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Policy No: ( ) Pe	erlod: (	) Cov	er Type: (		. ).
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#### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Please report correctly 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 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.
- 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.

ACCI	DEN	TOTA	TEA	ACKIT.
ACCI	DEN	ISIA	ILEN	IEN I

Date Of Report 30/09/2020 17:27
Date Of Accident 29/09/2020 23:10

Exact Location Of Accident TAMPINES STREET 32 JUNCTION

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBL9255K

Insured/Policyholder

Name Of Registered Owner LING WEI LI NRIC No SXXXX371E

Email Address ALEXLING1989@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-96986665

 Alternative Phone No
 OTHERS-96986665

Vehicle Particulars

Manufacturer TRIUMPH

Model DAYTONA 675-675CC

Exact Purpose for which vehicle was being used at

time of accident

TRAVELLING HOME

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY
Vehicle Category MOTORCYCLE

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number SD20V03437/VMS/R00

Cover Note Number

Driver

 Name of Driver
 LING WEI LI

 NRIC No
 SXXXX371E

 Date Of Birth
 28/05/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 05/04/2017

Driving Experience 3 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96986665

Fax Number

Contact Number OTHERS-96986665

EMail Address ALEXLING1989@GMAIL.COM

Address

BLK 214 TAMPINES STREET 3

#04-83

Postcode

520214

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

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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

TAMPINES NEIGHBOURHOOD POLICE CENTRE

ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Address Police Station Contact

TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200930/2003

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 Vehicle Make/Model/Colour

SJD1516H

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 15

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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and 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.
- 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:
  - 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: 30/09/2020

16.58

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sign

Name:

NRIC/FIN No.:

	TAINPINIA	s Aufanua ?		
A) FBL9285K B) SJD 1516H		BY BY	RAVARSH TAMPIKING	51 32
DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT	F 1 1-1	Ч	

REFFIR %	POLICE PO,	LICK 7	12020930/2003 -	
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		/		
		/		
		/		
		/		

# DECLARATION

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

Policyholder's Signature

Date & Time: 30/09/2020

16:58

Driver's Signature

(If driver is not the policyholder)

Date & Time:

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

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 29 109 12820 100/	MM/YYY), TIME:(23:12)(HH:MM)
LOCATION: Tampines 5+ 23	\$
T. DETAILS OF VEHICLE	± = ==================================
alvehicle NUMBER: FBL 9255 A	2
b)INSURANCE COMPANY: Liberty	TA SUMPER
CIPOLICY NUMBER: 5010034	TASKE / SAME / EG
GIPOLICY TYPE: (COMPREHENSIVE / TI	HIRD PARTY / THIRD PARTY FIRE &THEFT)
	ph Daytona 675
f)TYPE:(SALOON / COUPE / MPV /VAN	// LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CO.	MMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TI	ME: Traveling Home
I) ARE YOU CLAIMING UNDER YOUR O	WN INSURANCE (YES IND)
IF NO. PLEASE STATE (THIRD PARTY CL	AIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	
AINAME: Ling Wei L.	(MALE / FEMALE)
bjnric/fin/passport: 58918371E	
CIADDRESS: 214, Tamp) nos 8+ 23	3,404-83
· Singapore 520214	
* CONTINUE TO 3.d IF DRIVER ALSO PO	LICY HOLDER
4 Ho of passongs, DRIVER	
(Including disease) a) NAME: 13 cooks.	(MALE / FEMALE)
STATESTING ASSIGNED	CONTACT:
CJADDRESS: AS abus	***************************************
"d)DATE OF BIRTH: (28 /05 / 1989	I/DD/MM (SSSS)
eloccupation: (NDOOR / OUTDOOR	
	4/2017
4. WAS DRIVER AN EMPLOYEE OF THE	
IF NO, RELATIONSHIP OF THE DRIVE	
5. g) WEATHER CONDITION: (CLEAR / RAIN	
b)ROAD SURFACE: (DRY / WET / OTHER:	
6. WAS ANYBODY INJURED (YES /NO)	<u> </u>
7. a)REPORTED TO POUCE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE ST	ATION: Tompines NPC
O THE PLAN AS A STATE A ARREST AND AS	
4 No of passinger o) VEHICLE NUMBER: SJD 1516	MODEL:
(Induding driver) b) DRIVER'S NAME	
	CONTACT:
() 9. THIRD PARTY VEHICLE	
No of passanger of DRIVER'S NAME	MODEL:
e) DRIVER'S NAME	
(Including driver)   NRIC/FIN/PASSPORT:	CONTACT::-
(_)	
25 N	* * * * *
- 3	

email = alexling 1989@gmail.com



T/20200930/2003

1 of 3

Report No. T/20200930/2003

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDEN	PEROPT	OF A	TRAFFIC	ACCIDEN'
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	Date/Time Report Made: 30/09/2020 01:19		Vide Report No.:	Station Diary No.:
nforman	t's Particu	lars		
Name of Informant: LING WEI LI			Address: APT BLK 214 TAMPINES 520214	STREET 23 #04-83 SINGAPORE
ID Type / ID No.: NRIC NO / S8918371E		11E	Contact No.: Home/Office:	Mobile: 96986665
Nationality: SINGAPORE CITIZEN			Email: alexling1989@gmail.com	
Sex: Male	Age:	Date of Birth: 28/05/1989	Type of Informant: Rider	Cabaal Nama
Race: Chinese			Language:	Institution / School Name:
Occupati	on: h officer (st	tatistical)	Driving Licence Information Class: 2B,2A,2,3	on: Date of Expiry:

Seneral Inform	nation of the Accide	nt	I Date!	Time of	Type of Location
Type of Accident:	Non-Injury Others	Drink Drive No	Accid		T-Junction
TAMPINES S	STREET 32				
TAMPINES S	STREET 32	Road Surfac	e:	Ī	Road Speed Limit:
	STREET 32	Dry			
Weather: Clear Traffic Flow:	STREET 32	Dry Traffic Contr	ol:		Road Speed Limit:  Traffic Volume: Light
Weather: Clear	STREET 32	Dry	ol:		Traffic Volume:

	ehicle Involve	Make	Model	Color	Condition	No of Passenge
Vehicle No.	Туре		A-A-A-G-G-G-G-G-G-G-G-G-G-G-G-G-G-G-G-G	Section 1	Slightly	0
FBL9255K	Motorcycle	TRIUMPH	Daytona 675	Rea	Damaged	0
		TOYOTA	Vios	Silver	Slightly	4
SJD1516H	Car	TOYOTA	VIOS	Olive.	Damaged	

Details of V	ehicle Insurance	Takes was ever by	Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	ACE INSURANCE LIMITED			





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

2 of 3 Report No. T/20200930/2003

Tel No: 1800-5871999

CONTINUATION OF REPORT

# Brief Details.

On 29/09/20 at 11.12pm, at the junction of Tampines St 32 outside of the Tampines East CC. I met into an accident. I was at the traffic light along Tampines st 32, wanting to go straight to Tampines St 23 when the car in front of me SJD 1516H suddenly reversed as he wanted to go left to Tampines Ave 2 and hit onto my motorcycle resulting in some scratches and slight damage at the front of it. I did not have the time to horn him. I do not have the driver particulars as he was in a rush. He came out of the vehicle and told me that it's okay as it is his vehicle and did not wanted to pursue further.





3 of 3

Report No. T/20200930/2003

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Sketch Plan

NP168

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: G / Sgt 2 BRYAN CHENG CHUN HENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/09/2020 01:19
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	





Liberty Insurance Pte Ltd Registration no. 199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 6811 Fixx; (65) 6225 6890 Website: http://www.libertyinsurance.com.sc

# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1950 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MAI/AYSIA)

Certificate No SD20V03437 /VMS 依00 Form Date Of Issue 02-APR-2020 1.Index Mark and Registration No. of Vehicle: FBL9255K 2.Chassis number of Vehicle: SMTTTA12FAF65989 3.Name of Policyholder: LING WEI LI D6-MAR-2020 00:00 AM

4.Effective date of Commencement of Insurance

for the purposes of the Act:

5.Date of Expiry of Insurance:

6.Persons or Classes of Persons

entitled to drive\*:

The Policyholder only.

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

14-MAY-2021 23:59 PM

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 in connection with the Policyholder's business or profession.

#### 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 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

For Information only:

COVERAGE:

Comprehensive, Flood and Special Perils

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

Section | S\$700, Theft (Outside Singapore) S\$2500

EXCESS: FINANCE COMPANY:

PRODUCER NAME:

E TAY TRADING COMPANY

PLVC/PLVC/02-APR-20

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02-APR-20

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