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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 <u>truthful and accurate</u> 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.

atoresaid.	
THE RESERVE THE SECOND STATES	ACCIDENT STATEMENT
Date Of Report	02/11/2020 17:48
Date Of Accident	01/11/2020 20:10
Exact Location Of Accident	CHANGI VILLAGE RD INFRONT SREE RAMAR TEMPLE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR2930P
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD NASIR BIN ABD RAHMAN
NRIC No	SXXXX184I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87503028
Alternative Phone No	OFFICE-87503028
Vehicle Particulars	
Manufacturer	HONDA
Model	CROSSROAD
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	SI19V11634/VPE/R00
Cover Note Number	
Driver	
Name of Driver	MUHAMAD NASIR BIN ABD RAHMAN
NRIC No	SXXXX184I
Date Of Birth	30/10/1963
Occupation	INDOOR
Date Of Driving Pass	09/05/1986
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87503028
Fax Number	

OFFICE-87503028

NOEMAIL

Address BLK 138 EDGEDALE PLAINS #11-102

Postcode 820138

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

Ī

2

NO

1

NO

General Information of the Accident

Type Of Accident COLLISION - U-TURN

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

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)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

140

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLH3768P

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

### **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.
- Information provided must be as <u>truthful</u> and accurate as possible. 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.
- 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:
  - 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:

Driver's Signature

(If driver is not the policyholder)

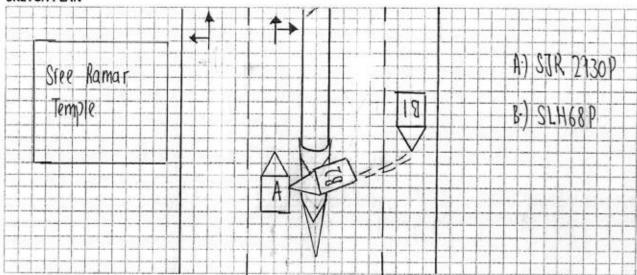
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver) snot the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





# Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6226 3360

# Certificate of Insurance

THE 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 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No SI19V11634 /VPE /R00

Form MX1

Date of Issue 01-JUN-2020

1.Index Mark and Registration No. of Vehicle: SJR2930P
2.Chassis number of Vehicle: RT11008242

3. Name of Policyholder: MUHAMAD NASIR BIN ABD RAHMAN

4. Effective date of Commencement of Insurance

for the purposes of the Act: 19-SEP-2019 16:24 PM 5.Date of Expiry of Insurance: 16-DEC-2020 23:59 PM

6.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.

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:

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.

IWe 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

Das.

Authorised Signature

For Information only: COVERAGE: SUM INSURED:

SCNE

Comprehensive, Unlimited Windscreen MARKET VALUE AT THE TIME OF LOSS

EXCESS: Section I - Named Drivers S\$3000, Wind

Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

FINANCE COMPANY: WSJ CREDIT PTE. LTD, PRODUCER NAME: SC ALLIANCE PTE LTD

20201102

Ver.1.260705

Date of Accident	: 01. 11. 2020 Accident Time: 10.09 NM (24-HR-Format)
Accident Place	: changi village Road ( In front Stee Ramar Temple
Vehicle. No. (Car Plate No.)	: SJR 2930P: Make/Model: Honda (rossroad 1.8
Insurace Company	: liberty Policy No: SI 19 V 11634 / VPE / ROC
Owner or Company Name /IC No.	: Muhamad Hasir Bin Abd Rahman (SIS98184I)
Owner or Company Contact No.	: 8750 3028 · Owner's Hp Company Tel
DRIVER'S Name / IC No.	: as ahove ·
DRIVER'S Date Of Birth	: 30.10.1963 · DRIVER'S License Pass Date 09.05.1986 .
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: DWN01
DRIVER'S Address	: Blk 138 Edgedale Plains # 11-102 (s) \$20138.
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY\RAINING & WET\AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river):   Diyel -
Was there any video Captured by ca Exact purpose for which vehicle wa	
	Party Driver's Particular (if any)
Vehicle, No: SLH 3768P	Vehicle, No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact;

\* NEW - Passenger's name & gender:

Su