

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	22/04/2020 09:39
Date Of Accident	22/04/2020 08:20
Exact Location Of Accident	OLD TAMPINES ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2287S
Insured/Policyholder	
Name Of Registered Owner	LIM MUI YONG STEPHEN
NRIC No	SXXXX433F
Email Address	LIMSTEPHEN59@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98152450
Alternative Phone No	HOME-67810742

Vehicle Particulars

Manufacturer	PEUGEOT
Model	308-1.2 5DR ACTIVE PURETECH 1.2 A/T 2W (A)
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	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	SD19V11693/VPE2/R01
Cover Note Number	

Driver

Name of Driver	LIM MUI YONG STEPHEN
NRIC No	SXXXX433F
Date Of Birth	17/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	02/09/1977
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98152450
Fax Number	
Contact Number	HOME-67810742
Email Address	LIMSTEPHEN59@GMAIL.COM

Address	BLK 855 TAMPINES STREET 83 #04-252 SINGAPORE
Postcode	520855
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?	YES
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

REFER 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	SHC1248K
Vehicle Make/Model/Colour	HYUNDAI / BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LIM MUI YONG STEPHEN
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Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLH2287S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 855 TAMPINES STREET 83 #04-252
Postcode	520855

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' 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.

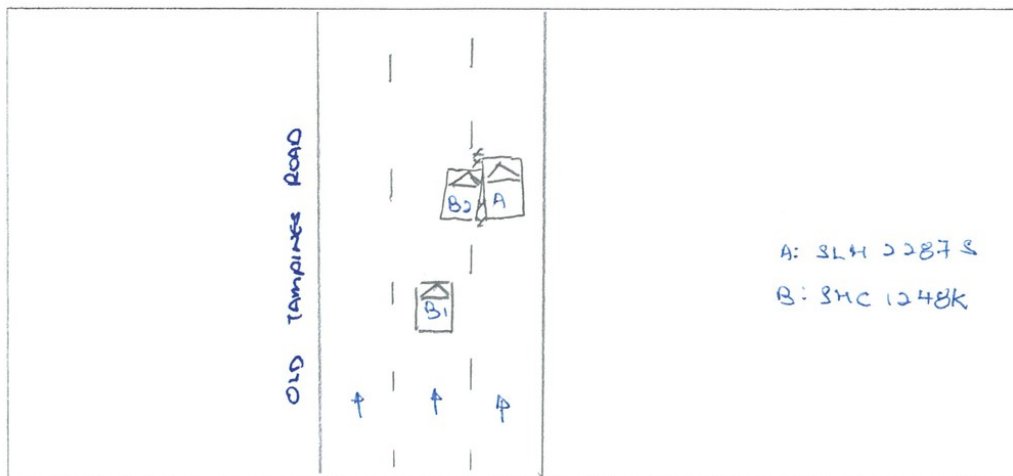
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG THE RIGHT MOST LANE OF 3 LANES ALONG OLD TAMPINES ROAD, AS I WAS TRAVELLING STRAIGHT, SUDDENLY ONE M/TAXI SHC1248K TRAVELLING AT A FAST SPEED ~~ENCROACH~~ ENCROACH INTO MY PATH FROM THE CENTRE LANE TO RIGHT MOST LANE AND THUS COLLIDED ONTO THE LEFT SIDE OF MY VEHICLE. AS THE TAXI SHC1248K SUDDENLY SWITCH LANE AND HE WAS TOO FAST AND I HAD NO TIME REACT RESULTING IN THE COLLISION.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1398433F**



Name

LIM MUI YONG STEPHEN

林美榮

Race

CHINESE



Date of birth

17-06-1959

Sex

M

S1398433F

Country/Place of birth

SINGAPORE

5430974



NRIC No. **S1398433F**

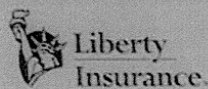


Date of issue

04-03-2015

Address

**APT BLK 855 TAMPINES STREET 83
#04-252
SINGAPORE 520855**



Liberty Insurance Pte Ltd
 Registration no: 19902791D
 51 Cluh Street
 #01-40 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, 1987
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)



Certificate No SD19V11693 /VPE2 /R01
 Form MX1
 Date of Issue 18-SEP-2019
 1. Index Mark and Registration No. of Vehicle SLH2287S
 2. Chassis number of Vehicle VF3LPHNYWGS168582
 3. Name of Policyholder LIM MUI YONG STEPHEN
 4. Effective date of Commencement of Insurance for the purposes of the Act 27-OCT-2019 00:00 AM
 5. Date of Expiry of Insurance 26-OCT-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.

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 5 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.

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
 SUM INSURED
 EXCESS
 FINANCE COMPANY
 PRODUCER NAME

Comprehensive (Unlimited) Wholesome
 MARKET VALUE AT THE TIME OF LOSS
 Section 1: Rated Drivers: \$8400; Section 1: Unrated Drivers: \$8400; Young & Inexperienced Drivers: \$82500; Wholesome
 Excess: \$50
 UNITED OVERSEAS BANK LIMITED
 SO CONTOGO SERVICES

PLRM 2019/018

Ver 1.260705

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 1 3 9 8 4 3 3 F**

Name:

LIM MUI YONG STEPHEN

Birth Date: **17 Jun 1959**

Issue Date: **03 Feb 2020**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	05 Mar 1979
Class 2A	Motorcycles between 201 cc and 400 cc	05 Mar 1979
Class 2	Motorcycles > 400 cc	05 Mar 1979
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	02 Sep 1977
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	19 Dec 1980
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	03 May 2008
	and the unladen weight > 7250kg	



NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



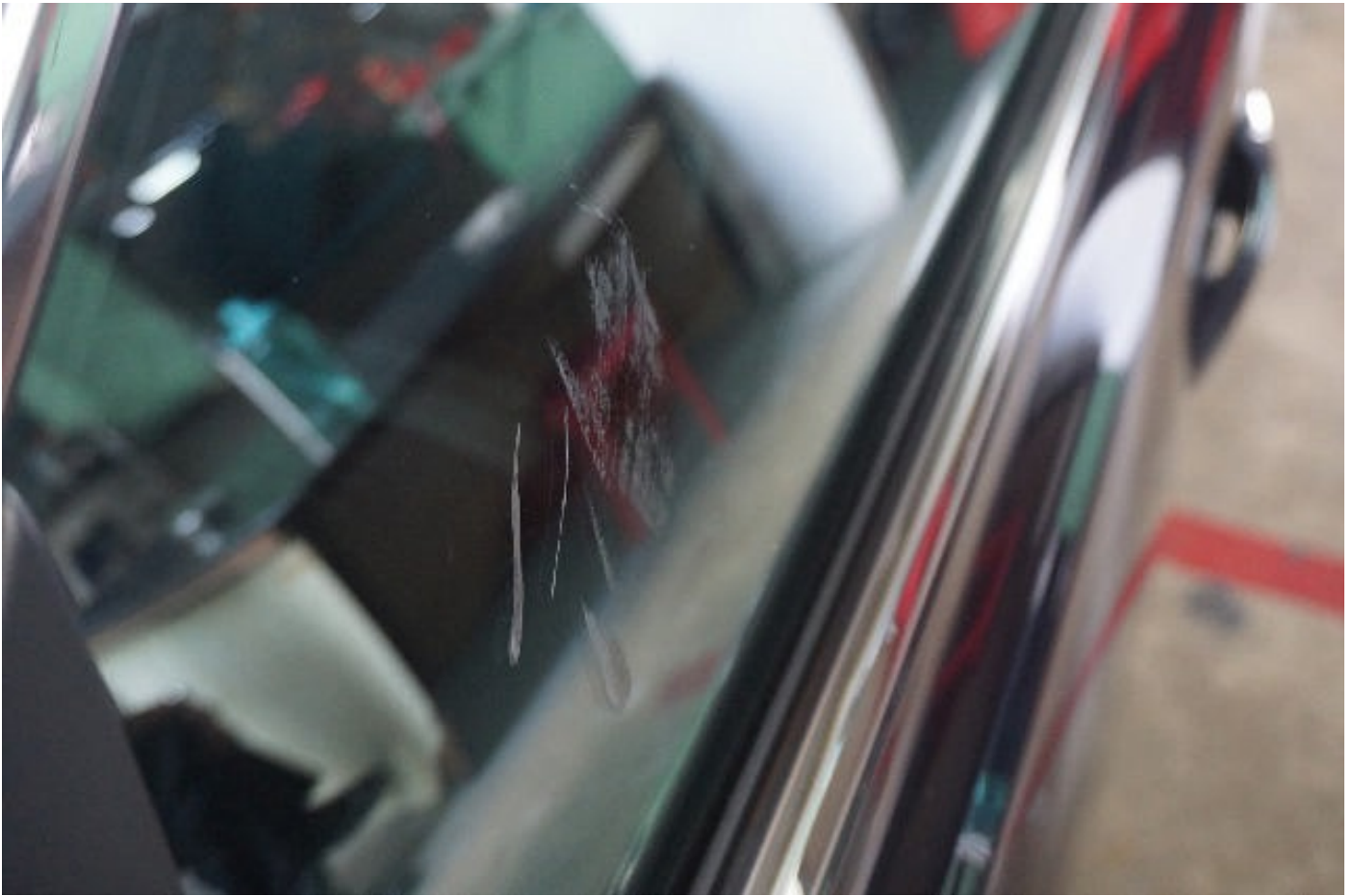
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