

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	06/11/2020 11:31
Date Of Accident	04/11/2020 09:15
Exact Location Of Accident	CTE (SLE/TPE) BEFORE EXIT 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3971X
Insured/Policyholder	
Name Of Registered Owner	2002 ELEVATOR
Co Reg No	5XXXX524X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96783923

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V07517
Cover Note Number	

Driver

Name of Driver	LEE JIAN RONG
NRIC No	SXXXX547H
Date Of Birth	15/04/1994
Occupation	INDOOR
Date Of Driving Pass	21/08/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90267895
Fax Number	
Contact Number	
Email Address	JIANRONG1234567@HOTMAIL.COM

Address	BLK 444 ANG MO KIO AVE 10 #10-1581
Postcode	560444
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	8
Passenger 1	NAME: : HOQUE ISHABUL GENDER: : MALE
Passenger 2	NAME: : SRINIVASAN NARAYANASAMI GENDER: : MALE
Passenger 3	NAME: : SARKER MOHAMMAD LITON GENDER: : MALE
Passenger 4	NAME: : KHENARACH KHOMSAN GENDER: : MALE
Passenger 5	NAME: : HASAN MD MEHEDI GENDER: : MALE
Passenger 6	NAME: : BEPARY HOSSAIN GENDER: : MALE
Passenger 7	NAME: : JOHIR GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO

If Yes,against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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	SJD9546T
Vehicle Make/Model/Colour	MITSUBISHI LANCER GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHIN CHIN
NRIC/Passport Number	SXXXX678H
Contact Number	90109418
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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:

11.20am
05/11/20



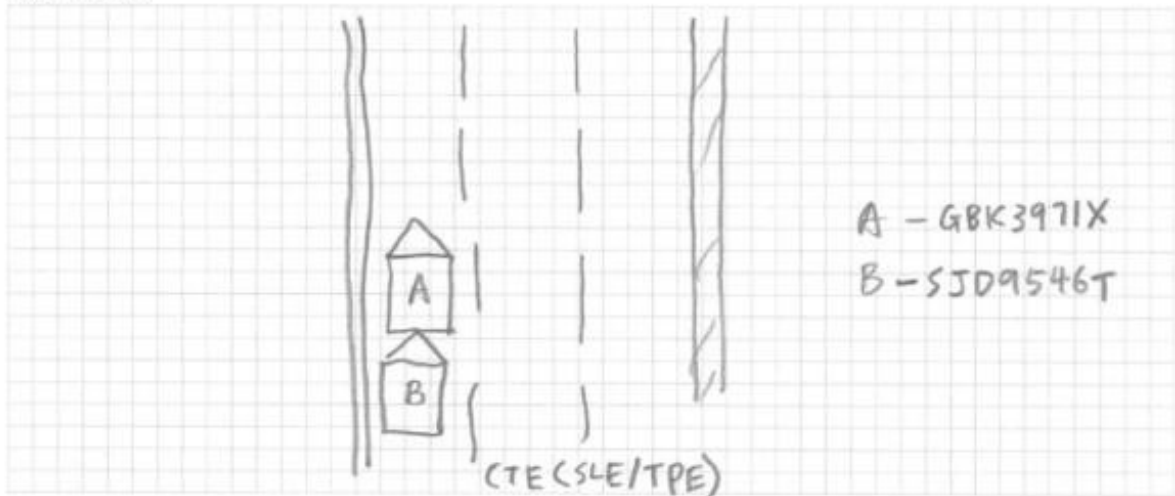
Driver's Signature
(If driver is not the policyholder)
Date & Time:

11.20am
05/11/20

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to police Report.

DECLARATION

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



Policyholder's Signature

Date & Time:

11:20 am
05/11/2



Driver's Signature

(If driver is not the policyholder)

Date & Time:

11:20 am
05/11/2

[Signature]

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	SD20V07517 /VCV /R00
Form	MZ300A
Date Of Issue	15-JUL-2020
1.Index Mark and Registration No. of Vehicle:	GBK3971X
2.Chassis number of Vehicle:	JTFAT35YX0K214680
3.Name of Policyholder:	2002 ELEVATOR
4.Effective date of Commencement of Insurance for the purposes of the Act:	14-JUL-2020 00:00 AM
5.Date of Expiry of Insurance:	13-JUL-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	Any person who is driving on the Policyholder's order or with their permission.
<p>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.</p>	
7.Limitations as to use*:	<p>A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.</p>
8.The Policy does not cover:	<p>A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.</p>
<p>*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.</p>	
<p>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.</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>	
<p> _____ Authorised Signature</p>	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section 1 S\$600, Additional Excess - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	KINETIC INSURANCE AGENCY

SCJC 20200715

Ver.1.260705

AUT LETTER

AUTHORIZATION LETTER

Date : _____

To : JOE TAN
Cc : Borneo Motors (S) Pte Ltd
Attn: To Whom It May Concern

Dear Sir / Madam,


RE : Authorization to Act on Behalf for Insurance Claims Documentation

I, (full name) 2002 ELEVATOR NRIC No. 52974524X hereby
authorized my (relationship) EMPLOYEE (full name) LEE SIAN RONG
NRIC No. 59413547H to exercise and execute to sign all / any necessary transaction
documentation pertaining to my registration vehicle number GBK 3971X as I am
currently having tight official business schedules / away from Singapore on duty oversea travel.

Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature : 
Name : LIM CHONG HOCK
Contact No: 9678 3923



POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201104/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 5
Report No. T/20201104/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2020 15:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE JIAN RONG			Address: 444 ANG MO KIO AVENUE 10 #10-1581 SINGAPORE 560444		
ID Type / ID No.: NRIC NO / S9413547H			Contact No.: Home/Office: Mobile: 90267895		
Nationality: SINGAPORE CITIZEN			Email: jianrong1234567@hotmail.com		
Sex: Male	Age: 26	Date of Birth: 15/04/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other administrative clerks (eg public relations clerk)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/11/2020 09:18	Type of Location: straight road
Location: CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control:	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	Conditio	No of
GBK3971X	Lorry	TOYOTA	dyna	White	Slightly Damaged	7
SJD9546T	Car	MITSUBISHI	lancer ex	Grey	Seriously Damaged	0

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T/20201104/7018

Police Station Of Origin:
Traffic Police
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Report No. T/20201104/7018

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBK3971X	LIBERTY INSURANCE PTE LTD	SD20V07517/VCV/ R00	14/07/2020	13/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEE JIAN RONG		ID No.	S9413547H
Related Vehicle	GBK3971X (Lorry)		Contact No.	90267895
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Passenger				
Name	BEPARY HOSSAIN		ID No.	NIL
Related Vehicle	GBK3971X (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Passenger				
Name	HOQUE ISHABUL		ID No.	NIL
Related Vehicle	GBK3971X (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

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**SINGAPORE
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T/20201104/7018

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Report No. T/20201104/7018

CONTINUATION OF REPORT

Passenger			
Name	HASAN MD MEHEDI		ID No. NIL
Related Vehicle	GBK3971X (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	KHOMSAN		ID No. NIL
Related Vehicle	GBK3971X (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	SARKER		ID No. NIL
Related Vehicle	GBK3971X (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	SRINIVASAN		ID No. NIL
Related Vehicle	GBK3971X (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20201104/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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Report No. T/20201104/7018

CONTINUATION OF REPORT

Passenger			
Name	JOHIR	ID No.	NIL
Related Vehicle	GBK3971X (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

i was on CTE (TPE/SLE) heading towards exit 2. the traffic has stopped going towards exit 2 so i slow down to a stop. the moment my vehicle fully stop i was hit by a car from behind.

I was driving vehicle number GBK3971X

The other vehicle number is, SJD9546T

The damages to my vehicle is as follows: broken rear light, car plate, reversing sensor, back body frame is dented.

The person injured is hoque ishabul 87377879 & bepary hossain 86192415

My vehicle has in-car camera which is facing front only but I a not sure whether it recorded the accident.

I am lodging this report as there is someone injured and for insurance claim for the damages to my vehicle.

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POLICE FORCE



T/20201104/7018

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Report No. T/20201104/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/11/2020 15:20

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



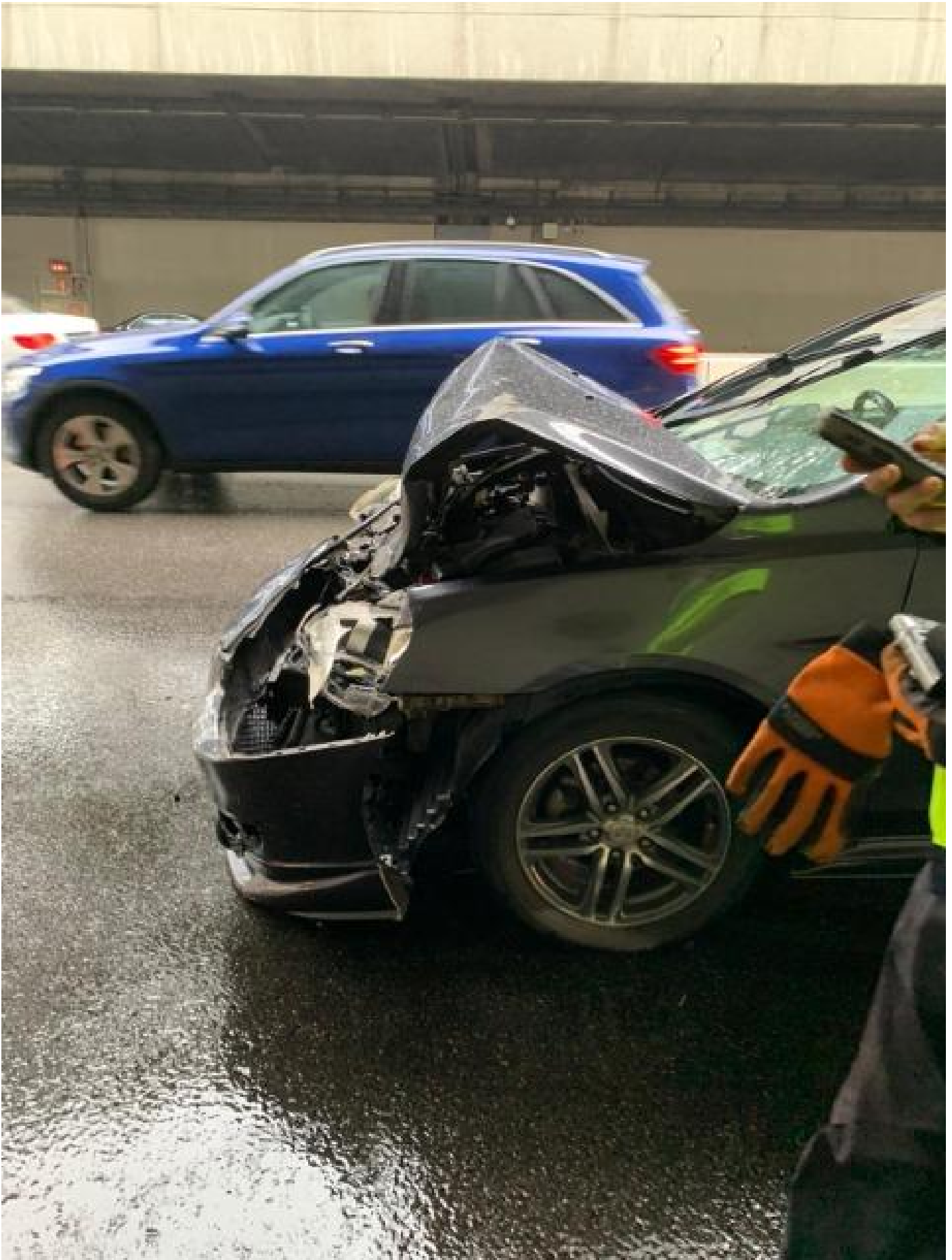
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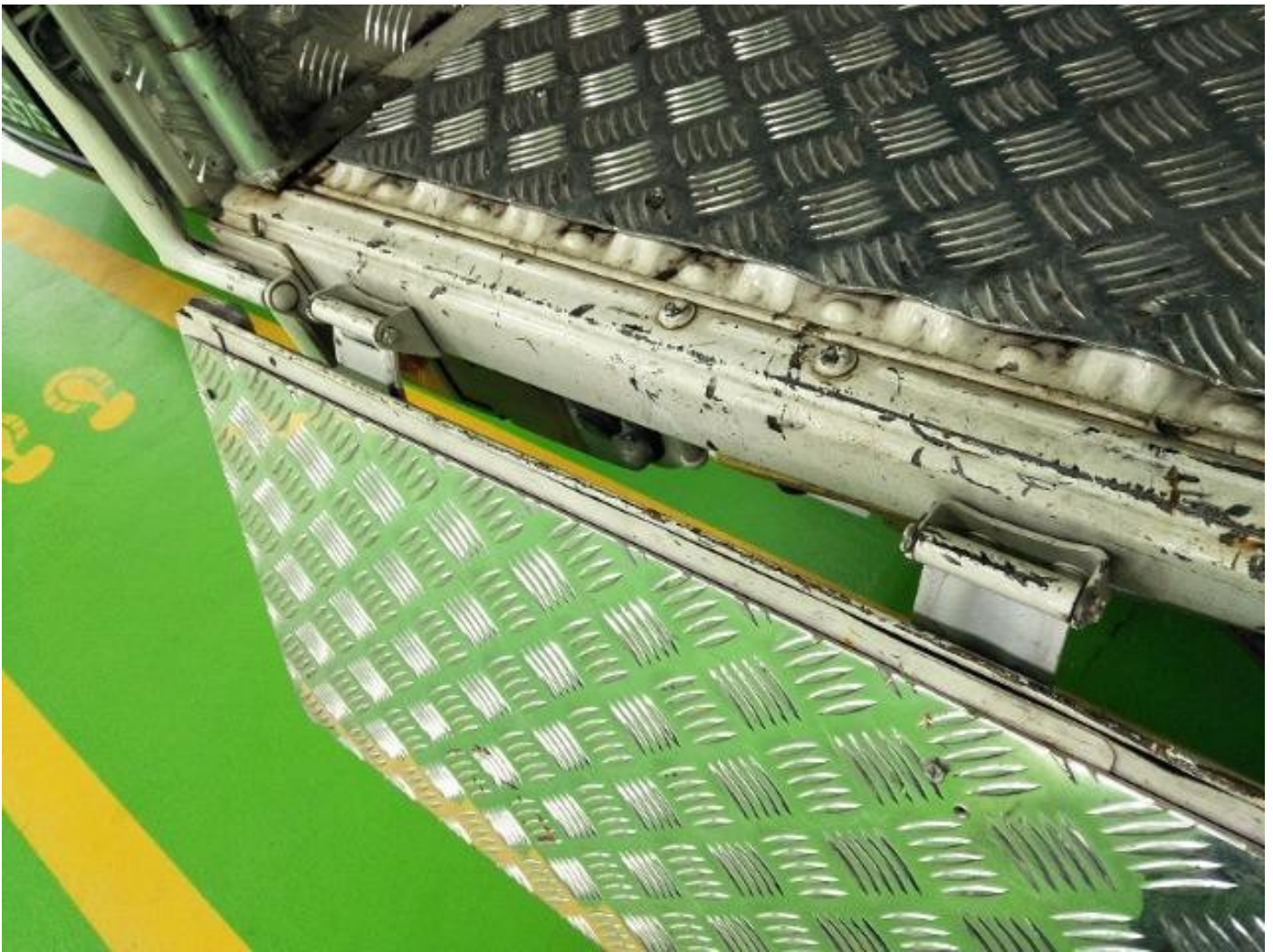
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