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SN09218I0003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 18/08/2021 12:25 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (18/08/2021 12:25 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- 1. 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 witholding of material facts may allow insurance companies to repudiate

- 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 18/08/2021 12:25 (SGT) Date of Accident 14/08/2021 14:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information SLIP ROAD TOWARDS PAYA LEBAR ROAD Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKG6S

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN YANG HONG NRIC No SXXXX168B Email Address ..... lim.chunseng@gmail.com Mobile Phone No (Phone) +65-90029381 Alternative Phone No +65-90029381

#### VEHICLE PARTICULARS

Manufacturer **BMW** Model X3 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 Transmission Auto CC 1998

#### INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SI20V15949/VPC/R01 Cover Note Number

#### DRIVER

Name of Driver LIM CHUN SENG NRIC No SXXXX491Z

Date Of Birth	20/44/4000
Occupation	28/11/1993
Date Of Driving Pass	Indoor 27/07/2017
Driving experience	A VEADS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90029381
Alt. Phone Number	=
Email Address	lim.chunseng@gmail.com
Address complement	11 PESARI WALK
Address complement Postcode	
Is the driver the policyholder?	487622
If No, Relationship of the Driver with the Insured	No Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	140
Incurance Company of Other White	•
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Collision - Head to Rear Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	- Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	NO
Name	
Name Gender	HENG LI YING
	Female
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	
PLEASE REFER TO SKETCH PLAN	
Supplies and the supplies are supplies and the supplies and the supplies are supplies are supplies and the supplies are supplies are supplies are supplies are supplies and the supplies are sup	
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	GBD5079X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	±
Vehicle Category	-
Vehicle Category	Commercial vehicle
(CP)	

Name of Driver	LIMTAUCENIA
NRIC No	LIM TAIK ENG
	SXXXX199B
	•
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	•
no. Or rassenger (including Driver)	-

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly 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 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. 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 ladgement 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 w orkshop 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 malling 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

Driver's Signature (fi driver is not the policyholder) / Date

Witnessed by Reporting Centre

Personnel

Sketch Plan

ROBO OF PIR LOWARDS

SKGLS

GBDFN79X

scribe	Circumstances of the Accident
	I was travelling along PIE ( Tuas ) and emade a exit to Paya lebar road. While I was at the slip road of PIE towards Paya Lebar Road, I came to a stop at the give way line as there was vehicles approaching and I waited for the road to be clear. Suddenly, I felt a huge impact on the rear portion of my vehicle. When I cme down of my car, I realized that vehicle B had collided onto the rear portion of my vehicle.
-	
-	
-	
-	

### 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

## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre
- Please report correctly on the details of the accident to speed up the claim process. This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 hability on the part of the insurance companies. Any false reporting may be referred to the traffic police department for investigation.

Date of accident	14/09/202	1		(DD/MM/Y
Time of accident	2:45 pm			M:HH)
Exact location of accident	Slip Road or	PIE toward	Paya Ichan	Road

	D	ETAILS OF	VEHICLE		Wilder Activities and the second
Vehicle registration number	SKG65				
Vehicle make and model	BMW	(3			
Type of vehicle	Saloon   Lorry	MPV a	Moto	□ Van orcycle □	Others:
Vehicle category	Private_r	Comm	ercial to	Motorcyc	cle D
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes  Third part of	No sa laim sa	1 1/4	ease select: ng only 🗆	

	INSURANCE IN	FORMATION	
Insurance company	11 berty		
Policy number			
Type of policy	Comprehensive D	Third party fire & theft or	TP only 🗆

Name	Tan Yang Hong	Male 🗆	Female 🗆
NRIC / Fin / Passport number	S1706168B		
Contact	9002 9381		
Address			

DRIVER Name	SAME AS INSURED ABOVE II (SKIP TO	Male p	Female
NRIC / Fin / Passport number	593454912		
Contact	90029381		
Address	11 Pesari walk 5(487622)		
Email address	iim . Chunseng @gmail . Com		
Date of birth	28/11/1993		
Occupation	Indoor Ø Outdoor D		
Driving date pass	27 107 12017		

MATERIAL PROPERTY OF THE PARTY	GENERALI	NFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	Noø		SOM
he insured's company?	If no, rela	tionship of the	driver and insured:	2011
Accident captured by camera?	Yes O	No 🗆		
Weather condition	Clear Z	Raining	Others:	
Road surface	Dry.er'	Wet 🗅		
No of passenger	2-			(Inclusive of driver)
NO OT PASSETIEET				
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Name	heno	The second second second second second		
Gender	Male a	Female of		
Gender				
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Gender	I Maie	Territore C		
		PASSENG	1500	
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Gender	Male 🗆	remaie d		
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Name				
Gender	Male 🗅	Female		
/				CARLOW FOR MANAGEMENT AND STREET
		PASSEN	SER 6	LIBERTAL MANAGER SANDERS
Name				
Gender	Male 🗆	Female 🗆		
				NAME OF THE OWNER
		OTHER INFO	RMATION	是自己的政治是不是自己的
Was anybody injured?	Yes	No.e.		
Was other vehicle damaged?	Yesto	No D		
Language				
	DET/	AILS OF POLICE	STATION ACTION	de succession de la constitución
Reported to police?	Yes 🗆	No.E	f yes, please state wh	nich police station.
Police station name				
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Name				
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Name				

	THIRD DADS AVENUE S
Vehicle registration number	THIRD PARTY VEHICLE 1
Vehicle make model	GBD 5079X
Name	A LIM TAIK GNG
NRIC / Fin / Passport number	525481908
Contact	254011110
MATERIAL STREET, STREE	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Make the company of the company of the	THIRD PARTY VEHICLE 3
Vehicle registration number	The state of the
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>《明明》等的19</b> 有是10分数的10分数	THIRD PARTY VEHICLE 4
Vehicle registration number	THIRD FART I VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	/
	THIRD PARTY VEHICLE 5
Vehicle registration number	Trans rate of James E. S.
Vehicle make model	/
Name	
NRIC / Fin / Passport number	
Contact	
<b>建设有的产生以及</b> 对自己。15年的16年	THIRD PARTY VEHICLE 6
Vehicle registration number	The state of the s
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
/	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	1





## Certificate of Insurance

www.libertyinsurance.com.sq

Motor Vehicles (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

Name of Policyholder:

TAN YANG HONG

Date of Issue:

23 Dec 2020

Registration No.:

SKG6S

Effective Date of Commencement:

27 Dec 2020 00:00

Chassis No.:

WBATR120209A50609

Certificate No.:

SI20V15949/ VPC / R01

Date of Expiry:

26 Dec 2021 23:59

Type of Certificate:

MX1

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.

Limitations as to use:

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

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 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

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured

MARKET VALUE AT THE TIME OF LOSS

Excess

Section I S\$700,Additional Excess for Young & Inexperienced Drivers S\$2500,Windscreen Excess

550

Name of Finance Company:

UNITED OVERSEAS BANK LIMITED

Name of Producer:

SD CONTEGO SERVICES (A1429-5)