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Owner/Drivers (		Tel:	. )
Policy No: ( )	Period: (	Cover Type: (	. )
	. Dates,		-100/1
Insured/Driver Liability: ( %)	[Note-Est Sintus (WO): N: 0	-20%; P: 21-79%. 1. ac	
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### 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 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.

<ol><li>By the lodgement of this report to the insurers, you hereby cons aforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/11/2020 15:05
Date Of Accident	13/11/2020 08:20
Exact Location Of Accident	ALONG DOVER ROAD
Country/State of Loss	SINGAPORE
County of the name of the Part of the Part	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM197T
Insured/Policyholder	
Name Of Registered Owner	LEE KEE SIONG
NRIC No	SXXXX122C
Email Address	GENEVIEVELOW@YAHOO.CO.UK
Mobile Phone No	(LOCAL) +65-93833224
Alternative Phone No	OTHERS-93833224
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI20V07715/VPO/R02
Cover Note Number	
Driver	
Name of Driver	GENEVIEVE LOW YIONG PING
NRIC No	SXXXX329E
Date Of Birth	14/06/1976

Date Of Birth 14/06/1976 Occupation INDOOR Date Of Driving Pass 08/06/1995

25 YEARS AND 5 MONTHS Driving Experience

Gender FEMALE

Mobile Number (LOCAL) +65-93833224

Fax Number

Contact Number ULHEB C'03833337 Address

Postcode 277876

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

76 LASIA AVENUE

CHILDREN

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?

NO

Was any injured conveyed to hospital by

NO

ambulance? 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)

**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?

NO

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLW86P

Vehicle Make/Model/Colour

MERCEDEZ BENZ C180

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

ERIC VERGARA

NRIC/Passport Number

SXXXX474D

Contact Number

94873365

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.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. 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.
- 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.

Driver's Signature

(If driver is not the policyholder)

11.35 AM 13.11.2020

Policyholder's Signature Date & Time: Beporting Centre Personnel's Signal

lame:

11-35 am

# ACCIDENT STATEMENT

	ACCIDENT DATE: ( 13/ 11/ 2020) (DD/MM/YYYY), TIME: ( 08 : 20 )(HH:MM)
	LOCATION: DOVER ROAD
	TOOMION. TO THE TROUBLE
	1. DETAILS OF VEHICLE
	ajvehicle Number: SMM 1977
	DINSURANCE COMPANY: LIBERTY INSURANCE
	CIPOLICY NUMBER: SI 20VO7715/ VPO/RO2
	d)POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	OMAKE & MODEL: VW JETTA
	FITYPE: (SALOON) COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	GIVEHICLE CATEGORY: PRIVATE COMMERCIAL / MOTORCYCLE)
0.0	h)PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
	I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES MO)
33	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER
	AINAME: LOW KEE SIONG (MALE ) FEMALE)
	bINRIC/FIN/PASSPORT: SC 60122C CONTACT: 9383322
	CIADDRESS: 76 LASIA AVE
S* #	SIPORE 277876
102211 TA	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Ano of base	2na3. DRIVER
Cincluding d	WIND GINAME: GENEVIEVE LOW YING PINGMALE FEMALE
C1 2	b)NRIC/FIN/PASSPORT: S7618329E CONTACT: 83871497
(T)	CIADDRESS: 76 LASIA AVE
	S'PORE 271876
	*d)DATE OF BIRTH: (14/06/1976)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR AOUTDOOR)
	FIDATE OF DRIVING PASC & JUNE 1995
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
X	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CHILD
	5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
	b)ROAD SURFACE: (DRY ) WET / OTHERS
A.	6. WAS ANYBODY INJURED (YES (NO)
	7. a) REPORTED TO POUCE (YES NO
	IF YES, PLEASE STATE WHICH POLICE STATION:
to of passeng	8. THIRD PARTY VEHICLE SLW 869 MODEL: MBRC CLAJ80
had de la	o) VEHICLE NUMBER: SLW 86P MODEL: MBRC CLA.180  DRIVER'S NAME: MR ERIC VERGARA
including dri	(c) NRICHIN/PASSPORT: S80 86474 D CONTACT: 9487 3365
()	9. THIRD PARTY VEHICLE
C. A	All Agent Makes and the beautiful and the second se
No of passon	ger, el Driver's NAME:
Including di	f) NRIC/FIN/PASSPORT: CONTACT::
( )	, and the same of
()	9966
	3t (2 52)

email = genevievelow@yahoo.w.uk





Liberty Insurance Pte Ltd

Registration no. 199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 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 ES (THIRD-PARTY RISKS AND COMPLEYS)
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT ACT, 1987 (MALAYSIA)

	MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAY)
Certificate No	S120V07715 /VPO /R02

MXI Form

12-Jun-2020 Date of Issue

SMM197T 1.Index Mark and Registration No. of Vehicle:

WVWZZZ16ZGM016340 2. Chassis number of Vehicle:

LOW KEE SIONG 3 Name of Policyholder

27-JUL-2020 00:00 4. Effective date of Commencement of Insurance

for the purposes of the Acr 26-JUL-2021 23:59 5 Date of Expiry of Insurance:

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

7. Limitations us 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.

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:

Comprehensive, Unlimited Windscreen, NCD Protection COVERAGE

MARKET VALUE AT THE TIME OF LOSS SUM INSURED (SS)

Section 1 - Named Drivers \$1,000.00, Section 1 - Univaried Drivers \$1,500.00, Additional Excess for Young, Elderly & Inexperienced Drivers EXCESS (SS)

\$3,000.00. Windscreen Excess \$100.00

FINANCE COMPANY:

AAS INSURANCE AGENCY PTE LTD. PRODUCER NAME