

## 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 Submission ..... 10/02/2021 08:10 (SGT)  
Date of Accident ..... 09/02/2021 14:26 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PLQ MALL LEVEL 3 CARPARK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMU7573C

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HEALING TOUCH  
Company Reg No ..... 5XXXX522C  
Email Address ..... lung.joshua@gmail.com  
Mobile Phone No ..... (Phone) +65-90607100  
Alternative Phone No ..... +65-90607100

#### VEHICLE PARTICULARS

Manufacturer ..... MG  
Model ..... ZS EV AT DELUXE  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD20V09822  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LUNG SING WEI  
NRIC No ..... SXXXX093J  
Date Of Birth ..... 29/03/1966  
Occupation ..... Indoor

Date Of Driving Pass .....	01/04/1987
Driving experience .....	33 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90607100
Alt. Phone Number .....	-
Email Address .....	lung.joshua@gmail.com
Address .....	104 PEMIMPIN TERRACE
Address complement .....	-
Postcode .....	575989
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collided into Parked Vehicle
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) .....	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210209/2064

#### 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 .....	SKX9962H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## SKETCH PLAN

## IMPORTANT NOTICE

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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.

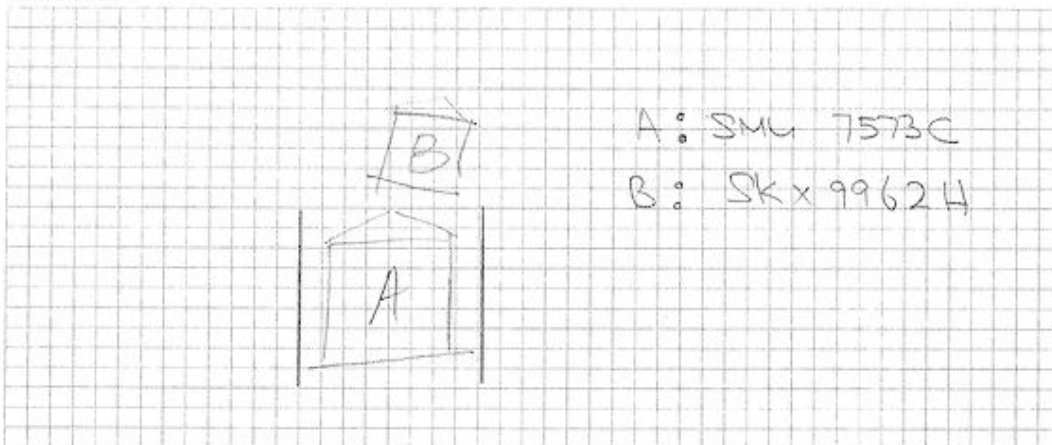


Policyholder's Signature  
Date & Time:

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

COMFORTDELGRO ENGINEERING PTE LTD  
320 UBI ROAD 3  
SINGAPORE 408049  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer to police report*

DECLARATION

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



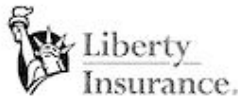
Policyholder's Signature  
Date & Time:

*[Signature]*

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

COMFORTDELGRO ENGINEERING PTE LTD  
320 UBI ROAD 3  
SINGAPORE 408549

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



www.libertyinsurance.com.sg

## Motor Cover Note

<b>Name of Producer:</b>	<b>Cover Note No.:</b>
EUROKARS SERVICES PTE LTD (A1898)	C0108098
<b>Date of Issue:</b>	<b>Quotation/ Proposal/ Policy No.:</b>
24 Aug 2020	AA/SL

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

### Details of Schedule

<b>Name of Insured:</b>	HEALING TOUCH	
<b>Period of Insurance:</b>	From: 27 Aug 2020 00:00	To: 26 Aug 2021 23:59
<b>Registration No.:</b>		
<b>Make and Model:</b>	MG ZS	
<b>Type of Body:</b>	SUV	
<b>Capacity/Tonnage:</b>		
<b>Year of Manufacture/Registration:</b>	2020/2020	
<b>Chassis No.:</b>	LSJN74094LZ072118	
<b>Engine No.:</b>	TZ204XS14813100017871	
<b>Sum Insured:</b>	MARKET VALUE AT TIME OF LOSS	
<b>Name of Finance Company:</b>	NA	
<b>Type of Plan:</b>	Comprehensive	
<b>Excess:</b>	AS AGREED	

The Motor Vehicle (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 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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.

Not valid unless counter-signed by authorized person.



Date: 24 Aug 2020 18:16

For and on behalf of  
LIBERTY INSURANCE PTE LTD

### IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

Liberty Insurance Pte Ltd (Registration No. 199002791D) | GST Registration No. M2-0093571-3  
51 Club Street #03-00 Liberty House Singapore 069426 | Tel: 1800-LIBERTY (542 3789) | Fax: (+65) 6223 8434

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A1898/PLSL/24-Aug-2020/Motor/CoverNote/v1.0





































**SINGAPORE  
POLICE FORCE**



T/20210209/2064

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210209/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/02/2021 14:26	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LUNG SING WEI			Address: 104 PEMIMPIN TERRACE CORAL PARK SINGAPORE 575989		
ID Type / ID No.: NRIC NO / S1758093J			Contact No.: Home/Office: Mobile: 90607100		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 29/03/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/02/2021 13:45	Type of Location:
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX9962H	Car					0
SMU7573C	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210209/2064

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210209/2064

**CONTINUATION OF REPORT**

Driver			
Name	LUNG SING WEI	ID No.	S1758093J
Related Vehicle	SMU7573C (Car)	Contact No.	90607100
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS AWAY AT THE POINT OF TIME WHEN THE INCIDENT HAPPENED AT PLQ MALL MULTI STORY CARPARK. WHEN I CAME BACK TO MY CAR, THE FRONT PORTION OF MY VEHICLE WAS DAMAGED AND MY CAR PLATE NUMBER CAME OFF FROM MY VEHICLE. THE DRIVER THAT CAUSE THE DAMAGE PUT A NOTE ON MY CAR WINDSCREEN STATED THAT SHE REVERSED HER CAR AND ACCIDENTALLY HIT THE FRONT PORTION OF MY CAR. SHORTLY AFTER, THE DRIVER HERSELF CAME TO ME AND TALKED TO ME ABOUT THE INCIDENT, SHE APOLOGIZED TO ME AND ASK ME TO CHECKED AND LET HER KNOW WHAT WAS THE COMPENSATION. AFTER THE INCIDENT, I IMMEDIATELY CAME TO TRAFFIC POLICE AND REPORT IN THIS INCIDENT. NO ONE WAS INJURED. THAT IS ALL.



SINGAPORE  
POLICE FORCE



T/20210209/2064

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210209/2064

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
TP /  
SC SAIFUL ILHAM BIN ZAHARI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/02/2021 14:26

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP168



To the owner of SMU 7573  
I'm very sorry ~~to~~ that I accidentally  
reversed into your car, causing  
some damage.

Please contact me at 91556490.

I will be responsible for the cost of  
repair.

Sorry for the inconvenience caused.

Brice