

# 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 .....	07/03/2022 13:11 (SGT)
Date of Accident .....	06/03/2022 07:50 (SGT)
Exact Location of Accident .....	846 Yishun Ring Rd, Singapore 760846
Additional Location Information .....	open space car park
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMR6472H
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Muhammad Faizal Bin Sanif
NRIC No .....	S7921992D
Email Address .....	faizal.sanif@gmail.com
Mobile Phone No .....	(Phone) +65-90903710
Alternative Phone No .....	+65-90903710

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Voxy
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 hire
Transmission .....	Auto
CC .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SI22V00727/VPL/R02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	Muhammad Faizal Bin Sanif
NRIC No .....	S7921992D

Date Of Birth .....	30/07/1979
Occupation .....	Outdoor
Date Of Driving Pass .....	16/10/2007
Driving experience .....	14 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90903710
Alt. Phone Number .....	+65-90903710
Email Address .....	faizal.sanif@gmail.com
Address .....	Blk 633A Yishun Street 61 #01-42
Address complement .....	-
Postcode .....	761633
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 .....	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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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 the attachment.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	Video with workshop - Yee Auto Pte Ltd
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SDN312D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
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) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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)**

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.

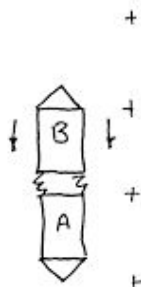
Policyholder's Signature / Date & Time  
- 7 MAR 2022

Sketch Plan (A) SMR 6472H

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

(B) SDN 312D

Witnessed by Reporting Centre Personnel  
Jenny Lim



BLK 846  
YISHUN RING RD  
OPEN CAR PARK

## Describe Circumstances of the Accident

ON 6/3/22 AT 0750 HRS, I WAS PARKING MY VEHICLE (A)  
SMR 64A24 AT BLK 846 YISHOW RING RD. MY VEHICLE WAS STATIONERY  
AND I WAS IN THE VEHICLE. SUDDENLY, I FELT AN IMPACT FROM  
BEHIND. THERE WAS THE VEHICLE (B) SDN 312D REVERSING AND HIT  
ONTO MY VEHICLE REAR PORTION.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time  
- 7 MAR 2022

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

Witnessed by Reporting Centre  
Personnel **Jenny Lim**







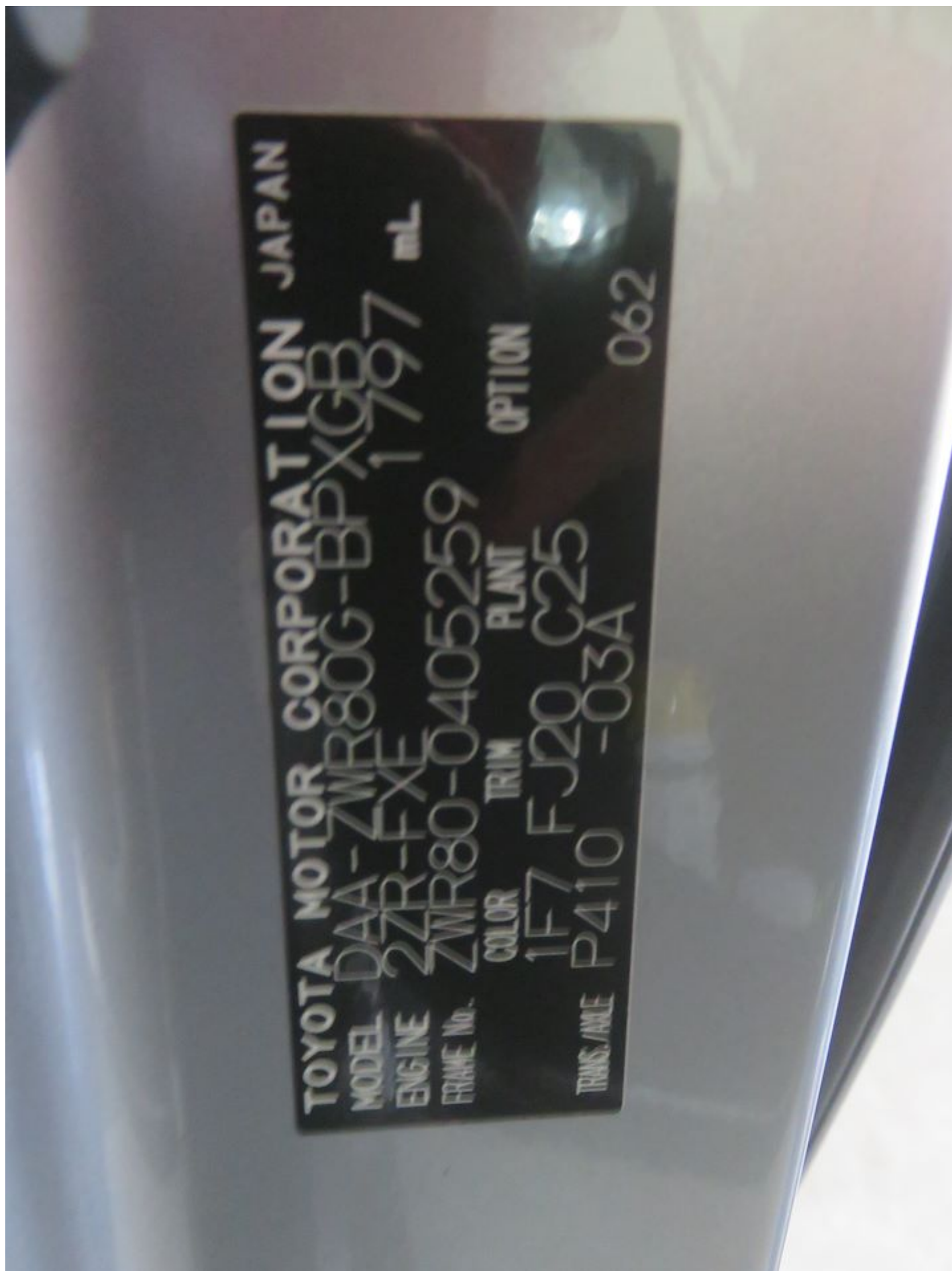


















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SL0322370003 Vehicle Registration No: SMR 6472 H  
 Name (as shown in NRIC): Muhammad Faizal Bin Sanif NRIC/FIN/Passport No: SXXXX992D  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 633A Yishun Street 61 #01-42 Singapore (761633)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 90903710  
 Email Address: \_\_\_\_\_  
 Date of Accident: 06/03/2022 Time of Accident: 07:50 hours  
 Place of Accident: 846 Yishun Ring Road open space car park  
 Insurance Company: Liberty Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend third party vehicle no = SDN 312 D

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\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

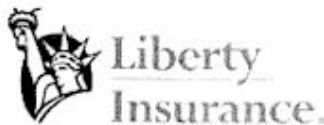
\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

  
 Reporting Centre Personnel's Signature  
 Name: Jenny Lim  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: - 9 MAR 2022






**Liberty Insurance Pte Ltd**  
 Registration no. 199002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 069428  
 Tel: (65) 6221 8611 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  
 ROAD TRANSPORT (AMENDMENT) ACT 2019  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	SI22V00727 /VPL /R02
<b>Form</b>	MZ400B
<b>Date of Issue:</b>	11-Jan-2022
<b>1. Index Mark and Registration No. of Vehicle:</b>	SMR6472H
<b>2. Chassis number of Vehicle:</b>	ZWR800405259
<b>3. Name of Policyholder:</b>	MUHAMMAD FAIZAL BIN SANIF
<b>4. Effective date of Commencement of Insurance for the purpose of the Act:</b>	16-JAN-2022 00:00
<b>5. Date of Expiry of Insurance:</b>	15-JAN-2023 23:59
<b>6. Persons or Classes of Persons entitled to drive*:</b>	MUHAMMAD FAIZAL BIN SANIF
<b>For Private Hire Vehicle (PHV) Usage :</b>	
<b>7. Limitations as to use*:</b>	<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic and pleasure purposes.</p>
<b>8. Policy does not cover:</b>	<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>
*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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE:</b>	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
<b>SUM INSURED (\$\$):</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS (\$\$):</b>	Section I (Singapore) \$2,000.00, Section I (Outside Singapore) \$4,000.00, Section II (Singapore) \$1,500.00, Section II (Outside Singapore) \$3,000.00, Windscreen Excess \$100.00
<b>FINANCE COMPANY:</b>	TECK WEI CREDIT PTE LTD
<b>PRODUCER NAME:</b>	CAR TIMES INSURANCE AGENCY PTE LTD