# **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 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.

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   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 03/05/2021 11:30 (SGT) Date of Accident 02/05/2021 12:25 (SGT) Exact Location of Accident Bishan, Singapore Additional Location Information **BISHAN STREET 11 OSCP** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Private use

Private car

Auto

1496

No - Claiming third party

Vehicle Registration Number SI R6471Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HO JIUN CHYI NRIC No.

SXXXX596H Email Address TIMOHOSG@YAHOO.COM.SG

Mobile Phone No (Phone) +65-93697514

Alternative Phone No +65-91828074

VEHICLE PARTICULARS

Manufacturer Honda Model Hr-v 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

Transmission CC

**INSURANCE COMPANY** 

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive

Fleet Policy

Policy Number SD19V09664/VPC2/R01

Cover Note Number

DRIVER

Name of Driver HO JIUN CHYI NRIC No. SXXXX596H

Date Of Birth 23/08/1979 Occupation Indoor Date Of Driving Pass 31/03/1999 Driving experience 22 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-93697514 Alt. Phone Number +65-91828074 Email Address TIMOHOSG@YAHOO.COM.SG Address 8 HOUGANG STREET 32 #13-16 Address complement Postcode 534038 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name HO ZI YU Gender Male 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 NO T/20210502/7006 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** 

SKM4360K

Audi

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	A4
Vehicle Variant	-
Vehicle Colour	Black
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)	1

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as truthful and accurate as possible. Any wilful misrecresentation 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.
- 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 aforesald.
- 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 '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 dalms 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:
  - 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:

Oriver's Signature

(If driver is not the policyholder)

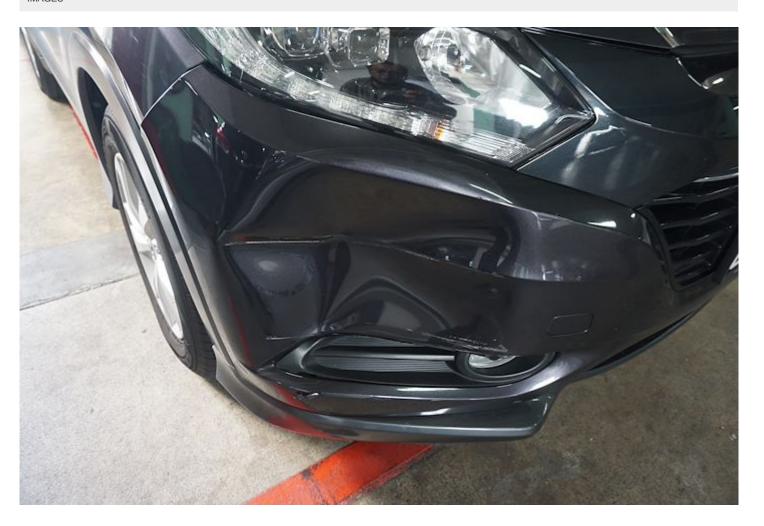
Date & Time:

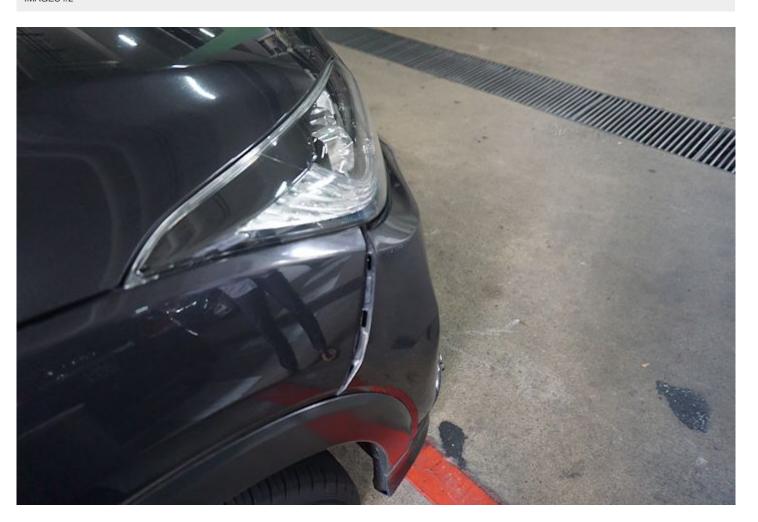
Reporting Centre Personnel' Signature

Name: NBIC/FIN No.:

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KETCH PLAN		
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PD		SKM 4360K
	1900	310-1470014
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×P	Bishan St 11 OSEP	
× Pi		
ESCRIBE CIRCUMSTANCES OF T	W.	
retal battle tebold	no: 7 2011 0502 7066 115/2	
DECLARATION /We declare the foregoing particulars	are true in every respect.	NOTO
1/- 1	1/2	
11505	113lb- 1	Course charter
Policyholder's Signature		stre Personnel's Signature
Date & Time:	(if driver is not the policyholder) Name: Date & Time: NRIC/FIN No.	

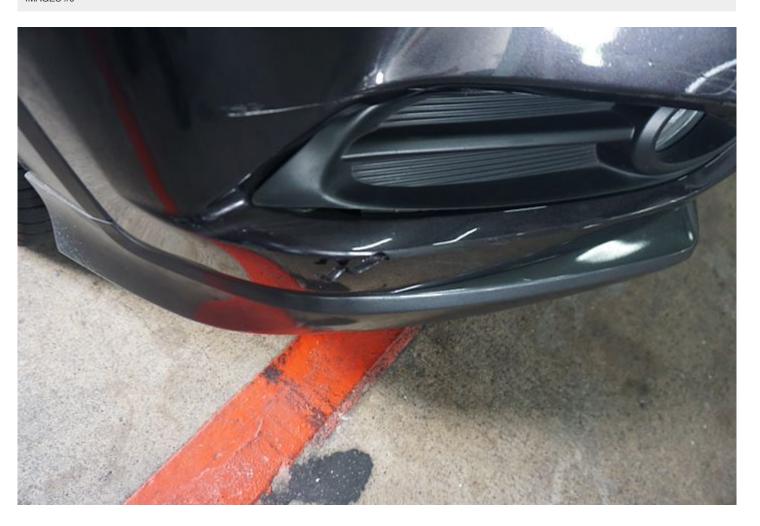


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210502/7006

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2021 15:36		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
Name of	Informant:		Address:		
HO JIUN	I CHYI		8 HOUGANG STREET 32 #13-16 SINGAPOR		
ID Type NRIC NO	/ ID No.: D / S79245	96H	Contact No.: Home/Office:	Mobile: 93697514	
Nationality:		Email:			
SINGAPORE CITIZEN		TIMOHOSG@YAHOO.COM.SG			
Sex:	Age:	Date of Birth: 23/08/1979	Type of Informant:		
Male	41		Vehicle Owner		
Race: Chinese		Language: English	Institution / School Name:		
Occupation:		Driving Licence Inform	ation:		
Ship broker		Class:	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/05/2021 12:25	Type of Location Car Park
Location: BISHAN STR	EET 11	Road Surface:		Part Carrier Harris
Weather:				Road Speed Limit:
Weather: Clear Traffic Flow: Two Way		Dry Traffic Control; Not Controlled		Traffic Volume: No Traffic

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKM4360K	Car	AUDI	A4	Black	Slightly Damaged	1
SLR6471Y	Car	HONDA	HRV	Black	Slightly Damaged	2





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210502/7006

### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR6471Y	LIBERTY INSURANCE PTE LTD	SD19V09664/VPC2 /R01	23/08/2019	22/08/2021

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Vehicle Owner					
Name	HO JIUN CHYI		ID No.	S7924596H	
Related Vehicle	NIL			Contact N	o. 93697514
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NII	
No. of Days granted Medical Leave NIL			Degree of	NI	

## Brief Details.

I am the Owner of the stationary car Honda HRV SLR6471Y, which I had parked my car at the Open Air Street Level Car Park at Bishan Street 11 around 12.05pm noon. When I returned back to the car around 1.15pm. I found my car's front right bumper had a very big dent and at the same time, I found a piece of paper from 2 eye-witnesses, which wrote "Time 12.30-12.35, 2/5. Audi hit your car SKM4360K." Immediately, I asked around and also look around the area if this car can be found but in vain. I had extracted from my car's camera, a total of 16 clips from time 12:26:23 up to 12:41:29 on the whole incident up to the eye-witnesses who left the slip. By far, the 1st clip shows the lady driver of Black Audi A4 SKM4360K under a "P" Plate, was reversing the car into the lot next to mine ie right hand side. In the reversing, it was obvious from the video that she had bumped into my car around 12:27:28 and had left the scene at 12:34:45 without leaving any contact detail. After assessing the scene, which I had also took the photo of my car within the white box with ample space as evidence, I had decided to drive back home and made this report online.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210502/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2021 15:36
Officer In Charge Of Case: TP / TPIB / GOH GEOK LYE Contact No.: 65476148	Classification Of Case:
Authentication Stamp	

NP168





Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street 703-00 Liberty House Singapore 069428 Tol: (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	SD19V09664 /VPC2 /R01	
Form	MX1	
Date of Issue	30-JUL-2019	
1.Index Mark and Registration No. of Vehicle:	SLR6471Y	
2.Chassis number of Vehicle:	JHMRU1810GX202874	
3.Name of Policyholder:	HO JIUN CHYI (HE JUNQI)	
4.Effective date of Commencement of Insurance for the purposes of the Act:	23-AUG-2019 00:00 AM	
5.Date of Expiry of Insurance:	22-AUG-2021 23:59 PM	
6.Persons or Classes of Persons entitled to drive*:		

A) The Policyholder.

B) Any other person who is driving on the Policyholder's order or with his 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\*:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

## 8. The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.
 C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) Use for any purpose in connection with the Motor Trade.

\*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 (Malaysia) 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 (Malaysia).

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only:

COVERAGE: SUM INSURED: Comprehensive, Unlimited Windscreen

EXCESS:

MARKET VALUE AT THE TIME OF LOSS

Section I S\$600,Additional Excess For Young & Inexperienced Drivers S\$3000,Windscreen Excess

S\$100

FINANCE COMPANY: PRODUCER NAME:

OVERSEA-CHINESE BANKING CORPORATION LTD

KAH MOTOR COMPANY SDN BERHAD

PLKH/PLKH/30~IUL-19

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30-JUL-19

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