

# 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 ..... 06/01/2022 17:54 (SGT)  
Date of Accident ..... 05/01/2022 12:50 (SGT)  
Exact Location of Accident ..... Tampines Street 34, Singapore  
Additional Location Information ..... TAMPINES ST 34 (INFRONT BLK 371)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PA977L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AURORA WORLD PTE LTD  
Company Reg No ..... 201002992D  
Email Address ..... ABC8627E@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-64822373  
Alternative Phone No ..... (Home) +65-64822373

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Rosa  
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? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2998

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD21V04012/VBZ/R02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMAD KAHAR BIN EASA  
NRIC No ..... S7124247A

Date Of Birth .....	17/07/1971
Occupation .....	Outdoor
Date Of Driving Pass .....	10/10/1991
Driving experience .....	30 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97106063
Alt. Phone Number .....	-
Email Address .....	ABC8627E@GMAIL.COM
Address .....	BLK 231 LORNG 8 TOA PAYOH
Address complement .....	#02-184
Postcode .....	310231
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 .....	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) .....	8
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

PASSENGER 2

Name .....	PASSENGER
Gender .....	Male

PASSENGER 3

Name .....	PASSENGER
Gender .....	Female

PASSENGER 4

Name .....	PASSENGER
Gender .....	Female

PASSENGER 5

Name .....	PASSENGER
Gender .....	Female

PASSENGER 6

Name .....	PASSENGER
Gender .....	Female

PASSENGER 7

Name .....	PASSENGER
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 ATTACHED

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 ..... GBC9443G  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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) ..... -

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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

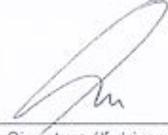
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

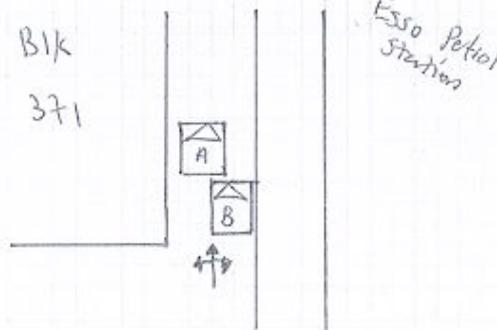
  
  
 Policyholder's Signature / Date & Time

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

  
  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

Vch A: PA977L  
 Vch B: GBL943G



Describe Circumstances of the Accident

ON THE STATED DATE AND TIME. I, VEHICLE A (PA977L) WAS TRAVELLING STRAIGHT ON TAMPINES STREET 34 (INFRONT BLOCK 371). WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP , I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR RIGHT PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (GBC9443G) THAT HAD COLLIDED ONTO MY VEHICLE.

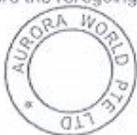
I WISH TO STATE THAT I GOT 7 PASSENGERS IN MY CAR.

VEHICLE A : PA977L

VEHICLE B : GBC9443G

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

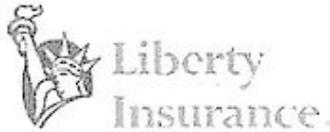












**Liberty Insurance Pte Ltd**  
 Registration no. 199002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 069428  
 Tel: (65) 6221 8611 Fax: (65) 6225 6890  
 Website: <http://www.libertyinsurance.com.sg>

## 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)

<b>Certificate No</b>	SD21V04012 /VBZ /R02
<b>Form</b>	MZ603A
<b>Date Of Issue</b>	08-MAR-2021
<b>1.Index Mark and Registration No. of Vehicle:</b>	PA977L
<b>2.Chassis number of Vehicle:</b>	BE641JK30020
<b>3.Name of Policyholder:</b>	AURORA WORLD PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	02-MAR-2021 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	01-MAR-2022 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	Any person provided he is in the Policyholder's employ and is driving on their 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 only for the carriage of passengers or goods in connection with the Policyholder's business. B) Use only in the Republic of Singapore.
<b>8.Policy does not cover:</b>	A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
*Limitations rendered inoperative by Section 6 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>	Geographical Area: Singapore only,Windscreen Cover (No Reinstatement allowed),Comprehensive
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I S\$3000,Section II S\$3000,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000,Windscreen Limit S\$2000 - Excess S\$400
<b>FINANCE COMPANY:</b>	YONG KHIONG CREDIT PTE LTD
<b>PRODUCER NAME:</b>	E TAY TRADING COMPANY

PLSLJ/08-MAR-21

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08-MAR-21

Mar 8, 2021, 6:00 PM