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## 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 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. 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

aroresaid	to the archiving or this report at the centre and to copies of the report being made available
Date Of Report	ACCIDENT STATEMENT
Date Of Accident	22/01/2020 16:36
	15/01/2020 16:00
Exact Location Of Accident	ALONG KALLANG AIRPORT WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA7150G
Insured/Policyholder	
Name Of Registered Owner	KWEK CHOON ENG AGNES
NRIC No	SXXXX135G
Email Address	AGNES_KWEK@AIA.COM.SG
Mobile Phone No	(LOCAL) +65-97887618
Alternative Phone No	OTHERS-97887618
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	
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	SI19V02458/VPC/R03
Cover Note Number	and the state of t
Oriver	
Name of Driver	KWEK CHOON ENG AGNES
IRIC No	SXXXX135G
Pate Of Birth	01/08/1966
Occupation	INDOOR
Date Of Driving Pass	22/12/1987
riving Formation	32 YEARS AND 0 MONTHS
iender	FEMALE
Iohila Number	(LOCAL) +65-97887618
ax Number	ESSENTING AND MALVETO
ontact Number	OTHERS-97887618
NAME A MARKET AND A STATE OF THE STATE OF TH	AGNES_KWEK@AIA.COM.SG

Address

31C LOWLANG ROAD

Postcode

547428

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

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?

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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:

: FATHER

GENDER:

: MALE

**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

WC6336D

Vehicle Make/Model/Colour

ISUZU

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MUHAMMEDASAN SYED OLI MASOOD

NRIC/Passport Number

GXXXX047U

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be sompleted by the Policyholder and/or the Authorised Driver
- 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.
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- 6. The report will be forwarded by the insurers of the GIA Records Stanagement Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made invalidable open application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report of the centre and to copies of the report being made available aforesaid.
- 8 Consent under the Personal Data Protection Act (PDPA)

l 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.
  - (Air) corrying 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 natices to me, which could involve disclosure of sertain 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 low 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 sp 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

NRIC/FIN No.

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
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- (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
- 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:

SKETCH PLAN

	AGCIDENT STATEMENT	1.0
	ACCIDENT DATE 15 01 200 (DD/MM/YYY), TIME: (16. 86) (HHEMM)	
	(DOMMAYYY), TIME:(10: 6 )(HHEMM)	
	LOCATION: Along Kalling air port Day.	
	1. DETAILS OF VEHICLE	
	alvehicle Number SLA 7/50 G	
	DINSURANCE COMPANY: LIBERTY	
	CIPOLICY NUMBER: SI19 VO2458	
	d) POUCY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY PIRE ATHEFT)	āt
	OMAKE LANGUEL HONDA	0.0
1	TYPE: (SALOON / COUPE / MAY VANT LORRY / MOTORCYCLE, OTHERS)	
4	8) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE)	
	IT) PURPOSE OF USING AT ACCIDENT TIME: LECSURE	
18	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY)	
MI CAN	AINAME KENTY CHOON ENZ MEINES IMALE FEMALE)	7.0
191917- /111	DINRIC/FIN/PASSPORT: S1750/35G CONTACT:	6/
	GIADDRESS: 31C LOWLAND ROAD	
	1 CONTINUE TO 1 11 DE 11 12 DE 11	
14 No of po	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER	
Canalisata	Selviver) DINBIG/FIN/PASSPORT! CONTACT!	
(2)	The state of the s	
	c)ADDRESS:	154
	d) DATE OF BIRTH: (CL) OF 1966 (DD/MM/YYYY)	
	BIOCCUPATION: (NDOOR LOUTBOOR) 1 1.400	
	FIDERY OF DRIVING PASC ->>(1)	(6)
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO) NA	
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED!	
	6. D) WEATHER CONDITION (CLEAR ) RAINING / OTHERS DRY	
590	6. WAS ANYBODY INJURED IYES NOD	
	7. a) REPORTED TO POUCE (YES (HO))	
	IF YES, PLEASE STATE WHICH POHOE STATION	
of the of part	8. THIRD PARTY VEHICLE WC 6336D MODEL! TRUCK	
J Chichaelian	delvir) b) DRIVER'S NAME MOHAMMEDAS AN SYED OLI MASOOD	
(1)	" c) NRIC/FIN/PASSPORTI 0 345 473 CONTACTI	
, , , , , , , , , , , , , , , , , , ,	9. THIRD PARTY VEHICLE GOV STOP 1	**
of to of p	STANGER OF VEHICLE NUMBER: MODEL!	<b>#</b> )(
(Instruction	g. delver)   NRICYFIN/PASSPORT! CONTACT!	
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		÷ 7

email: agnes\_kwek@aia: com-sg





# Certificate of Insurance

Si19V02458/ VPC / R03

Date of Expline:

MX1

13 Mar 2020 23:59

Type of Certificate:

www.libertyinsurance.com.sg

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)

Effective Date of Commencement:

Name of Policyholder:

KWEK CHOON ENG AGNES

Date of Issue: 27 Feb 2019

14 Mar 2019 00 00

Registration No.:

SLA7150G

Chassis No.:

MRHRU1830FP000837

Persons or Classes of Persons entitled to drive":

A) The Policyholder

B) Any other person who is driving an 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 Mator 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.

Use only for social, domestic and pleasure purposes and for the Policyholder's business

#### 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 cartify 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

For Information Only:

Coverage(s)

Comprehensive Unlimited Wirdscreen

Sum Insured

MARKET VALUE AT THE TIME OF LOSS

Farmer

Section I S\$500 Additional Excess for Young & inexperienced Onvera S\$3000 Windscreen Excess

Name of Finance Company

OVERSEA-CHINESE BANKING CORPORATION LTD.

Name of Producer:

KAH MOTOR COMPANY SDN BERHAD (A1572-7)