

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	13/10/2020 10:57
Date Of Accident	11/10/2020 18:30
Exact Location Of Accident	LORONG CHUAN SLIP ROAD TOWARDS SERANGOON GARDEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB8080Y
Insured/Policyholder	
Name Of Registered Owner	TOH LEONG SAN
NRIC No	SXXXX856A
Email Address	RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-97808483
Alternative Phone No	OTHERS-97808483

Vehicle Particulars

Manufacturer	LAMBORGHINI
Model	URUS-4.0 (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI20V0300I/VPS/R01
Cover Note Number	

Driver

Name of Driver	TOH LEONG SAN
NRIC No	SXXXX856A
Date Of Birth	08/06/1967
Occupation	INDOOR
Date Of Driving Pass	17/05/1995
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97808483
Fax Number	
Contact Number	OTHERS-97808483
EMail Address	RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG

Address	25 LI HWAN VIEW
Postcode	556914
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)	2
Passenger 1	NAME: : WIFE 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD3396M
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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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: 12/10/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A.) SGB8080Y
B.) SMD 3396M

← Towards Serangoon Garden.

LORONG CITIHAN

Vehicle A was stationary at the line when vehicle B cannot stop in time and collided to the rear bumper of vehicle A.

The accident happened on 11/10/2020 at 6.30 pm.

Vehicle A has dent or damage to the rear bumper.

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

Date & Time: 12/10/2020

(If driver is not the policyholder)

Name: _____

NRIC/FIN No. _____

Accident Report Form:

26

Date of Report: 12/10/2020 Date & Time of Accident: 11/10/2020 (6.30 pm.)
Exact Location of Accident: LORONG CHUAN SLIP ROAD TOWARD SERANGOON GARDEN
Vehicle Reg. No. SGB 8080Y
Name of Reg. Owner: TOH LEONG SAN NRIC No. S1827856A
Mobile No. 9780 8483 Email Addr. RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG
Vehicle Make and Model LAMBERTINI - URUS Private Use or Commercial PRIVATE
Choose one: Reporting Only / Own Damage Claim / Third Party Claim
Insurance Company LIBERTY Comprehensive / Third Party / Fire & Theft
Policy / Cover Note No. SI20V03001/VPS/R01
Name Of DRIVER TOH LEONG SAN NRIC No. / Male/Female S1827856A / MALE
Date Of Birth. 08/06/1967 Date of Driving Pass 17/05/1995
Mobile No. 9780 8483 Address. 25 LI HWAN VIEW (S. 556914)
Employee of Insured ? / Relationship with veh. Owner OWNER

Type of Accident. Front to Rear Weather / Road Condition CLEAR
Any Foreign Veh.? NO Any Body Injured? Where. NO
Number of Passenger + Drv 2 Any photo or video? Yes
Name of 3rd Party Driver —
Other Party Veh. Reg No. SMD 3396M NRIC / Phone No. —

Need:

Driver NRIC / Passport and Driving License (Copy front and back)

Copy of Insurance Certificate

Take photo of Vehicle Damages, Mileage, Chassis number

Fill out the accident statement and draw sketch or diagram

Sign all forms

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	SI20V03001 /VPS /R01
Form	MX1
Date of Issue	06-Mar-2020
1. Index Mark and Registration No. of Vehicle	SGB8080Y
2. Chassis number of Vehicle	ZPBEA1ZL6KLA02853
3. Name of Policyholder	TOH LEONG SAN
4. Effective date of Commencement of Insurance for the purposes of the Act:	15-MAR-2020 00:00
5. Date of Expiry of Insurance	14-MAR-2021 23:59
6. Persons or Classes of Persons entitled to drive*:	<p>A) The Policyholder.</p> <p>B) Any other person who is driving on the Policyholder's order or with his permission.</p> <p><small>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.</small></p> <p><small>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.</small></p>
7. Limitations as to use*	Use only for social, domestic and pleasure purposes and for the Policyholder's business.
8. The Policy does not cover	<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>
<small>*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.</small>	
<small>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.</small>	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  Authorised Signature	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, NCD Protection, Valet Extension
SUM INSURED (\$\$)	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$)	Section 1 - Named Drivers -Singapore: \$512,000 / Outside Singapore: \$24,000.00; Section 1 - Unnamed Drivers (Between 25 to 70 Years Old With At Least 36 Months Driving Experience & No Claim Record For Past 3 Years) -Singapore: \$520,000 / Outside Singapore: \$40,000.00; Windscreen Excess: \$1,000.00
FINANCE COMPANY	
PRODUCER NAME	ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD