



## 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	18/07/2020 11:29
Date Of Accident	17/07/2020 14:45
Exact Location Of Accident	ALONG YISHUN AVENUE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS660B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH AH BAH, ALBERT
NRIC No	SXXXX359I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98306993
Alternative Phone No	OFFICE-98306993
<b>Vehicle Particulars</b>	
Manufacturer	BENTLEY
Model	FLYING SPUR V8-4.0 ABS 4WD S/R (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
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V09164/VPS/R04
Cover Note Number	
<b>Driver</b>	
Name of Driver	GOH AH BAH, ALBERT
NRIC No	SXXXX359I
Date Of Birth	06/02/1958
Occupation	INDOOR
Date Of Driving Pass	02/11/1977
Driving Experience:	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98306993
Fax Number	
Contact Number	OFFICE-98306993
Email Address	NOEMAIL



Address	108A MIMOSA CRESCENT
Postcode	808056
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	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?	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

#### 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	SMP5000D
Vehicle Make/Model/Colour	VOLVO S60 TS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOI WEI YAO
NRIC/Passport Number	SXXXX926D
Contact Number	97590959
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.
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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.

Policyholder's Signature  
Date & Time:

18/7/20

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

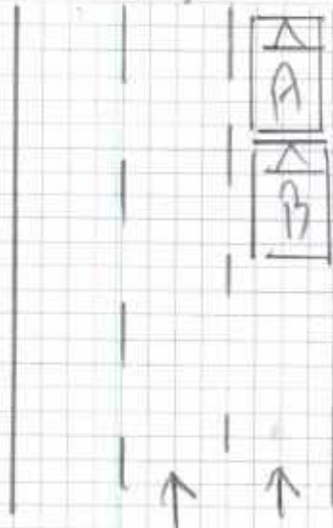
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

18/07/2020

Resti Luthan

SKETCH PLAN

Alor Gajah Road 1



A) SJS 660B

B) SMP 5000D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving and came to a stop at traffic light.  
While stopping at traffic light, SMP 5000 D drive into the  
rear of my car causing damages to my car

DECLARATION

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

Policyholder's Signature

Date & Time

18/7/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/07/2020

Roshan A. A. B.



# ACCIDENT STATEMENT

ACCIDENT DATE: 17/07/2020 (DD/MM/YYYY), TIME: 14:45 (HH:MM)

LOCATION: Yishun Ave 1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S3S660B  
 b) INSURANCE COMPANY: Liberty Insurance  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Bentley  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO Third Party Claim  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Goh Ah Bah Albert (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1296359I CONTACT: 98306993  
 c) ADDRESS: 108A MIMOSA Crescent Singapore 808056

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

## DRIVER

- a) NAME: Goh Ah Bah Albert (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8 S1296359I CONTACT: 98306993  
 c) ADDRESS: 108A MIMOSA Crescent S(808056)

\*d) DATE OF BIRTH: 06/02/1958 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: SMP5000D MODEL: Volvo S60 T5  
 b) DRIVER'S NAME: Loi Wei Yau  
 c) NRIC/FIN/PASSPORT: S8531926D CONTACT: 9597590959

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

davidngtg@gmail.com

fax =

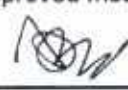
975 90 959

VIDEO =

clavid@gmail

## 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)

<b>Certificate No</b>	<b>SD19V09164 /VPS /R04</b>										
<b>Form</b>	<b>MX3</b>										
<b>Date Of Issue</b>	<b>18-JUL-2019</b>										
<b>1.Index Mark and Registration No. of Vehicle:</b>	SJS660B										
<b>2.Chassis number of Vehicle:</b>	SCBEN53W3FC043939										
<b>3.Name of Policyholder:</b>	GOH AH BAH ALBERT										
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	06-AUG-2019 00:00 AM										
<b>5.Date of Expiry of Insurance:</b>	05-AUG-2020 23:59 PM										
<b>6.Persons or Classes of Persons entitled to drive*:</b>	GOH AH BAH ALBERT,LIM GEK MUAY ANGELA,BENJAMIN GOH GUAN ZHONG										
<p>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.</p> <p>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.</p>											
<b>7.Limitations as to use*:</b>	Use only for social, domestic and pleasure purposes and for the Policyholder's business.										
<b>8.The Policy does not cover:</b>	<p>A) Use for hire or reward.</p> <p>B) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>C) Use for the carriage of goods (other than samples) in connection with any trade or business.</p> <p>D) Use for any purpose in connection with the Motor Trade.</p> <p>*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 (Malaysia) are not to be included under these headings.</p>										
<p>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 (Malaysia).</p>											
<p>For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>                  Approved Insurers</p> <div style="text-align: center;">   <hr style="width: 100px; margin: 0 auto;"/>                 Authorised Signature             </div>											
<p><b>For Information only:</b></p> <table style="width: 100%;"> <tr> <td style="width: 30%;"><b>COVERAGE :</b></td> <td>Comprehensive, Unlimited Windscreen</td> </tr> <tr> <td><b>SUM INSURED:</b></td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td><b>EXCESS:</b></td> <td>Section I - For Benjamin Goh Guan Zhong Only - Singapore - S\$20000 / Outside Singapore - S\$40000, Section I (Singapore) - S\$15000, Section I (Outside Singapore) - S\$30000, Windscreen Excess S\$2000</td> </tr> <tr> <td><b>FINANCE COMPANY:</b></td> <td>OVERSEA-CHINESE BANKING CORPORATION LTD</td> </tr> <tr> <td><b>PRODUCER NAME:</b></td> <td>WEARNES AUTOMOTIVE SERVICES PTE LTD</td> </tr> </table>		<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen	<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS	<b>EXCESS:</b>	Section I - For Benjamin Goh Guan Zhong Only - Singapore - S\$20000 / Outside Singapore - S\$40000, Section I (Singapore) - S\$15000, Section I (Outside Singapore) - S\$30000, Windscreen Excess S\$2000	<b>FINANCE COMPANY:</b>	OVERSEA-CHINESE BANKING CORPORATION LTD	<b>PRODUCER NAME:</b>	WEARNES AUTOMOTIVE SERVICES PTE LTD
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PLSU/PLSU/18-JUL-19

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18-JUL-19



### THE SCHEDULE

<b>PRIVILEGE MOTOR POLICY (Comprehensive)</b> <b>Policy Number SD19V09164 / VPS / R04</b>																							
<b>Name and Address of Insured</b> GOH AH BAH ALBERT 108A MIMOSA CRESCENT SINGAPORE 808056	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"><b>Replacing No.</b></td><td>SD18V07629</td></tr> <tr><td><b>Account No.</b></td><td>A1387 (BEN)</td></tr> <tr><td><b>Registration No.</b></td><td>SJS860B</td></tr> <tr><td><b>Type of Body</b></td><td>SALOON</td></tr> <tr><td><b>Capacity/Tonnage</b></td><td>3993 C.C</td></tr> <tr><td><b>Engine No.</b></td><td>CYC002977</td></tr> <tr><td><b>Chassis No.</b></td><td>SCBEN53W3FC043939</td></tr> <tr><td><b>Seating Capacity</b></td><td>5 including driver</td></tr> <tr><td><b>Year of Mfg/Reg</b></td><td>2014/2015</td></tr> <tr><td><b>Make / Model</b></td><td>BENTLEY FLYING SPUR V8 4.0 A/T ABS 4WD S/R</td></tr> </table>			<b>Replacing No.</b>	SD18V07629	<b>Account No.</b>	A1387 (BEN)	<b>Registration No.</b>	SJS860B	<b>Type of Body</b>	SALOON	<b>Capacity/Tonnage</b>	3993 C.C	<b>Engine No.</b>	CYC002977	<b>Chassis No.</b>	SCBEN53W3FC043939	<b>Seating Capacity</b>	5 including driver	<b>Year of Mfg/Reg</b>	2014/2015	<b>Make / Model</b>	BENTLEY FLYING SPUR V8 4.0 A/T ABS 4WD S/R
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<b>Profession or Business</b>	<b>Hire Purchase Owner/Leasing Company</b> OVERSEA-CHINESE BANKING CORPORATION LTD																						
<b>Period of Insurance (Both Dates Inclusive)</b> From 06-AUG-19 To 05-AUG-20	<b>Sum Insured</b> Market value at the time of loss																						
<b>Named Drivers:</b> BENJAMIN GOH GUAN ZHONG, GOH AH BAH ALBERT, LIM GEK MUAY ANGELA																							
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<b>Subject to the following Operative Endorsement attached:</b> V0001, V0010, V0012, V0013, V0097, V0252, V0252A, V0268, V0281, Z011																							
THE POLICY'S PREMIUM (IN SINGAPORE DOLLAR)																							
<b>Basic Premium</b> 7,800.00	<b>NCD</b> 3,900.00 ( 50% )	<b>Fleet / Other Discounts</b> 185.25	<b>Good Driver Discount</b> 195.00 ( 5% )																				
<b>Extra Premium</b> 0.00	<b>Sub Total</b> 3,519.75	<b>GST</b> 246.38 ( 7.00% )	<b>Total Premium Payable</b> 3,766.13																				
This Schedule replaces any previous Schedule. This Schedule and Policy are to be read together as one contract. Person or classes of persons entitled to drive and limitation as to use, are as specified in the Certificate of Insurance issued in relation to this policy. <b>SCHEME: BEN</b>		SINGAPORE For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature																					