





## 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	23/10/2020 12:17
Date Of Accident	22/10/2020 08:40
Exact Location Of Accident	ALONG YIO CHU KANG ROAD BEFORE LORONG AH SOO EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY5344K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	APER SERVICES
Co Reg No	-
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-90046882
Alternative Phone No	OFFICE-90046882

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI20V11616/VPL/R01
Cover Note Number	

### Driver

Name of Driver	FAN CHI KEONG (FAN ZHIQIANG)
NRIC No	SXXXX258H
Date Of Birth	05/06/1979
Occupation	INDOOR
Date Of Driving Pass	26/09/2003
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90046882
Fax Number	
Contact Number	OTHERS: 90046882

Address	BLK 452A SENGKANG WEST WAY #02-391
Postcode	791452
Was driver an employee of the Insured's Company	YES
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	SIDE SWIPE
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?	YES
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	SMS6750A
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	FAN CHI KEONG (FAN ZHIQIANG)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SGY5344K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



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6. 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.
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:

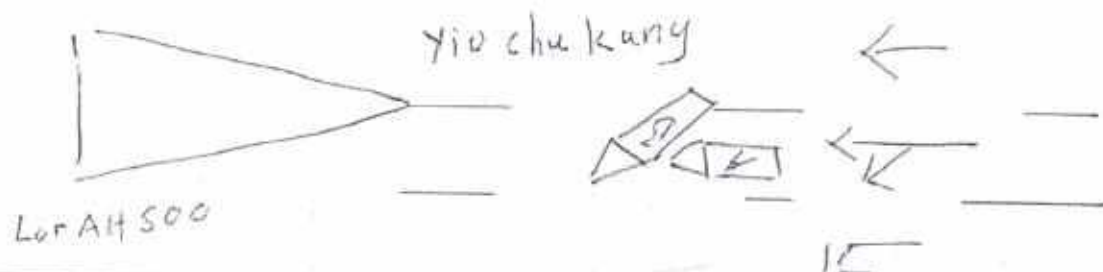
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

23/10/2020  
Redi Monton

SKETCH PLAN

A) SGY 5344K  
B) SMS 6750A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in my lane at Tio chu kang toward Lor AH 500 suddenly I got a strong impact from my front right side I stopped my vehicle and alighted I found vehicle B have cut into my lane and collided onto my vehicle.



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

*[Signature]*

*[Signature]* 23/10/2020  
Red. Winters

Date of Accident : 22/02/2020 Accident Time: 0843 (24-HR-Format)  
Accident Place : YIO CHU KANG ROAD Before Lor AH SOD Exit  
Vehicle No. (Car Plate No.) : SGY 5344K Make/Model: Honda stream  
Insurance Company : Liberty Policy No: S120V11616/VPL/R01  
Owner or Company Name IC No. : APER SERVICES  
Owner or Company Contact No. : Owner's Hp 90046882 Company Tel  
DRIVER'S Name / IC No. : FAN CHI KHEONG (FAN ZHIQIAN) S79172581  
DRIVER'S Date Of Birth : 05061979 DRIVER'S License Pass Date 30 NOV 2016  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : APT BLK 452A SENGKANG WESTWAY #02-391 791452 <sup>report</sup>  
DRIVER'S Contact No./ Alt No. : 1) 2) 90046882  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : info@caremith.biz  
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET  
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance  
Number of Passengers (Including Driver): 02  
Was there any video Captured by car camera YES NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): 02

Other Party Driver's Particular (if any)

Vehicle No: SMS 6750A	Vehicle No: _____
Vehicle Make/Model: BMW	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver Contact: _____	IC No. Driver Contact: _____


\* NEW - Passenger's name & gender:

passenger of wife



### 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>	SI20V11616 /VPL /R01
<b>Form</b>	MZ400B
<b>Date of Issue:</b>	11-Sep-2020
<b>1. Index Mark and Registration No. of Vehicle:</b>	SGY5344K
<b>2. Chassis number of Vehicle:</b>	JHMRN68407S200363
<b>3. Name of Policyholder:</b>	APER SERVICES
<b>4. Effective date of Commencement of Insurance for the purpose of the Act:</b>	28-SEP-2020 00:00
<b>5. Date of Expiry of Insurance:</b>	27-SEP-2021 23:59
<b>6. Person or Classes of Person entitled to drive*:</b>	FAN CHI KEONG
<b>For Private Hire Vehicle (PHV) Usage:</b>	
<b>7. Limitations as to use*:</b>	
A) Use for carriage of passengers or goods in connection with the Policyholder's business.	
B) Use for social, domestic and pleasure purposes.	
<b>8. Policy does not cover:</b>	
A) Use for racing, pace-making, reliability trials or speed-testing.	
B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	

**For Information only:**

<b>COVERAGE:</b>	Third Party Fire & Theft, PHV Extension (Geographical Area: Singapore only)
<b>SUM INSURED (\$\$):</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS (\$\$):</b>	All Claims (Singapore) \$2,000.00, All Claims (Outside Singapore) \$4,000.00
<b>FINANCE COMPANY:</b>	MOTOR CREDIT PTE LTD
<b>PRODUCER NAME:</b>	ALL INS SOLUTIONS PTE LTD