



## 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	12/03/2021 17:55 (SGT)
Date of Accident	11/03/2021 07:15 (SGT)
Exact Location of Accident	Greenwich Dr, Singapore
Additional Location Information	SINGAPORE POST BUILDING CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL333C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PETS DREAM WORLD
Company Reg No	-
Email Address	TANCHUCHIENG1304@GMAIL.COM
Mobile Phone No	(Phone) +65-83793938
Alternative Phone No	+65-83793938

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V13987/VCV/R00
Cover Note Number	-

#### DRIVER

Name of Driver	TAN CHU CHIENG
NRIC No	SXXXX112H
Date Of Birth	13/04/1971
Occupation	Outdoor

Date Of Driving Pass .....	08/08/1991
Driving experience .....	29 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90019269
Alt. Phone Number .....	-
Email Address .....	TANCHUCHIENG1304@GMAIL.COM
Address .....	BLK 641B PUNGGOL DRIVE #06-315
Address complement .....	-
Postcode .....	822641
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMY3147E
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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TAN CHU CHIENG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBL333C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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.

### 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

A - GBL333C  
B - SMY3147E

CARPARK LOT

PARKED VEH

SINGAPORE POST BUILDING  
CARPARK AT GREENWICH DR

**Describe Circumstances of the Accident**

I parked my veh at Singapore Post Building, at <sup>carpark</sup> Greenwich. Veh B came out from the carpark lot and hit onto my frt right side portion of my veh.

**Declaration**

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

Witnessed by Reporting Centre Personnel



## 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)

<b>Certificate No</b>	<b>SD20V13987 /VCV /R00</b>
<b>Form</b>	MZ300A
<b>Date Of Issue</b>	03-NOV-2020
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBF5079K
<b>2.Chassis number of Vehicle:</b>	KDH2010203188
<b>3.Name of Policyholder:</b>	PETS DREAM WORLD
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	28-NOV-2020 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	27-NOV-2021 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
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.	
<b>7.Limitations as to use*:</b>	
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.	
<b>8.The Policy does not cover:</b>	
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 or 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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
<b>PRODUCER NAME:</b>	THIS MARKETING INSURANCE AGENCY

PLFM/-/03-NOV-20

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

03-NOV-20

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Jan 2021 / 17:27:38

Receipt Date/Time : 06 Jan 2021 / 17:27:37

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-210106-003251

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Replaced Vehicle No. GBF5079K			
1	Replacement of Veh Reg No. - GBL333C			
	Replacement Fee	300.00	21.00	321.00
	20210106172343296075			
	<b>Sub-Total</b>	300.00	21.00	321.00
	<b>Total Before Rounding</b>	300.00	21.00	321.00
	<b>Rounding Difference</b>			0.00
	<b>Total Amount Payable</b>			321.00
	Paid By			
	552038XXXXXX6239	eNETS Credit Card		321.00
	Total			321.00
	Cash Change			0.00
	Tendered Amount			321.00
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



AK C3

## ACCIDENT STATEMENT

ACCIDENT DATE: (11/03/21) (DD/MM/YYYY), TIME: (07:15) (HH:MM)

LOCATION: GREENWICH SINGAPORE POST BUILDING CARPARK

AT GREENWICH DR

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBL333C  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 83793738  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: TAN CHU CHIENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 571141134 CONTACT: 90019269  
c) ADDRESS: BLK 641B PUNGGOL DR  
H06-315 (222641)

\*d) DATE OF BIRTH: (13/04/1971) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 08/08/1991

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5M43147E MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: MR CHAN  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90691354

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(Including driver)  
(0)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

11/03/21  
waiting for company  
Setup.

Email = tanchuchieng1304@gmail.com  
Fax =  
Video =