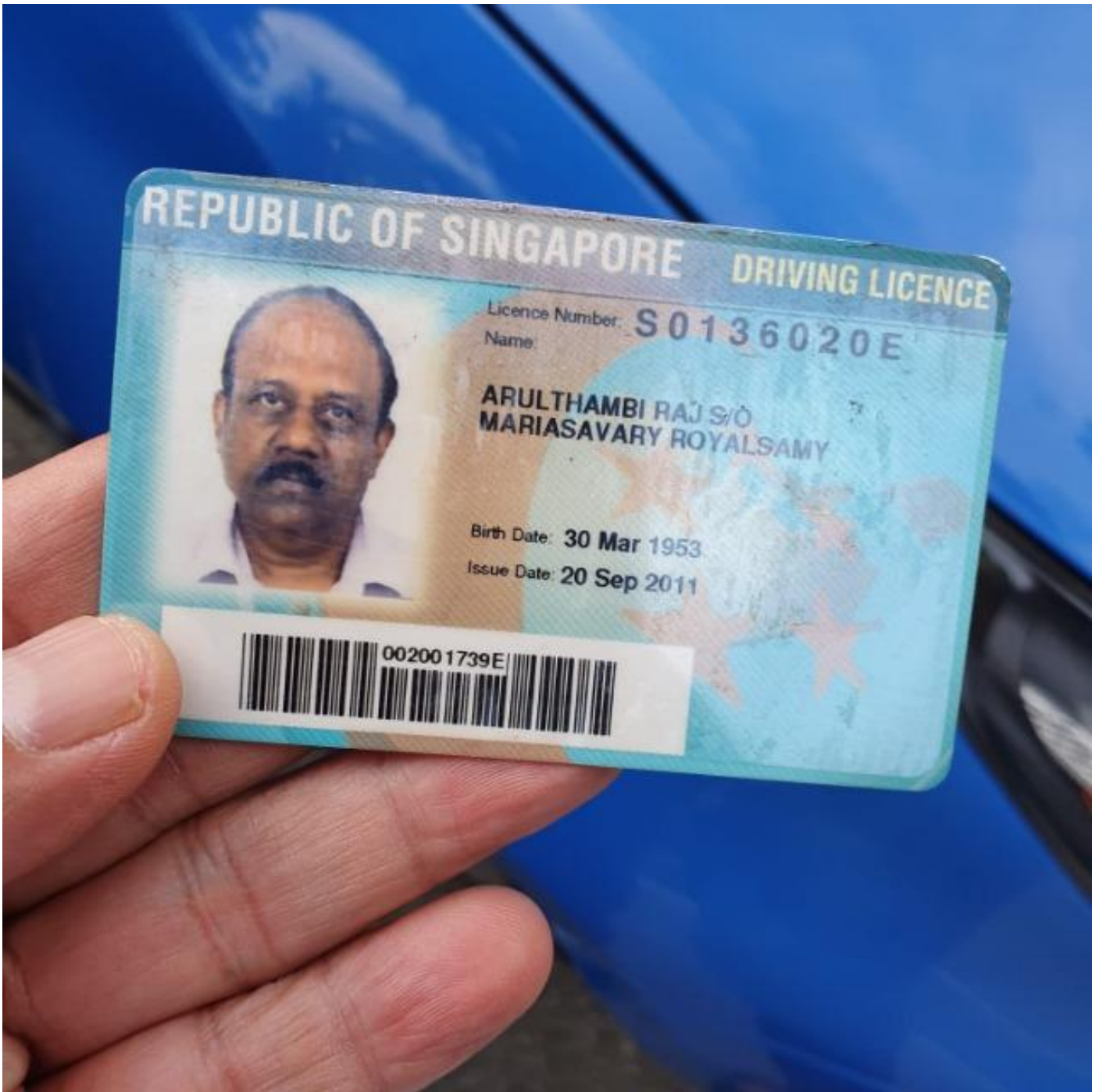
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD19V05062 /VPC2 /R00
Form	MX1
Date of Issue	22-APR-2019
1.Index Mark and Registration No. of Vehicle:	SKF6600S
2.Chassis number of Vehicle:	3PCMANJ55Z0551218
3.Name of Policyholder:	LEE NGEE LIN
4.Effective date of Commencement of Insurance for the purposes of the Act:	16-APR-2019 00:00 AM
5.Date of Expiry of Insurance:	15-APR-2021 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.	
<p>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.</p> <p>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.</p>	
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.	
<p>*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.</p>	
<p>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  Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$800, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	WEARNES AUTOMOTIVE PTE LTD

SCJC 20190422

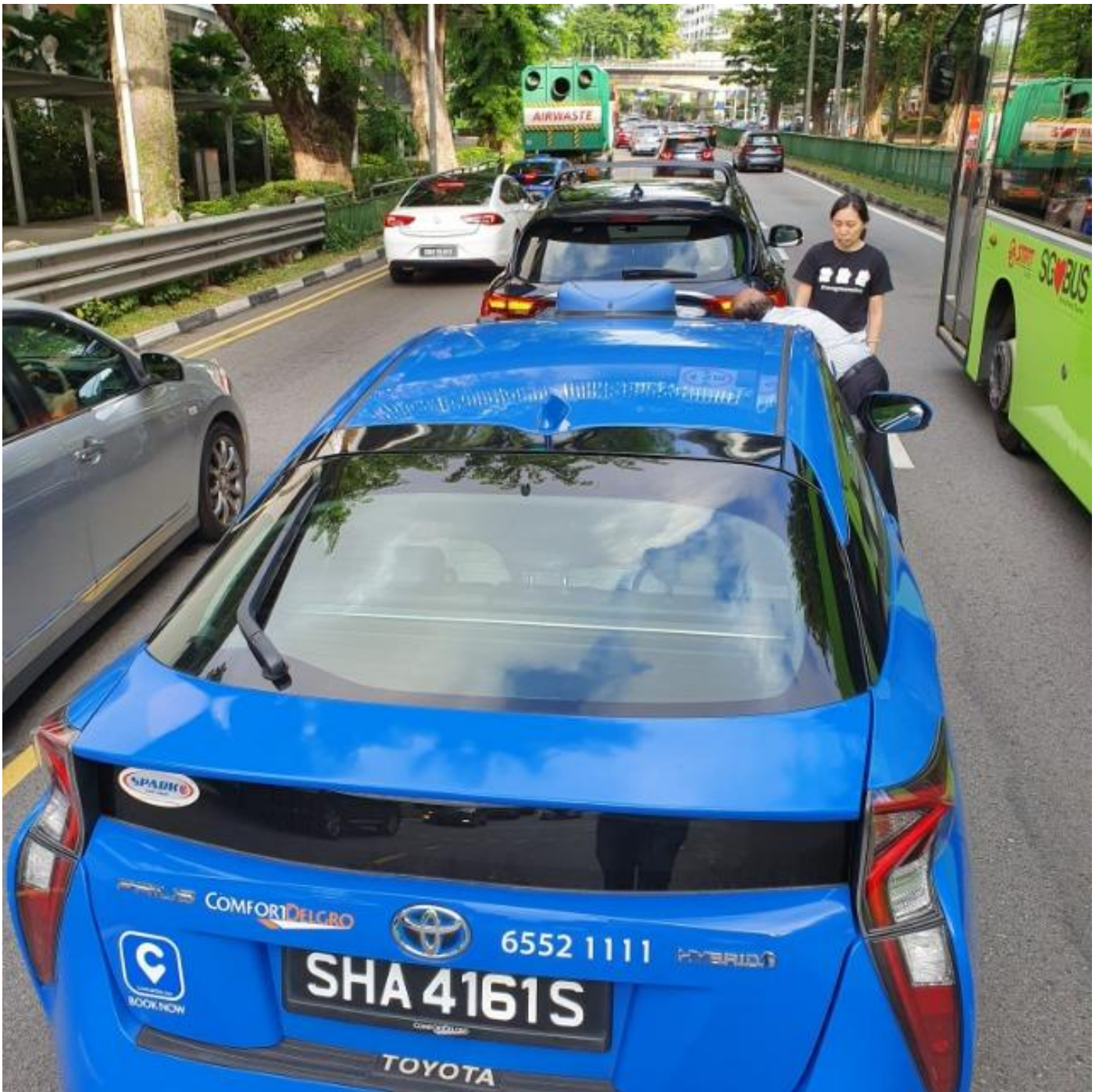
Ver.1.260705

Accident Photo





Accident Photo



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