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SN09211F000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/01/2021 14:03 (SGT)

SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (15/01/2021 14:03 (SGT))

# **SINGAPORE ACCIDENT STATEMENT**

#### 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 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.

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**

15/01/2021 14:03 (SGT) Date of Submission 13/01/2021 18:20 (SGT) Date of Accident Mountbatten Rd, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

## **DETAILS OF OWN VEHICLE**

SLG5818X Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? TS AMULET Name Of Registered Owner Company Reg No KTSJASONKEE@GMAIL.COM **Email Address** (Phone) +65-81517888 Mobile Phone No

+65-81517888 Alternative Phone No

#### VEHICLE PARTICULARS

Toyota Manufacturer Prius Model Variant

Exact purpose for which vehicle was being used at time of Private hire

accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Private hire Vehicle Category

#### INSURANCE COMPANY

Liberty Insurance Name of Insurance Company Type of Coverage Comprehensive Fleet Policy SD20V11209/VPL/R00 Policy Number

Cover Note Number

#### DRIVER

KEE TIEN SENG Name of Driver SXXXX042J NRIC No. 18/10/1985 Date Of Birth Outdoor Occupation .....

Date Of Driving Pass	07/03/2008
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male (5) 05 01517999
Mobile Number	(Phone) +65-81517888
Alt. Phone Number	KTSJASONKEE@GMAIL.COM
Email Address	BLK 310C PUNGGOL WALK #16-598
Address	-
Address complement Postcode	823310
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	20
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	•
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
	No
Was the accident reported to the police?	
Was notice of intended Prosecution given?	
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Table for attachment?	Yes
Are accident photos available for attachment?  Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTH	ER VEHICLE PROPERTY 1
A Maria Anna Indiana and Anna Anna Anna Anna Anna Anna An	27 O TIM DECOMP 475 495
Vehicle Registration Number	GBA7536X
Vehicle Manufacturer	F) (18)
Vehicle Model	. ·
Vehicle Variant	60 (d <del>e</del> )
Vehicle Colour	ii) 1.#
Vehicle Category	
Name of Driver	· · ·
Contact Number Address	· ·
Address complement	•
Postcode	e .
Insurance Company Name	₩ 👼
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Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

# 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.
- 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.
- 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)

l understand, acknowledge, agree and consent that:

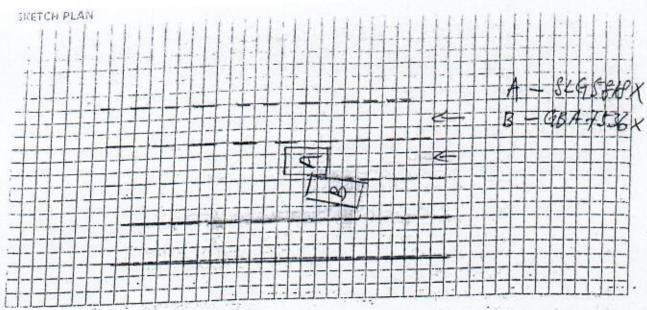
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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;
  - (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.

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Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

Xulars are true in every respect. I/We declare the [

Policyholder's Signature Date & Time:

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



Reporting Centre Personnel's Signature Mame: HRIC/FIN No :





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 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) ROLES, 1959 (MALATSIA)				
Certificate No	SD20V11209 /VPL /R00			
From	MZ400B			
Date Of Issue	21-SEP-2020			
1.Index Mark and Registration No. of Vehicle:	SLG5818X			
2.Chassis number of Vehicle:	JTDKB3FU403535426			
3.Name of Policyholder:	TS AMULET			
	47 OFF 2000 00:00 AM			

4. Effective date of Commencement of Insurance

17-SEP-2020 00:00 AM

for the purpose of the Act:

5.Date of Expiry of Insurance:

16-SEP-2021 23:59 PM

6.Persons or Classes of Persons

For Private Hire Vehicle (PHV) Usage:

entitled to drive\*:

KEE TIEN SENG

For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.

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.

- A) Use for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic and pleasure purposes.

#### 8.Policy does not cover:

A) Use for racing, pace-making, reliability trials or speed-testing.

B) Use whilst drawing a trailer except the towing (other than for reward) 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, PHV Extension (Geographical Area: Singapore only)

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

**FXCESS**:

Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S

\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100

FINANCE COMPANY:

MOTOR-WAY CREDIT PTE LTD MOTOR-WAY CREDIT PTE LTD

PRODUCER NAME: PLSL/PLSL/21-SEP-20

S1\_CI\_T1\_T3\_OE\_Template6-Ver1. 21-SEP-20

Date of Accident	: 13/1/21 Accident Time: 1820 (24-FIR-Format)
Accident Place	: mountbatten Rol towards Fort Bol
Vehicle Reg. No. (Car Plate No.)	SUG SASAX SLG SAIAX
Vehicle Make/Model	· Prive
insurance Company	: Liberty Policy No. SDJOV/1289/VPL/200
Owner or Company Name /IC No.	: Kee 71en Seng
Owner or Company Contact No.	: 8151788 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: KEE Tien Song
DRIVER'S Date Of Birth	18/10/1985 DRIVER'S License Pass Date 07 mor 2008
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	310c Punggol Walk \$ \$16-589 59823310.
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: KTSJason cee@ quail - com
Weather & Road Surface	: CLEAR & DRY \RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	priver):
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: VES \ NO s being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: GB A 753	6 × Vehicle Reg. No:
Vehicle Make Wodel: Dyna	Vehicle Make\Model:
Name Driver:	
IC No. Driver:	
Driver's Contact & Add:	
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