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# VERSION: 1 (12/03/2021 17:55 (SGT))



# SINGAPORE ACCIDENT STATEMENT

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.

Any false reporting may be referred to the Police for Investigation.
 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.
 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

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

## DETAILS OF OWN VEHICLE

GBL333C Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Yes

PETS DREAM WORLD Name Of Registered Owner Company Reg No

TANCHUCHIENG1304@GMAIL.COM **Email Address** 

Mobile Phone No (Phone) +65-83793938 +65-83793938 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Hiace Model

Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Liberty Insurance Name of Insurance Company Comprehensive Type of Coverage

Fleet Policy

SD20V13987/VCV/R00 Policy Number

Cover Note Number

DRIVER

Occupation

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

Accident report SN09213C000A

08/08/1991 Date Of Driving Pass 29 YEARS AND 7 MONTHS Driving experience Male Gender (Phone) +65-90019269 Mobile Number Alt. Phone Number TANCHUCHIENG1304@GMAIL.COM Email Address BLK 641B PUNGGOL DRIVE #06-315 Address Address complement 822641 Postcode No Is the driver the policyholder? 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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	12
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	
Contact Number	3 <del>5</del> 3
Address	150
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

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

TAN CHU CHIENG
BODY
GBL333C
Yes

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Sketch Plan

A GBL 3334

B SMY 31 47 E

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# Declaration

IWe declare the foregoing particulars are true in every respect.

\* Of \*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





# 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)

Certificate No	SD20V13987 /VCV /R00
Form	MZ300A
Date Of Issue	03-NOV-2020
1.Index Mark and Registration No. of Vehicle:	GBF5079K
2.Chassis number of Vehicle:	KDH2010203188
3.Name of Policyholder:	PETS DREAM WORLD
4.Effective date of Commencement of Insurance for the purposes of the Act:	28-NOV-2020 00:00 AM
5.Date of Expiry of Insurance:	27-NOV-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 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 LIBERTY INSURANCE PTE LTD Approved Insurers

> > Authorised Signature

For Information only:

COVERAGE: SUM INSURED: Comprehensive, Unlimited Windscreen

MARKET VALUE AT THE TIME OF LOSS

FXCESS:

Section I S\$600,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S

\$3000, Windscreen Excess S\$100

FINANCE COMPANY:

DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

PRODUCER NAME:

THIS MARKETING INSURANCE AGENCY

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 Refere No.	nce	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Replaced Vehicle No. GBF5079K  1 Replacement of Veh Reg No GBI Replacement Fee 20210106172343296075	_333C	300.00	21.00	321.00
	Sub-Total	300.00	21.00	321.00
	Total Before Rounding	300.00	21.00	321.00
	Rounding Difference			0.00
	<b>Total Amount Payable</b>			321.00
	Paid By			
	552038XXXXXX6239	eNETS Cre	dit 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.

# **ACCIDENT STATEMENT**

ACC	IDENT DATE: /// 05/ 84 )(DD/MM/Y	YYY), TIME:( ( ) (HH:MM)
	TOWN CINICAL	PORE PUST BUHLDING
~_LOC/	111011	EENWICH DP
1	personal and control of the control of	EE MOOTEN DR
cā.	a) VEHICLE NUMBER: 681336	M 8 8
	b)INSURANCE COMPANY:	
20	c)POLICY NUMBER:	
		DARTY AT MED DARTY FIRE STHEET
	dJPOLICY TYPE: (COMPREHENSIVE / THIRD	PARIT / IHIRD PARIT FIRE & THEFT)
	e)MAKE & MODEL:	NEW ALLOTO DOVOLE ACTUEDS
	f)TYPE:(SALOON / COUPE / MPV /VAN / LO	
	g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME:_	INITE LINES IN THE WAY
	I) ARE YOU CLAIMING UNDER YOUR OWN IN	NECONO ( NECONO DE CONTROL CON
122	IF NO, PLEASE STATE (THIRD PARTY CLAIM)	REPORTING ONLY)
2.	INSURED / POLICY HOLDER	
	A)NAME:	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT: 8 3 / 1 3 (20)
	c) ADDRESS:	
12 12 13		
M 0	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
Ho of passenga.	a) NAME: TAM CHY CHIENG	(MALE / FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT: 571/4113H	CONTACT: 90019269
(0)	CIADDRESS: BUE 641B PUNGGOL D	
	#06-315 (p2)64	
	*d)DATE OF BIRTH: (13/04/1971)(D	
200	e)OCCUPATION: (INDOOR / OUTDOOR)	D/MM/TTTT)
	f)YEARS OF DRIVING EXPRERIENCE:	e/1991 ·
a	WAS DRIVER AN EMPLOYEE OF THE INSU	
70	IF NO, RELATIONSHIP OF THE DRIVER W	
5.	a) WEATHER CONDITION: (CLEAR / RAINING	[44] [84] [85] [85] [85] [85] [85] [85] [85] [85
	b)ROAD SURFACE: (DRY / WET / OTHERS	
6.	WAS ANYBODY INJURED (YES / NO)	The state of the s
	a) REPORTED TO POLICE PES / NO	
(34)*	IF YES, PLEASE STATE WHICH POLICE STATIC	DN.
8.	THIRD BADTY VEHICLE	
# He of passenger	a) VEHICLE NUMBER: SMY31476	MODEL:
(Indudies deliver)	b) DRIVER'S NAME: MR CHAN	
	c) NRIC/FIN/PASSPORT:	CONTACT: 9069/354
() 9.	THIRD PARTY VEHICLE	- 75/27604 (DC DX 59/7D) () 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	d) VEHICLE NUMBER:	MODEL:
* No of passenger	al DDDVEDIS NIANE.	
(Including driver)	f) NRIC/FIN/PASSPORT:	CONTACT:
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