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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.
- 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.

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	28/08/2020 11:02		
Date Of Accident	27/08/2020 20:00		
Exact Location Of Accident	BUKIT TIMAH LINK		
Country/State of Loss	SINGAPORE		
D. D. Carlotte and C. Carlotte	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLD9721E		
Insured/Policyholder			
Name Of Registered Owner	TAY XIAO LIN		
NRIC No	SXXXX746F		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-90906111		
Alternative Phone No	OFFICE-90906111		
Vehicle Particulars			
Manufacturer	MERCEDES-BENZ		
Model	C180		
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	SI20V01492/VPE/R00		
Cover Note Number			
Driver			
Name of Driver	LOW MUN WAH (LIU WENHUA)		
NRIC No	SXXXX072B		
Date Of Birth	09/03/1984		
Occupation	INDOOR		
Date Of Driving Pass	08/02/2019		
Driving Experience	1 YEAR AND 6 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-84846111		
Fax Number			
Contact Number			
EMail Address	NOEMAIL		

Address BLK 887C WOODLANDS DR 50 #13-607 Postcode 733887 Was driver an employee of the Insured's Company OTHER - BOYFRIEND 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2 Passenger 1 NAME: : TAY XIAO LIN GENDER: : FEMALE **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 TO STATEMENT. Attachment(s) YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1** SLD324C Vehicle Registration Number Vehicle Make/Model/Colour Details Of Properties PRIVATE CAR Vehicle Category Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

Date of Accident	27/08/20 Accident Time: 2000(24-ER-FORMAT)
Assident Place	Bukit Timah Link
Vehicle Reg. No (Car plate No.)	: SLD 9721 E Vehicle Make Mindel: Mercelles C180
Institute Company	: Liberty Policy No. 5120v01492/UPE/POO
Name of Registered Owner	: Company/Individual Tay x120 Lia
D of Ragistated Owner	: Co Reg No: - Owner's NRIC No: 57041746 F
	: Co Côntact No: Owner's Contact No: _9090 6111
DRIVER'S Name	LOW MUN WAYDRIVER'S NRIGHO: S8410072B
DRIVER'S Date of Birth	:03/09/84 DRIVER'S License Pasa Date 08/02/2019
Relationship her. Owner & Drive	
Briver's Adgress	APT BLK 887C WOODLANDS DRIVE SO \$13-607
DRIVER'S Contact No./ Alt No	
DRIVER'S Occupation	: PNDOOR \OUTDOOR (eg. working inside or outside of an ofa)
Email Address	
Weather & Road Surface	: CLEAR & DRY I RAINING & WET LAFTER RAIN & WET
Reporting Type .	: Reporting Only \ Cialm Gibe Party \ Claim Own Insurance
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Exact purpose for which vehicle	e was being used at the time of accident: Prome use \ Walk putpose
	Other Party Driver's Particulars (If any)
Vehicle Reg No: SUD 3	
Kehlete WakelModel: Mini	: BEE 16 17 시간
Nano DRIVER:	크리크 (Bartha Barta) [1]
RC No. DRLVER:	
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	Other Party Driver's Particulars (if any)
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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.
- 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.
- 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.
- 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:
 - (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.

Palicyholder's Signature

I LIAN THE PROPERTY.

Date & Time

Driver's Signatule

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name

NRIC/FIN No :

KETCH PLAN			Vehile
769	SU ABI	James James Color	A SLD 9721E B SLD 324C
ESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	Me, I w	ehicle A' was
stationary on be passengen, Sudde I realised vehicle	ly I felt a	n impact c	or my right then
	ying to kee		alight his passenge
		348	
DECLARATION		•	11
I/We declare the foregoing particut, Policyholder's Signature Date & Time	Driver's Signature (If driver is not the pol	<u> </u>	Reporting Centre Personnel's Signature Name: NRIC/FIN No :



1800-LIBERTY
(1800-5423789)
AUTO ASSISTANCE HOTLINE
(14) ACCIDENT RESPONSE
ROADSIDE ASSISTANCE
FLOOD ASSISTANCE

Certificate of Insurance

www.libertyinsurance.com.sg

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder:

TAY XIAO LIN

Date of Issue:

04 Feb 2020

Registration No.:

SLD9721E

Effective Date of Commencement:

04 Feb 2020 14:57

Chassis No.:

WDD2050402R184064

Certificate No.:

SI20V01492/ VPE / R00

Date of Explry:

03 Feb 2021 23:59

Type of Certificate:

MX1

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.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

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

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen, Buy Up Excess

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$1000, Section I - Unnamed Drivers S\$1500, Additional Excess for

Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

KENSO LEASING PTE LTD

Name of Producer:

PRIVILEGE CAPITAL PTE LTD (A1524-1)