

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 17:01
Date Of Accident	13/11/2020 08:20
Exact Location Of Accident	ALONG AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

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	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	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.97253434

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	-
	-
	-
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) involved in the accident	3
Was any body injured in the Accident?	YES
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	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.
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. 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:
- (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)
Date & Time:


13/11/2020

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

SKETCH PLAN

Along AYE
TOWARDS TUAS

A: 83034 M
B: 83B3317 M
C: 8MU5534 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE towards Tuas 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 hit onto vehicle C. I alighted and realised vehicle B had collided onto my rear and I was involved in a chain collision involving 3 vehicles 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:

13/11/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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: S8473064E

CONTACT: 97253434

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 () Reporting Only

INSURANCE COMPANY: LIBERTY

TYPE OF POLICY: Comprehensive

POLICY NUMBER: SI20V11101/ VPE / R01

EXPIRY DATE: 13-Sep-2021

NAME DRIVER: THAM CHEE HOW, *SAYNE (70m 24/11/90)*

NRIC / FIN: S8215167B

CONTACT: 97253434

DATE OF BIRTH: 13-May-1982

DRIVING PASS DATE: 26-Feb-2007

OCCUPATION: Indoor

GENDER: Male

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	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? 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)
----------------------	------	------	---------	--------------------------

Veh B SJB3317M				Not Sure
----------------	--	--	--	----------

Veh C SMU5534D				Not Sure
----------------	--	--	--	----------

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: CHONG SHIAU TING		Certificate No.: 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: MX1

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:	064E
Vehicle Details	
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:	\$17,537.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Sep 2027
PARF Rebate Amount:	\$13,152.00
Intended COE Rebate Details	
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

The information contained herein is correct as at 13 Nov 2020

OK