





## 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	26/02/2020 11:44
Date Of Accident	25/02/2020 15:10
Exact Location Of Accident	SHELL PETROL STATION ALONG AYE (JURONG)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ9190M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOW YONG MENG
NRIC No	SXXXX474G
Email Address	HOWYM@SETSO.COM
Mobile Phone No	(LOCAL) +65-98451953
Alternative Phone No	OTHERS-98451953

### Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 DX CVT (A)
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	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	SD18V09742/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	HOW YONG MENG
NRIC No	SXXXX474G
Date Of Birth	09/05/1965
Occupation	INDOOR
Date Of Driving Pass	11/02/1988
Driving Experience	32 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98451953
Fax Number	
Contact Number	OTHERS-98451953
EMail Address	HOWYM@SETSO.COM

Address	BLK 103 HENDERSON CRESCENT #02-50
Postcode	0315
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	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)	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

PLEASE REFER TO SKETCH PLAN (TYPE ON COLLISION IS HEAD TO SIDE)

#### 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	SLW3572H
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD FAHMI BIN ABDULLAH
NRIC/Passport Number	SXXXX329A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### 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. 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:

26/2/2020  
1125 a.m.

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

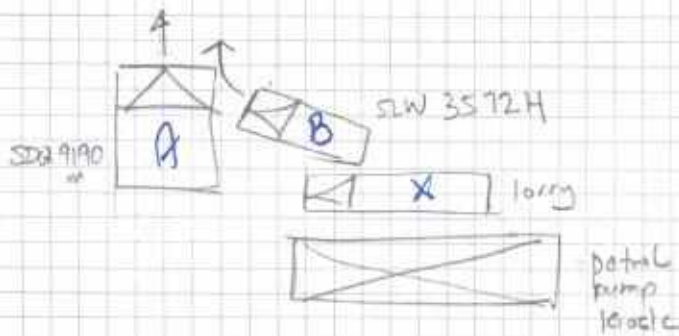
26/2/2020  
1125 a.m.

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



# SKETCH PLAN

SHELL Petrol Kiosk Along Ayik (Tubonah)



A) SDQ 9190m

B) SLW 3572H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25th Feb 2020, as I was driving my car out of the service centre at Shell petrol kiosk (along Ayik), just as I drove for about 3 seconds, suddenly I felt a vibration/sudden on the front right of my vehicle. As I look back, I realised a black car had hit onto my front right and the wheel.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

26/2/2020 1135 am

CLARMC SketchPlanForm\_v3

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

26/2/2020 1135 am

*[Signature]* 26/2/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]*

# ACCIDENT STATEMENT

ACCIDENT DATE: 25.02.2020 (DD/MM/YYYY), TIME: 15:10 (HH:MM)

LOCATION: Shell petrol kiosk along AYE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDG 9170 'm  
 b) INSURANCE COMPANY: Liberty Insurance  
 c) POLICY NUMBER: C0062197  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HR-V Honda  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: private use  
 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: Haw Yong Meng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S170847414 CONTACT: 98451953  
 c) ADDRESS: #02-50, Henderson Crescent, B1K 103

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: As above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: as above CONTACT: as above  
 c) ADDRESS: as above

\* d) DATE OF BIRTH: 09/05/1965 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 11/2/1988

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: SLW 3572 H MODEL: Volkswagen  
 b) DRIVER'S NAME: Muhammed Fahm Bin Abdullah  
 c) NRIC/FIN/PASSPORT: S9206329 A CONTACT:

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

# No of passenger  
 (including driver)  
(2)

# No of passenger  
 (including driver)  
(1)

# No of passenger  
 (including driver)  
( )

Email: hawym@setso.com

VIDEO

## Certificate of Insurance

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980  
ROAD TRANSPORT ACT, 1987  
ROAD TRANSPORT (AMENDMENT) ACT 2019  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No. SD18V09742 /NPC2 /R00  
Form MX1  
Date of Issue 12-SEP-2018  
1. Index Mark and Registration No. of Vehicle: SDQ9190M  
2. Chassis number of Vehicle: JHMRU1810GX200427  
3. Name of Policyholder: HOW YONG MENG  
4. Effective date of Commencement of Insurance  
for the purposes of the Act: 25-OCT-2018 00:00 AM  
5. Date of Expiry of Insurance: 24-OCT-2020 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.

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 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.

For and on behalf of  
**LIBERTY INSURANCE PTE LTD**

Approved Insurers



Authorised Signature

For information only:

COVERAGE:

Comprehensive, Unlimited Windscreen, NCD Protection

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section 1 \$3600 Additional Excess For Young & Inexperienced Drivers \$53000 Windscreen Excess \$5100

FINANCE COMPANY:

OVERSEA-CHINESE BANKING CORPORATION LTD

PRODUCER NAME:

KAH MOTOR COMPANY SDN BERHAD

20200427

Ver.1.260705



100% 75%

Text size + -

0% 25% 50% 75% 100%

**Register New Vehicle (Acknowledgement)****Vehicle Particulars**

Vehicle No.:	SDQ919DM		
Vehicle Type:	P11 - Passenger Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	HRV 1.5 DX CVT
Chassis No.:	JHMRU1810GX200427	Engine No.:	L15B4530427
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	-
Maximum Power Output: 96.0 kW ( 128 bhp )			
Unladen Weight:	1185 kg	Maximum Laden Weight:	1760 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	25 Oct 2016	Original Registration Date:	25 Oct 2016
Manufacturing Year:	2016	Open Market Value:	\$20,928.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$6,150.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$928.00 (140%)
Actual ARF Paid:	\$16,300.00		

**Owner Particulars**

Owner Name: HOW YONG MENG

Owner ID Type: Singapore NRIC

Owner ID: S1708474G

Registered Address Type: HDB / HUDC

Registered Block/House No.: 103

Registered Street Name: HENDERSON CRESCENT

Registered Unit No.: # 02 - 50

Registered Building Name:

Registered Postal Code: 150103

COE No. / Expiry Date: 2016070101003310H / 24 Oct 2028

COE Bid Category: A - Car (up to 1600cc & 97kW (130bhp))

QP Paid: \$55,200.00

**Transaction Details**

Business Transaction Ref. No.: 20161025174941373028

Business Transaction Date: 25 Oct 2016

Business Transaction Time: 17:49:41

**Message**



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MPA1200 25250 Vehicle Registration No: SDR 9190M  
Name (as shown in NRIC) : HOW YOUNG MANUEL NRIC/FIN/Passport No : S1208474 G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 98451953  
Email Address : \_\_\_\_\_  
Date of Accident : 25/01/2020 Time of Accident : 15:10  
Place of Accident : SHAN PRINCE STATION ROAD AKA (TURNING)  
Insurance Company: LIBERTY

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER 70 SD18V09742/VPO/200

Policyholder / Driver's Signature  
Date:

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