

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 10/12/2021 11:29 (SGT)
Date of Accident 09/12/2021 19:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information UPPER EAST COAST ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC5764P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG JIA JIA
NRIC No S7929385G
Email Address GRACWONG@GMAIL.COM
Mobile Phone No (Phone) +65-96829890
Alternative Phone No +65-96829890

VEHICLE PARTICULARS

Manufacturer BMW
Model X1
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 1500

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number C0124464

DRIVER

Name of Driver LIM HUI YONG
NRIC No S7708148H

Date Of Birth	02/04/1977
Occupation	Indoor
Date Of Driving Pass	08/04/1996
Driving experience	25 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97232132
Alt. Phone Number	-
Email Address	GRACWONG@GMAIL.COM
Address	BLK 232 SIMEI STREET 4 #04-134
Address complement	-
Postcode	520232
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
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 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

Name	WONG JIA JIA
Gender	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

REFER TO SKETCH PLAN

ATTACHMENT(S)

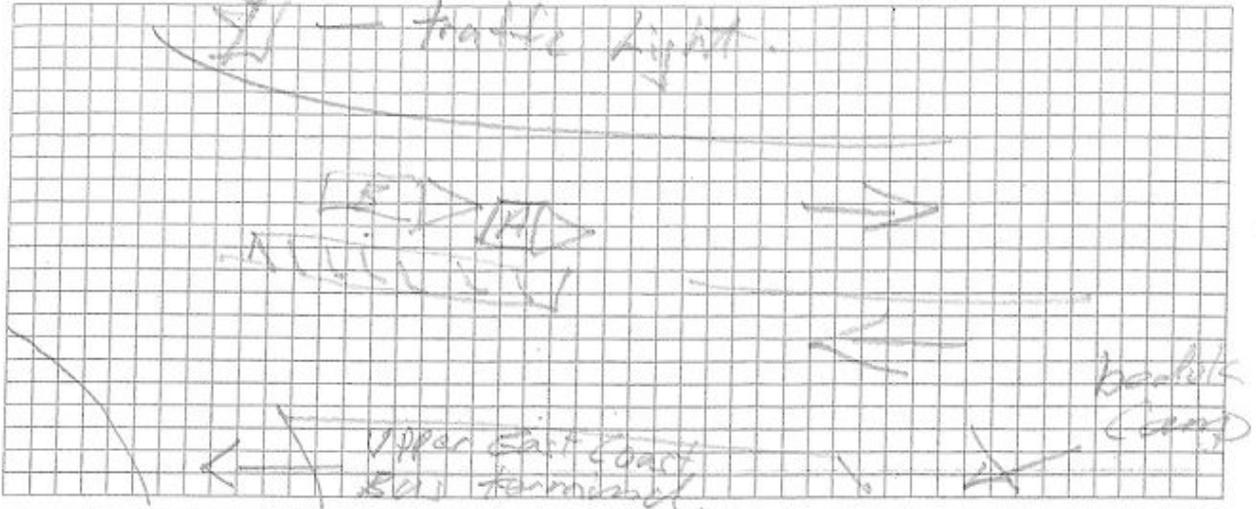
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV384Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CHAN POK CHOI
NRIC No	S2564798Z
Contact Number	(Phone) +65-90219960
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

9 Dec 2021 around 7:20pm driving along Upper East Coast Road outside Bedok Camp. Vehicle in front slow down and stop because due to the traffic in front. My vehicle also came to a stop. In around 2-3 sec, we can hear a very loud braking behind our car and E-brake. My car was bang & hit by SMV 3847 by Mr Chen. Mr Chen claim that he was looking at his handphone & misjudge of my veh & traffic situation. Mr Chen agree to claim insurance & No one is injured other than the 2 cars damage.

DECLARATION

I/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:

COMFORTDELGRO ENGINEERING PTE LTD
 EXTERNAL BUSINESS DIV, UBI BRANCH
 NAME & SIGNATURE: _____
 DESIGNATION: _____ DATE: _____
 Reporting Centre Personnel's Signature
 Name:
 NRIC/ZEKA No.:

SKETCH PLAN

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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:

CONFORTOLGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV. UBI BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: _____

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



www.libertyinsurance.com.sg

Motor Cover Note

Name of Producer:
ALL INS SOLUTIONS PTE LTD (A1313)
Date of Issue:
09 Dec 2021

Cover Note No.:
C0124464
Quotation/ Proposal/ Policy No.:

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

Name of Insured:	WONG JIA IA	
Period of Insurance:	From: 09 Dec 2021 15:51	To: 08 Dec 2022 23:59
Registration No.:	SNC5764P	
Make and Model:	B.M.W. / X1 SDRIVE18I LED NAV	
Type of Body:	SUV	
Capacity/Tonnage:	1499	
Year of Manufacture/Registration:	2019/2019	
Chassis No.:	WBAJG120905N05652	
Engine No.:	38215616B38B15A	
Sum Insured:	MARKET VALUE AT TIME OF LOSS	
Name of Finance Company:	TOKYO CENTURY LEASING (S) PTE LTD	
Type of Plan:	Comprehensive	
Excess:	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: 09 Dec 2021 15:51

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 069428 | Tel: 1800-LIBERTY (542 3789)

Page 1 of 1

A1313/A1313-2/09-Dec-2021/Motor/CoverNote/v1.0















