





## 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	18/02/2020 16:46
Date Of Accident	18/02/2020 09:30
Exact Location Of Accident	KJE EXIT TWDS CHUA CHU KANG WAY SLIP RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YF9016T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CKT FOOD INDUSTRIES
Co Reg No	3XXXX900J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62575788

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI19V02938/VCV/R09
Cover Note Number	

### Driver

Name of Driver	PHANG ENG KIANG
NRIC No	SXXXX287B
Date Of Birth	14/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	03/03/1979
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97127984
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 658A JURONG WEST ST 65 #04-638
Postcode	641658
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	SDQ9896K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
7. 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.



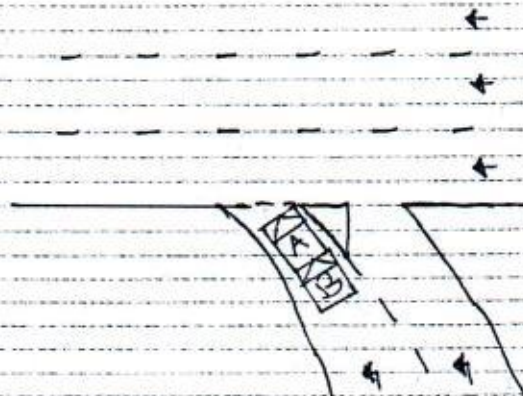
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

KJE Exit TWDS China Chuk Kang Way Slip Rd



Vehicle A: YF9016T

Vehicle B: SDQ9896K

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

travelling

On the stated date and time, I, Vehicle A (YF9016T) was, at the stated location. As there were vehicles on the main road, I slowed down to give way. Suddenly, Vehicle B (SDQ9896K) collided onto the rear portion of my vehicle causing damages.

## 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:

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

*[Handwritten signature]*



Date of Accident : 18/02/2020 Accident Time: 0730 (24-HR-FORMAT)  
Accident Place : KJE Exit TWDS Chua Chu Kang Way Slip Rd  
Vehicle Reg. No (Car plate No.) : YF 9016T Vehicle Make/Model: Nissan Cabstar  
Insurance Company : Liberty Policy No.:  
Name of Registered Owner : Company / Individual CKT Food Industries  
ID of Registered Owner : Co Reg No: 33889900J Owner's NRIC No: /  
: Co Contact No: 6257 5768 Owner's Contact No: /  
DRIVER'S Name : Phang Eng Kiang DRIVER'S NRIC No: S1321287B  
DRIVER'S Date of Birth : 14/06/1958 DRIVER'S License Pass Date 03/03/1979  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: /  
DRIVER'S Address :  
DRIVER'S Contact No / Alt No. : 1) 9712 7984 2) /  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : BIK 658A Jurong West Street 65 #04-638 S(64668)  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (including Driver): 1 Passenger Name: Gender: M/F  
Was the accident reported to the police? YES \ NO Passenger Name: Gender: M/F  
Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: /  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SDQ 9896 K	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>Certificate No.</b> SP010204370000000000000000	
<b>Policy No.</b> YF9016T	
<b>Date of Issue:</b>	10-Mar-2019
<b>1. Index Mark and Registration No. of Vehicle:</b>	YF9016T
<b>2. Chassis Number of Vehicle:</b>	JN1SF4F23Z0852056
<b>3. Name of Policyholder:</b>	CKT FOOD INDUSTRIES
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	03-APR-2019 00:00
<b>5. Date of Expiry of Insurance:</b>	02-APR-2020 23:59
<b>6. Persons or Classes of Persons entitled to drive*:</b>	Any person who is driving on the Policyholder's order or with their 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.
<b>7. Limitations as to use*:</b>	A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.
<b>8. The Policy does not cover:</b>	A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p>  <p>Authorised Signature</p>	
<b>For information only:</b>	
<b>COVERAGE:</b>	Third Party Fire & Theft
<b>SUM INSURED (S\$):</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS (S\$):</b>	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	LEE KENG HOE



**Tax Invoice/Debit Note****Policy No**

SI19V02938 NCV /R09

**C/N or Endt No or Prev.Pol.No****Account No.**

A1029

**Date of Issue**

10 Mar 2019

**Period of Insurance****FROM**

03-APR-2019 00:00

**TO**

02-APR-2020 23:59

**Both Dates Inclusive**

COMMERCIAL VEH-PTE USE

YF9016T

\$983.66

\$68.86