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.
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	28/03/2022 19:46 (SGT)
Date of Accident	27/03/2022 10:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SMT4553K
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT4553K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NAMGOONG SUNG
NRIC No	S7066384H
Email Address	SUNGNAMGOONG@GMAIL.COM
Mobile Phone No	(Phone) +65-92975000
Alternative Phone No	(Home) +65-65015625

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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD22V03550/VPC2/R01
Cover Note Number	-

DRIVER

Name of Driver	NAMGOONG SUNG
NRIC No	S7066384H

Date Of Birth	28/02/1970
Occupation	Indoor
Date Of Driving Pass	05/04/2008
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92975000
Alt. Phone Number	(Home) +65-65015625
Email Address	SUNGNAMGOONG@GMAIL.COM
Address	15 LEEDON HEIGHT
Address complement	#28-52
Postcode	266225
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	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?	Yes
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

Name	LEE SO YEOW
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

SEE ATTACHED SKETCH PLAN

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	FILE TOO BIG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFP9981D
Vehicle Manufacturer	BMW
Vehicle Model	530i
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	LAI CHIONG LUNG DAVID
NRIC No	S7478412G
Contact Number	(Phone) +65-97578393
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

WITNESS DETAILS

WITNESS 1

Name	KEVIN W CHANG
Phone	(Phone) +65-90585740
Email	-

SKETCH PLAN

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7. 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 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.

   (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.

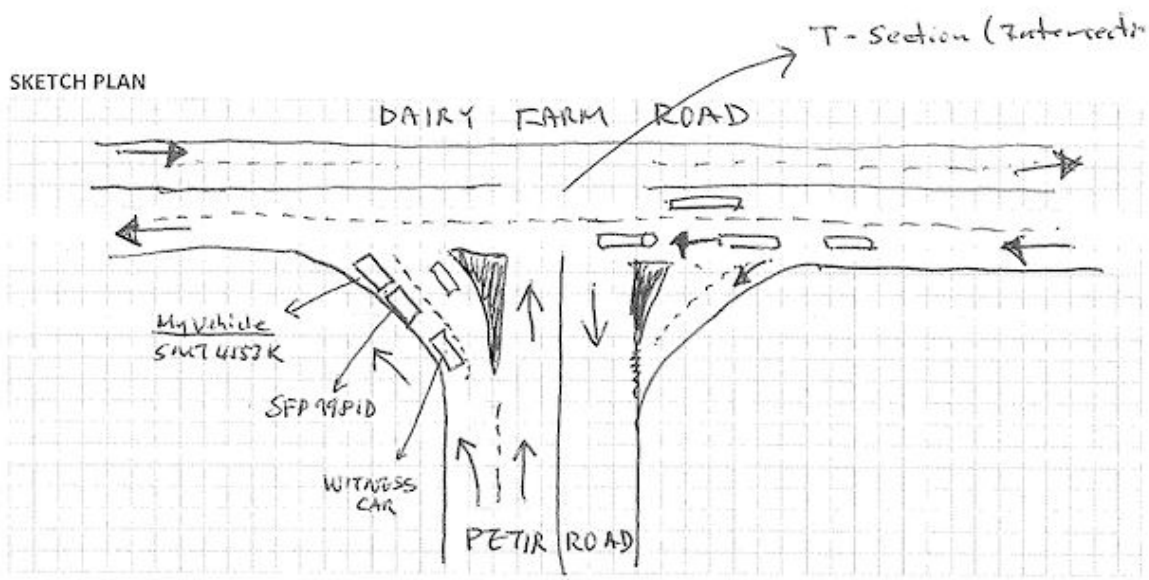
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 25/3/2022 8:16 AM	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DRIVING down the Petir Road and to make left turn at T-Section (Petir Road and Dairy Farm Road), I made a stop to look right side of me as cars were coming (pls see above sketch) and all of sudden a very hard crash came from the back. The car from behind (SFP 99PID) came at very high speed despite my car was ~~at~~ ~~foot~~ at stall not moving (to give the right away to the right ~~sight~~ side of incoming cars which has the right away) in the first lane among two. The car behind was at high speed even the airbag deploy. This intersection especially when the incoming cars from the Dairy Farm Road ~~have~~ Must stop and look before proceeds. I have been driving this road every Sunday as my church is nearby and therefore know the intersection very well.
I dont think the car from behind (SFP 99PID) was looking at my car and ~~pressed brake~~ not sure if he pressed brake because it is absolute not normal to speed as he did in that intersection whereas typical driving speed should be only 5-10 kmh coming into the curb and should stop and then proceed to enter into the Dairy Farm Road. This accident is 100% at fault from SFP 99PID

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
28/03/2022 8:44 AM	Date & Time:	NRIC/FIN No.:

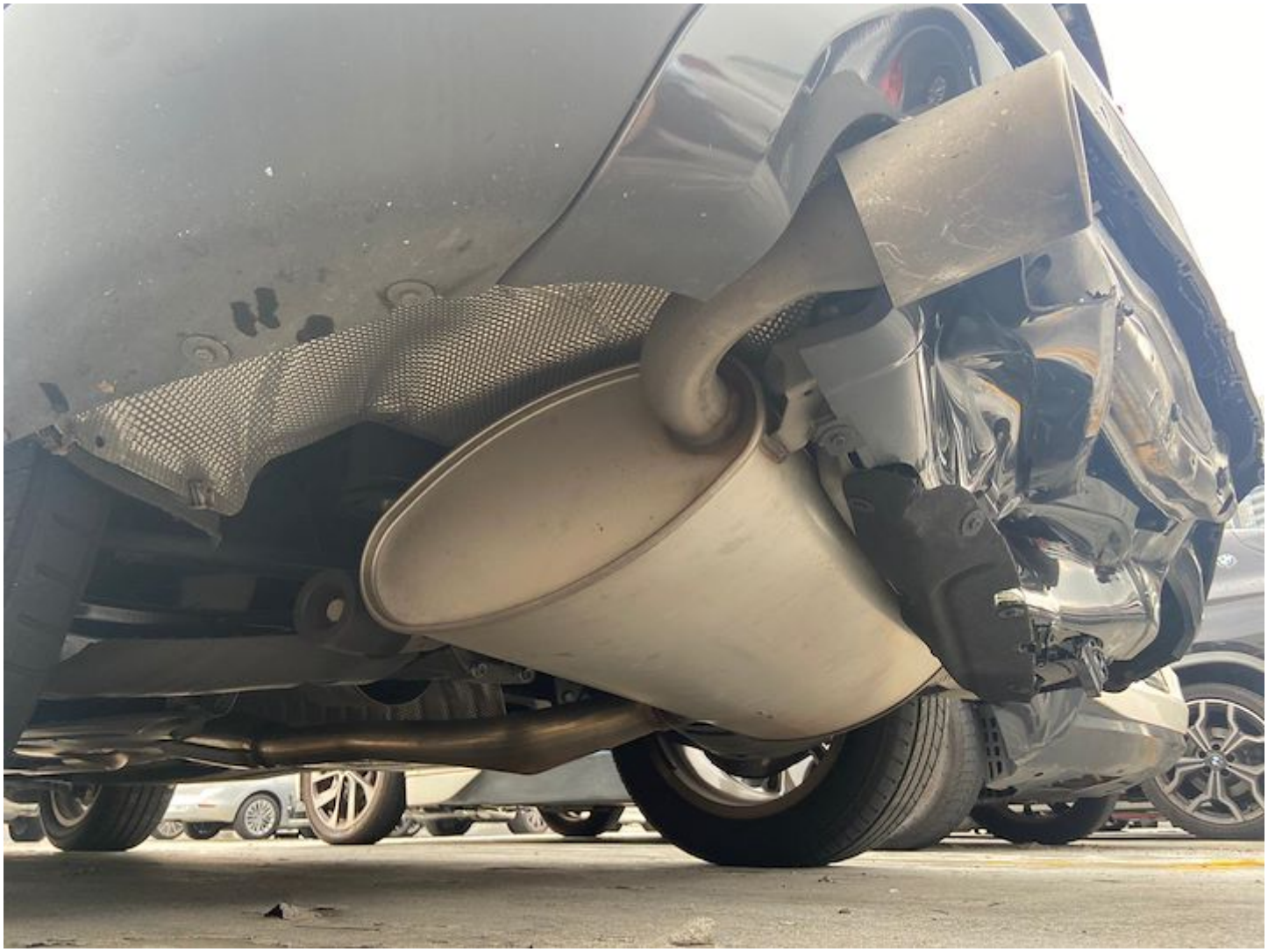
IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5



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IMAGES #12

09:09 • 90%

SD22V03550_202203...

Liberty Insurance.

1800-LIBERTY [1800-5423789] AUTO ASSISTANCE HOTLINE
24 HR ACCIDENT RESPONSE ROADSIDE ASSISTANCE FLOOD ASSISTANCE

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
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD22V03550 /VPC2 /R01
Form	MX1
Date of Issue	07-MAR-2022
1.Index Mark and Registration No. of Vehicle:	SMT4553K
2.Chassis number of Vehicle:	WBATS720X09B88499
3.Name of Policyholder:	NAMGOONG SUNG
4.Effective date of Commencement of Insurance for the purposes of the Act:	26-MAR-2022 00:00 AM
5.Date of Expiry of Insurance:	25-MAR-2024 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 Moto... been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that beh... the Motor Vehicle.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Tra... 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 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

Authorised Signature

For Information only:

COVERAGE :	Comprehensive,Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S$1500,Additional Excess For Young & Inexperienced Drivers S$2500,Windscreen Excess S$0
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	SD CONTEGO SERVICES

PLSE/PLSE/07/03/2022 *S1_CI_T1_T3_OE_Template2-Ver1.* *07/03/2022*

Mar 7, 2022, 10:34 AM

Liberty Insurance.

Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611
Website: http://www.libertyi...
GST REGISTRATION NO.
M2-0093571-3

Tax Invoice/Debit Note

Class of Policy	PTE CAR - STANDARD PLAN 2YP	**Policy No**	SD22V03550 / R 0
Name and Address of the Insured		**C/N or Endt No or Prev.Pol**	

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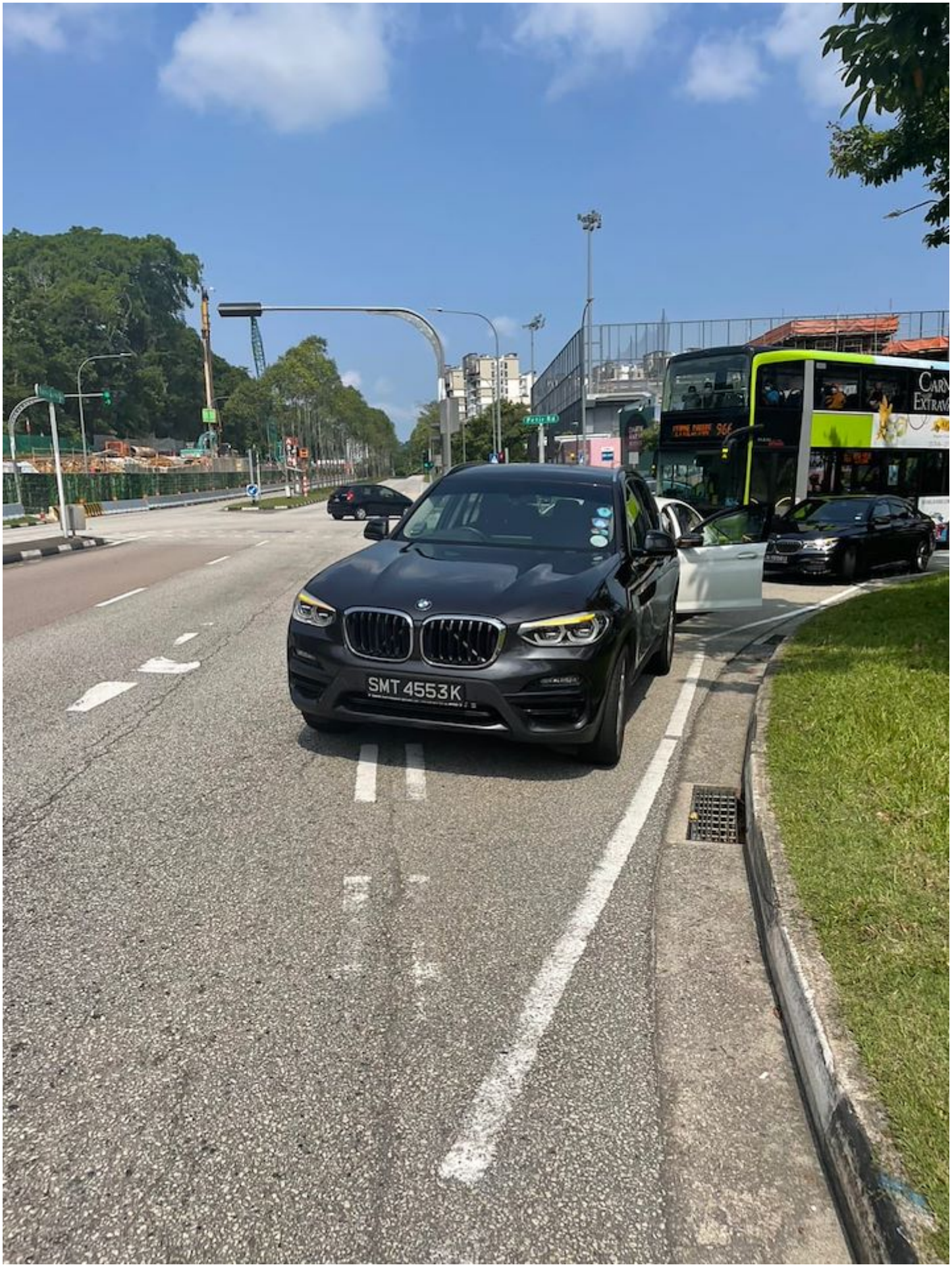
IMAGES #21



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