

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	18/05/2020 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	2XXXXX106W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90907733
Alternative Phone No	OFFICE-90907733
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
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?	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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V01936/VPZ/R00
Cover Note Number	
Driver	
Name of Driver	YEO KIM HUAT (YANG JINFU)
NRIC No	SXXXX443I
Date Of Birth	29/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90907733
Fax Number	
Contact Number	OTHERS-90907733
Email Address	NOEMAIL

Address	BLK 219 LORONG 8 TOA PAYOH #09-629
Postcode	310219
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
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?	NO
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1656K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

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

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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.



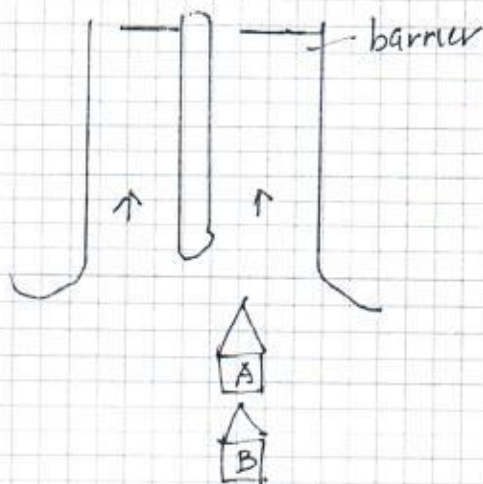
X
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

10A Paya Lebar Road 4 NEAR BLK 181 (STARHUB BUILDING)



A - SLV 3274Z

B - SHD 1658K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT T/2020 0516/2040.

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 16/05/20	TIME: 1215hrs	(hh:mm) 24 hrs Format
LOCATION Toa Payoh Lorong 4 near block 101 Cstartub Building)		
VEHICLE NUMBER SLV 32742		
INSURED NAME Auto Imperial Cars Pte Ltd		
NRIC / FIN 201703106W	CONTACT:	
MAKE Toyota	MODEL Sienna	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY LIBERTY		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: SD20V01936 / VPZ / R00		
NAME DRIVER: Yeo Kim Huet (Yank JINFA) () SAME AS INSURED		
NRIC / FIN 573464431	CONTACT: 90907733	
DATE OF BIRTH: 29/11/1973		
DRIVING PASS DATE: 02/11/2018		
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS:	() NO EMAIL	
ADDRESS OF DRIVER: BLK 219 LORONG 8 TOA PAYOH #09-629 (310219)		
Number Of Passenger Include Driver: DRIVER 01		
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) 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: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? () YES () NO		
If YES, Injured details : 01 DRIVER		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) 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 ()



SINGAPORE POLICE FORCE



T/20200516/2040

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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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
16/05/2020 16:16

Vide Report No.:

Station Diary No.:
36

Informant's Particulars

Name of Informant:
YEO KIM HUAT

Address:
APT BLK 219 LORONG 8 TOA PAYOH #09-629 SINGAPORE
310219

ID Type / ID No.:
NRIC NO / S73464431

Contact No.:
Home/Office: Mobile: 90907733

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 46 29/11/1973

Type of Informant:
Driver

Race:
Chinese

Language: Institution / School Name:

Occupation:
GRAB DRIVER

Driving Licence Information:
Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/05/2020 12:15	Type of Location: Car Park
Location: Along Road 1 LORONG 4 TOA PAYOH				
Near to Blk 181 Lorong 4 Toa Payoh (Storhub Building)				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
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



SINGAPORE POLICE FORCE



T/20200516/2040

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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

CONTINUATION OF REPORT

Driver Name	YEO KIM HUAT	ID No.	S73464431
Related Vehicle	SLV3274Z (Car)	Contact No.	90907733
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/05/2020	Date Discharge	16/05/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

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.



**SINGAPORE
POLICE FORCE**



T/20200516/2040

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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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report:

E /

Sgt 3 NURUL NADIAH BINTE MOHAMED
SARIFF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Conf No. 176151

Authentication Stamp

NP128

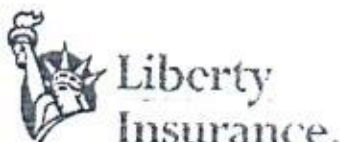
SIGNATURE

Signature Of Informant:

Date/Time:

16/05/2020 16:16

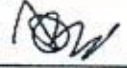
Classification Of Case:



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

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)

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 entitled to drive*:	
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 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*:	
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 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	
<u>For Information only:</u>	
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