

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	19/11/2020 14:42
Date Of Accident	18/11/2020 07:00
Exact Location Of Accident	BLK 707 CLEMENTI WEST STREET 2 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3942K
Insured/Policyholder	
Name Of Registered Owner	AQUARIUS SEAFOOD SUPPLIER
Co Reg No	5XXXX975K
Email Address	WILSON_TINGWEI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90690044
Alternative Phone No	OFFICE-90690044

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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	SD20V07207/VCV/R00
Cover Note Number	

Driver

Name of Driver	LOW CHENG HOCK
NRIC No	SXXXX687Z
Date Of Birth	15/02/1971
Occupation	OUTDOOR
Date Of Driving Pass	30/04/1993
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90690044
Fax Number	
Contact Number	OTHERS-90690044

Address	BLK 706 CLEMENTI WEST STREET 2
	#05-365
Postcode	120706
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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	YJ5050Z
Vehicle Make/Model/Colour	HINO (WHITE)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD SHAFIQ BIN ROSLAN
NRIC/Passport Number	SXXXX264D
Contact Number	
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 (c) 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:

19/11/2020
Receiving Centre Personnel's Signature
Name:
NRIC, PIN No.:

SKETCH PLAN

BLK 707 CLEMENTI WEST ST 2 OPEN SPACE CARPARK

vehicle A GBJ 3942K

vehicle B YJ 5050Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/11/2020 about 7am morning. vehicle B "YJ 5050Z"
reverse and collided onto my lorry at Blk 707 Clementi
West Street 2 Open Space carpark as my lorry was
stationary parked in the lot when I am still
inside my lorry.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

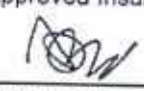
Reporting Centre Filing Officer's Signature
(Name)
TRIC FINTD:

ACCIDENT DATE & LOCATION		
Date & Time of Accident *	Date: 18/11/2020 Time: 07:00AM (24 hr format)	
Exact Location of Accident *	Blk 707 Clementi West St 2 OSCF	
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE		
Vehicle Registration Number *	GBJ 3942K Make & Type: TOYOTA DYNA	
Name of Registered Owner *	AQUARIUS SEAFOOD SUPPLIER	
NRIC / FIN / Passport / Co Regn No. *	S3055975K	
Contact Number *	9669 0044 Email/Fax No: Winsen_tingwei@hotmail.com	
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage	
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken <input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only	
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American / <u>Liberty</u>	
Type of Policy *	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
Policy No. (Certificate No.) / Cover Note No.	SD20V07207 / VCV / R00	
DRIVER		
Name of Driver *	LOW CHENG HOCK Gender: <u>Male</u> / Female	
NRIC / FIN / Passport Number *	S71216872	
Date of Birth *	15/02/1971 (dd/mm/yyyy)	
Occupation *	<input type="checkbox"/> Indoor / <input checked="" type="checkbox"/> Outdoor	
Date of Driving Pass (Pass Date) *	30/4/1993	
Contact Number *	9669 0044	
Address	Blk 706 Clementi West St 2 #05-365 (2) 120706	
Email Address / Fax Number *	Email: Winsen_tingwei@hotmail.com Fax: —	
Relationship of the Driver with the Insured *	<u>Owner</u> / Employee / Spouse / Friend / Others:	
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision	Chain Collision / Side-Swipe / <u>Front to Rear</u> / Others:	
Weather Conditions *	<u>Clear</u> / Raining / Others:	
Road Surface *	Wet / <u>Dry</u> / Others:	
OTHER INFORMATION		
Was anybody injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)	
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes	
Was any foreign vehicle involved in this accident? *	<input type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____	
Number of vehicles involved in the accident	(02)	
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes	
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes	
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes	
DETAILS OF POLICE ACTION		
Was the Accident Reported to the Police? *	<input type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station: _____	
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____	
Number of Passengers (Including DRIVER)? *	(01)	
Passengers	Name: _____ Gender: Male / Female	Name: _____ Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <u>No</u>		

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) YJ 5050Z	2)
Vehicle Make / Model / Colour	HINO / white	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	Muhammad SHAFIA	BIN ROZLAN
NRIC/Passport Number	S 8936264D	
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

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	SD20V07207/NGV/R00
Form	MZ300A
Date Of Issue	08-JUL-2020
1.Index Mark and Registration No. of Vehicle:	GBJ3942K
2.Chassis number of Vehicle:	JTFAT35Y40K212990
3.Name of Policyholder:	AQUARIUS SEAFOOD SUPPLIER
4.Effective date of Commencement of Insurance for the purposes of the Act:	02-JUL-2020 09:38 AM
5.Date of Expiry of Insurance:	01-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. 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*: 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.	
8.The Policy does not cover: 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 of any one disabled mechanically propelled vehicle.	
*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: COVERAGE : Comprehensive, Unlimited Windscreen SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 FINANCE COMPANY: PRODUCER NAME: VIRTUAL INSURANCE AGENCIES PTE LTD	

PLFM/PLFM/08-JUL-20

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08-JUL-20