

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	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
E-Mail 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 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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
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	SJD1516H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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.

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

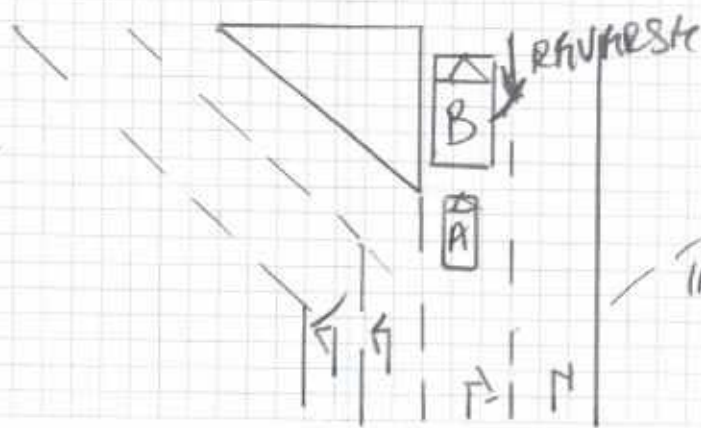
Name:
NRIC/FIN No.:

SKETCH PLAN

TAMPINEK AVENUE 2

A) FBL9255K

B) SJD 1516H



TAMPINEK ST 32

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE POLICE T/20200930/2003

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:

30/09/2020
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (29/09/2020) (DD/MM/YYYY), TIME: (23:12) (HH:MM)

LOCATION: Tampines St 23

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 9255 K
b) INSURANCE COMPANY: Liberty Insurance
c) POLICY NUMBER: SD20V03437 / VMS / 800
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Triumph Daytona 675
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Travelling Home
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Ling Wei Li (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 58918371E CONTACT: 9698 6665
c) ADDRESS: 214, Tampines St 23, #04-83
Singapore 520214

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: As above CONTACT:
c) ADDRESS: As above

* d) DATE OF BIRTH: (28/05/1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 05/04/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Tampines NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STD 1516H MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email = alex.ling1989@gmail.com

VID20



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

Report No. T/20200930/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2020 01:19	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: LING WEI LI			Address: APT BLK 214 TAMPINES STREET 23 #04-83 SINGAPORE 520214	
ID Type / ID No.: NRIC NO / S8918371E			Contact No.: Home/Office:	Mobile: 96986665
Nationality: SINGAPORE CITIZEN			Email: alexling1989@gmail.com	
Sex: Male	Age: 31	Date of Birth: 28/05/1989	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: Research officer (statistical)			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2020 23:10	Type of Location: T-Junction
Location: TAMPINES STREET 32				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
FBL9255K	Motorcycle	TRIUMPH	Daytona 675	Red	Slightly Damaged	0
SJD1516H	Car	TOYOTA	Vios	Silver	Slightly Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJD1516H	ACE INSURANCE LIMITED			



**SINGAPORE
POLICE FORCE**



T/20200930/2003

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 3

Report No. T/20200930/2003

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.



**SINGAPORE
POLICE FORCE**



T/20200930/2003

3 of 3

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

Report No. T/20200930/2003

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:

G /

Sgt 2 BRYAN CHENG CHUN HENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



Authentication Stamp

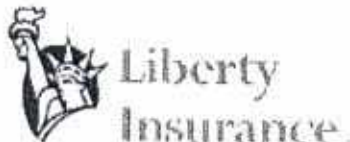
NP168

Signature Of Informant:

Date/Time:

30/09/2020 01:19

Classification Of Case:



Liberty Insurance Pte Ltd
Registration no. 190002791D
51 Club Street
#03-00 Liberty House
Singapore 069426
Tel: (65) 6221 8811 Fax: (65) 6226 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	SD20V03437 /VMS /R00
Form	MY1
Date Of Issue	02-APR-2020
1.Index Mark and Registration No. of Vehicle:	FBL9255K
2.Chassis number of Vehicle:	SMTTTA12FAF659833
3.Name of Policyholder:	LING WEI LI
4.Effective date of Commencement of Insurance for the purposes of the Act:	06-MAR-2020 00:00 AM
5.Date of Expiry of Insurance:	14-MAY-2021 23:59 PM
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. 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
EXCESS:	Section I S\$700, Theft (Outside Singapore) S\$2500
FINANCE COMPANY:	
PRODUCER NAME:	E TAY TRADING COMPANY

PLVC/PLVC/02-APR-20

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02-APR-20