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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 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.
- 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.

A	C	CIE	JΕΙ	VT.	ST	AΤ	ΞW	ENI

Date Of Report 18/05/2020 15:58 Date Of Accident 16/05/2020 12:15

Exact Location Of Accident TOA PAYOH LORONG 4 NEAR BLK 181(STARHUB BUILDING)

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLV3274Z

Insured/Policyholder

Name Of Registered Owner AUTO IMPERIAL CARS PTE. LTD

Co Reg No 2XXXXXX106W Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-90907733 Alternative Phone No OFFICE-90907733

Vehicle Particulars

Manufacturer TOYOTA

Exact Purpose for which vehicle was being used at time of accident

WORKING PURPOSES

Are you claiming under your own insurance policy for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken

COMMERCIAL VEHICLE

Insurance Company

Vehicle Category

Name of Insurance Company LIBERTY INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number SD20V01936/VPZ/R00

Cover Note Number

Name of Driver YEO KIM HUAT (YANG JINFA)

NRIC No SXXXX443I Date Of Birth 29/11/1973 Occupation OUTDOOR 02/11/2018 Date Of Driving Pass

**Driving Experience** 1 YEAR AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90907733

Fax Number

OTHERS-90907733 Contact Number

NOEMAIL EMail Address

Address BLK 219 LORONG 8 TOA PAYOH

#09-629 310219

Was deliver as appleion of the Institute of Comment VES

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

Postcode

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

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

i res, riedse state willen Folice S

Police Station Name TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

NO

NO

NO

YES

1

Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200516//2040

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

SHD1656K

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Page 2 of 17

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

YEO KIM HUAT (YANG JINFA)

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLV3274Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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 Person

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

SKETCH PLAN TOA PONYON LOPONG 4 NEAR BLK 181 (STARTHUB BUILDINGS) - barrier A-5LV 3274Z B-SHD 1658 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 20200516/2040 70 REPORT PULICE oregoing particulars are true in every respect.

DECLARATION

Policyhold Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sign Name:

GIARMC SketzhPlanForm\_V3

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 16/05/20 TIME: 1215hcs (hh:mm) 24 hrs Format	
LOCATION Toa Payoh Lorong 4 near block 181 (Storbub Building)	
VEHICLE NUMBER 6LV 3J 74Z	
INSURED NAME AUTO IMPERIAL CARS PTE. LTD	
NRIC/FIN 201703106W CONTACT:	
MAKE Toyota MODEL Sienta	
Are you claiming under your own insurance policy for repair to your vehicle?	
( ) Yes, If No, Pls Select : ( ) Third Party ( ) Reporting Only	
INSURANCE COMPANY LIBERTY-	
TYPE OF POLICY ( ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT	
POLICY NUMBER: 5D20V01936 / VPZ /ROD	
TOBIC! NOMBER: SDZCVO! 138 / VIZ / NO	_
NAME DRIVER: YEO KIM HUGH (YANK DINFA) ( ) SAME AS INSURED	_
NAME DRIVER: Yeo Kim HUGH (YONG) () SAME AS INSURED	
NRIC/FIN 57346443! CONTACT: 90907733	_
DATE OF BIRTH: 29/11/1973	_
DRIVING PASS DATE: 02/11/2018	
OCCUPATION: ( ) INDOOR ( > TOUTDOOR	_
GENDER: ( ) MALE ( ) FEMALE	-
EMAIL ADDRESS: ( ) NO EMAIL	
ADDRESS OF DRIVER: BLK 219 LORANG & TOA PAYON #09-629 (310219)	
ADDRESS OF DRIVER. BLK 214 LONDAG & DA PAYON 3104-621 (310 214)	_
N. I. OCD I. I. I. D	
Number Of Passenger Include Driver: DRIVER OI	_
We did not be the form of the Company of the Compan	- 2
Was driver an employee of the Insured's Company? ( ) YES ( ) NO	_
If No, Relationship Of The Driver With The Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others	-
Does The Driver Own Any Other Vehicle? : ( ) YES ( ) NO	
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:	
Insurance Company Of Driver's Own Vehicle	_
Weather Conditions: ( ) Clear ( ) Raining ( ) Drizzling ( ) Others	
Road Surface : ( ) Dry ( ) Wet ( ) Others	
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ) NO	
Was Anybody Injured In The Accident? ( ) YES ( ) NO	_
If YES, Injured details: 91 PRIVER	
	_
Convey By Ambulance: ( ) YES ( ) NO	
Was There Any Video Capture By Car Camera? ( ) YES ( ) NO	
Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report	
Police Report Number (if any) T/20200516/240	
Details Of 3rd Party Name / NRIC No.of Paxs (incl'driver) Contact	
Veh B SHD 1656 K ( )/Not Sure( )	
Veh C ( )/Not Sure ( )	
Veh D ( )/Not Sure ( )	
Veh E ( )/Not Sure ( )	
Veh F ( )/Not Sure ( )	
Veh G ( )/Not Sure ( )	



T/20200516/2040

1 of 3

Report No. T/20200516/2040

Police Station Of Origin
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Date/Time Report Made: 16/05/2020 16:16			Vide Report No.:	Station Diary No.: 38		
Informa Name of	nt's Partice	The second secon		A PAYOH #09-629 SINGAPORE		
YEO KIM HUAT  ID Type / ID No.: NRIC NO / S7346443I Nationality: SINGAPORE CITIZEN		431	310219 Contact No.: Home/Office: Mobile: 90907733 Email:			
		EN				
Sex: Male	Age:	Date of Birth: 29/11/1973	Type of Informant: Driver	Institution / School Name:		
Race: Chinese Occupation: GRAB DRIVER			Language:	Institution / School Name.		
			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/05/2020 12:15	Type of Location Car Park
CHANGE SHALL A CHARGOS A CANONICALISM	OA PAYOH	oh (Storhub Building) Road Surface:	F	toad Speed Limit
Weather:	clear Dry			
		THE RESERVE THE PERSON NAMED IN COLUMN TWO		
Clear Traffic Flow:		Traffic Control:	1	raffic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SHD1656K	Car					0
SLV3274Z	Car	TOYOTA	SIENTA HYBRID 1.5G CVT	Red	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing, NA



T/20200516/2040

Report No 1/20200516/2040

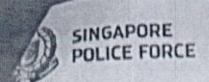
Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

CONTINUATION OF REPORT

Dover	ID No.			S7346443I	
Name	YEO KIM HUAT		Contac	et No.	90907733
Related Vehicle	SLV3274Z (Car)		No.		Class 3
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Driving Licence Expiry	e &	Date of Expiry: NIL
Date Treatment No. of Days gran	16/05/2020	Date Disc	harge	16/05	5/2020

On 16/05/2020 at about 1215hrs, as I was exiting the carpark of Blk 181 Lorong 4 Toa Payoh, I slowed down when I approached the gantry. Just as I was slowing down, I felt an impact from the rear. I went out of my vehicle (SLV3274Z) and discovered that a taxi (SHD1658K) had hit the rear of my car.

As a result, there is a dent on my car's rear bumper, and part of the body kit was dislodged. There was no injury, as such, no ambulance or police were called. After the accident, I felt some discomfort, as such i went to Mount Alvernia Hospital to get myself checked. I was then given 5 days of medical leave, I do not have the particulars of the taxi driver. I wish to also state that I have a recording of the accident captured on my in car camera if needed.





3013 Report No. T/20200516/2040

Police Station Of Origin:
foa Payoh N.P.C
g3 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194 CONTINUATION OF REPORT
Tel No: 1800-2519999

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report  E / Sgt 3 NURUL NADIAH BINTE MOHAMER SARIFF	Signature Of Informant:
Signature Of Interpreter. Not applicable	Date/Time 16/05/2020 16 16
Officer In Charge Of Case: TP / GIA / Staff Sqt WONG SIEU LUI Con 10 10 10 17 10 15 1	Classification Of Case

SIGNATURE





Liberty Insurance Pte Ltd Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890

## 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)

MOTOR VERICLES (TRIKU-P	ARTT RISKS) RULES, 1959 (MALAYSIA)			
Certificate No	SD20V01936 /VPZ/R00			
Form	MZ406C			
Date Of Issue	14-FEB-2020			
1.Index Mark and Registration No. of Vehicle:	SLV3274Z			
2.Chassis number of Vehicle:	NHP1707103646			
3.Name of Policyholder:	AUTO IMPERIAL CARS PTE. LTD			
4.Effective date of Commencement of Insurance for the purpose of the Act:	14-FEB-2020 00:00 AM			
5.Date of Expiry of Insurance:	13-FEB-2021 23:59 PM			
6.Persons or Classes of Persons	Section Statement option of the Control Statement of the Control Statem			

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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

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\*:

A) Use for carriage of passengers or goods in connection with the Policyholder's business.
 B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.
 C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.

#### 8. Policy does not cover:

A) Use for racing, pace-making, reliability trial or speed-testing.
 B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\*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 Parly 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, PHV Extension (Geographical Area: Singapore only)

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS.

Section I S\$2000, Section II S\$2000, Windscreen Excess S\$100

FINANCE COMPANY:

SINGAPURA FINANCE LIMITED

PRODUCER NAME:

ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD

PLSL/-/14-FEB-20

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14-FEB-20