

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	14/07/2022 12:58 (SGT)
Reported by	Both
Date of Accident	10/07/2022 13:00 (SGT)
Exact Location of Accident	92 Punggol Dr., Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2869C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEO BOON KIAN
NRIC No	SXXXX203B
Email Address	BOON-KIAN_TEO@OUTLOOK.COM
Mobile Phone No	(Phone) +65-81333133
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1799

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD20V14453/VPC2/R02

DRIVER

Name of Driver	TEO BOON KIAN
NRIC No	SXXXX203B
Date Of Birth	13/05/1970
Occupation	Indoor

Date Of Driving Pass	12/01/1993
Driving experience	29 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81333133
Alt. Phone Number	-
Email Address	BOON-KIAN_TEO@OUTLOOK.COM
Address	92 PUNGGOL DRIVE #09-05
Address complement	-
Postcode	828795
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	Collided into Parked Vehicle
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ7375G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-



IMPORTANT NOTICE

SKETCH PLAN

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

		VEN A: S2J2863C VEN B: S2M7375C
Q2 Punggol Drive (Singapore)		

Describe Circumstance of the Accident

On the stated date and time, veh B
(SMZ7375G) while turn[^] right to washing Bay in
the carpark, he

hit into my front left portion of my
vehicle - It was capture on my camera.


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



14/07/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 10/07/2022 (DD/MM/YY), TIME: 13.00 (HH:MM)

LOCATION: 92 Punggol Drive (carpark)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLJ 2869C

b) INSURANCE COMPANY: Liberty

c) POLICY NUMBER: SD20V14453/VPC2/R02

d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: HONDA CIVIC

f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS

g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE

h) PURPOSE OF USING AT ACCIDENT TIME: Private use

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

2. INSURED / POLICY HOLDER

a) NAME: TEO BOON KIAN

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S7016203B

CONTACT: 81333133

c) ADDRESS: 92 Punggol Drive #09-05

SS 828795

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: _____

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT: _____

CONTACT: _____

c) ADDRESS: _____

*d) DATE OF BIRTH: (13/05/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 12.01.1993

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS

b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO)

c) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

3. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMZ 7375G

MODEL: Hyundai

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____

CONTACT: _____

7. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____

MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____

CONTACT: _____

No of passengers
(including driver)
(2)


No of passengers
(including driver)
(2)

No of passengers
(including driver)
(2)

Mail: boon-kian-teo@outlook.com

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)

Certificate No	SD20V14453 /NPC2 /R02
Form	MX1
Date of Issue	11-NOV-2020
1. Index Mark and Registration No. of Vehicle:	SLJ2869C
2. Chassis number of Vehicle:	MRHFC1660GT000350
3. Name of Policyholder:	TEO BOON KIAN
4. Effective date of Commencement of Insurance for the purposes of the Act:	02-DEC-2020 00:00 AM
5. Date of Expiry of Insurance:	01-DEC-2022 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 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.	
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, NCD Protection
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$800, Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	OVERSEA-CHINESE BANKING CORPORATION LTD
PRODUCER NAME:	KAH MOTOR COMPANY SDN BERHAD

SCKH/SCKH/11-NOV-20

S1_CL_T1_T3_OE_Template2-Ver1.

11-NOV-20