

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	13/11/2020 15:05
Date Of Accident	13/11/2020 08:20
Exact Location Of Accident	ALONG DOVER ROAD
Country/State of Loss	SINGAPORE
DETAILS 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
Occupation	INDOOR
Date Of Driving Pass	08/06/1995
Driving Experience	25 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93833224
Fax Number	
Contact Number	OTHERS-93833224

Address	76 LASIA AVENUE
Postcode	277876
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	1

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
Was there any audio recorded?	NO

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

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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:

Driver's Signature
(If driver is not the policyholder)

11.35 AM
13.11.2020

Reporting Centre Personnel's Signature
Name:

13/11/2020

[illegible]

Graph 2

I saw a white car, in the far back, approaching the line of cars queuing, which were waiting to turn right into the other school entrance.

Thus I moved off onto the left lane after checking (as above), as it looked safe/clear to do so.

My car VW Jetta (SMM 197 T) had a broken right headlight, dented front bumper, damage near driver's door hinge area and right side of hood edge.

The white Merc (SLW 86P) was mainly side-swipe (paint marks) on the passenger door side. That driver did not signal and was likely speeding in last minute overtaking.

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

GENEVIEVE LOW

13.11.2020 @
11.35am

13/11/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 13/11/2020 (DD/MM/YYYY), TIME: 08:20 (HH:MM)

LOCATION: DOVER ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMM 197T
b) INSURANCE COMPANY: LIBERTY INSURANCE
c) POLICY NUMBER: SI20V07715/VPO/802
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: VW JETTA
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LOW KEE SIONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: SC60122C CONTACT: 93833224
c) ADDRESS: 76 LASIA AVE
S'PORE 277876

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GENEVIEVE LOW YIONG PING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: ST618329E CONTACT: 83871497
c) ADDRESS: 76 LASIA AVE
S'PORE 277876

* d) DATE OF BIRTH: 14/06/1976 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 8 JUNE 1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CHILD

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: -

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLW 86P MODEL: MERC CLA180
b) DRIVER'S NAME: MR ERIC VERGARA
c) NRIC/FIN/PASSPORT: S8086474D CONTACT: 9487 3365


9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = genevieve LOW@yahoo.co.uk
VIDEO

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	SI20V07715 /VPO /R02
Form	MX1
Date of Issue:	12-Jun-2020
1. Index Mark and Registration No. of Vehicle:	SMM197T
2. Chassis number of Vehicle:	WVWZZZ16ZGM016340
3. Name of Policyholder:	LOW KEE SIONG
4. Effective date of Commencement of Insurance for the purposes of the Act	27-JUL-2020 00:00
5. Date of Expiry of Insurance:	26-JUL-2021 23:59
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.	
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>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <p>Authorised Signatory</p>	

For Information only:

COVERAGE	Comprehensive, Unlimited Windscreen, NCD Protection
SUM INSURED (\$S)	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$S)	Section 1 - Named Drivers \$1,000.00, Section 1 - Unnamed Drivers \$1,500.00, Additional Excess for Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00
FINANCE COMPANY	
PRODUCER NAME	AAS INSURANCE AGENCY PTE. LTD.