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Owner/Driver: (		Tel:	1
Policy No: ( )	Period: (	) Cover Type: (	
Confirmed by 1 (	Dates	Times	
	%) [Note-Est Sintus (WO): N	: 0-20%; P: 21-79%. P: 80-	100%]
Insured/Driver Liability: (	) Warranty: YES ( )/NO	( )	
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MNA120100778 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 13/11/2020 17:01 SUBMITTED BY: ROSLI BIN ABDUL WAHAB

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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

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during the second secon	ACCIDENT STATEMENT
Date Of Report	13/11/2020 17:01
Date Of Accident	13/11/2020 08:20
Exact Location Of Accident	ALONG AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE
Tarbat and very large to the contract of the c	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD34M
Insured/Policyholder	
Name Of Registered Owner	CHONG SHIAU TING
NRIC No	SXXXX064E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97253434
Alternative Phone No	OTHERS-97253434
Vehicle Particulars	
Manufacturer	MAZDA
Model	5 WAGON-2.0 EU6 (A)
Exact Purpose for which vehicle was being used at time of accident	THE PROPERTY OF THE PROPERTY O
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	SI20V11101/VPE/R01
Cover Note Number	
Driver	
Name of Driver	THAM CHEE HOE, SAYNE (TAN ZHIHAO)

NRIC No. SXXXX167B Date Of Birth 13/05/1982 Occupation **INDOOR** Date Of Driving Pass 26/02/2007

Driving Experience 13 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97253434

Fax Number

Contact Number OTHERS.07253434 Address

16 PENAGA PLACE

Postcode

757330

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

20

Insurance Company of Driver's Own Vehicle

.

## General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

YES

Was any body injured in the Accident?
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)

NO

soliciting/offering accident claims assistance.

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

SJB3317M

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)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

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)

## **DETAILS OF INJURED PERSON 1**

Name

THAM CHEE HOE, SAYNE (TAN ZHIHAO)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SJD34M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 repudiate policy liability.
- 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.

Policyholder's Signature

Date & Time:

Driver's Signature

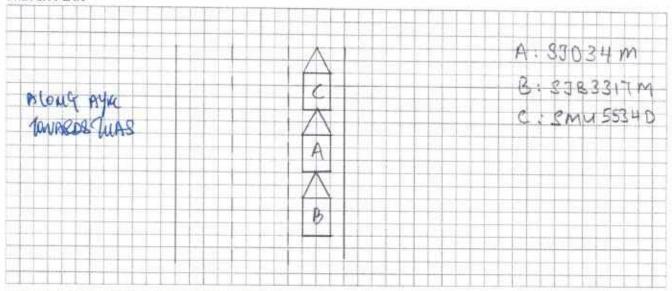
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sig

Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE towards Thas before Jurong
Town Hall. The vehicles in front of me slowed down and stopped.
Noticing that, I followed suit. Out of & a sudden, I felt a great
impact from the rear that and it pushed my vehicle forward
and hirt anto vehicle C. I alighted and realised vehicle B had
collided onto my rear and I was involved in a chain collision
involving 3 rehicles total.

DECLARATION

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

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.:

SIARMC SketchPlanForm\_V3

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 13-Nov-2020

ACCIDENT TIME: 0820

LOCATION: AYE TWDS TUAS

VEHICLE NUMBER: SJD34M

INSURED NAME: CHONG SHIAU TING

NRIC / FIN: \$8473064E

CONTACT: 97253434

) Reporting Only

MAKE: MAZDA

MODEL: MAZDA5 WAGON 2.0 AT EU6

Are you claiming under your own insurance policy for repair to your vehicle?

) Yes, If No, Pls Select: ( 

) Third Party (

INSURANCE COMPANY: LIBERTY

TYPE OF POLICY: Comprehensive

POLICY NUMBER: SI20V11101/VPE / R01

NAME DRIVER: THAM CHEE HOW, SAYNE CZON ZHIHAO

NRIC / FIN: S8215167B

DATE OF BIRTH: 13-May-1982

CONTACT: 97253434

EXPIRY DATE: 13-Sep-2021

DRIVING PASS DATE: 26-Feb-2007

GENDER: Male

OCCUPATION: Indoor EMAIL ADDRESS:

ADDRESS OF DRIVER: 16 PENAGA PLACE SINGAPORE 757330

Relationship Of The Driver With The Insured:

Spouse

Number Of Passenger Include Driver:

1 Driver

NAME

NRIC/FIN/BC

GENDER

INJURED

THAM CHEE HOW

S8215167B

Male

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Was There Any Video Capture By Car Camera?

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident?

No

Convey By Ambulance:

No

Was There Accident Reported To The Police?

No

Police Report Number:

NIL

Details Of 3rd Party

Name

NRIC

Contact

No.of Paxs(incl' driver) Not Sure

Veh B SJB3317M Veh C SMU5534D

Not Sure





# Certificate of Insurance

www.libertyinsurance.com.sg

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; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder:		Certificate No.:
CHONG SHIAU TING		SI20V11101/ VPE / R01
Date of Issue: 01 Sep 2020	Effective Date of Commencement: 14 Sep 2020 00:00	Date of Expiry: 13 Sep 2021 23:59
Registration No.; SJD34M	Chassis No.: JM6CW1071H0126663	Type of Certificate:

#### 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.

#### Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

## 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

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen, Buy Up Excess

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$1700, Section I - Unnamed Drivers S\$2200, Additional Excess for

Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

HONG LEONG FINANCE LTD

Name of Producer:

FINEXIS ADVISORY PTE LTD (B9119-247)

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	064E	
Vehicle No.:	SJD34M	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	13 Nov 2020	
Vehicle Make:	MAZDA	
Vehicle Model:	MAZDA5 WAGON 2.0 AT EU6	
Primary Colour:	Black	
Manufacturing Year:	2017	
Engine No.:	PE10527027	
Chassis No.:	JM6CW1071H0126663	
Maximum Power Output:	111.0 kW (148 bhp)	
Open Market Value:	\$17,537.00	
Original Registration Date:	14 Sep 2017	
First Registration Date:	14 Sep 2017	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$17,537.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	13 Sep 2027	
PARF Rebate Amount: Intended COE Rebate Details	\$13,152.00	
COE Expiry Date:	13 Sep 2027	
COE Category:	E - Open - all except motorcycle	
COE Period(Years):	10	
QP Paid:	\$48,001.00	
COE Rebate Amount:	\$32,459.00	
Total Rebate Amount:	\$45,611.00	
	A CONTROL CONT	

The information contained herein is correct as at 13 Nov 2020