

# 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 .....	20/07/2022 15:11 (SGT)
Reported by .....	Both
Date of Accident .....	19/07/2022 17:38 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BEDOK RESERVOIR ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKV7765J
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LOH YEW KUAN
NRIC No .....	SXXXX745B
Email Address .....	lohyk76@hotmail.com
Mobile Phone No .....	(Phone) +65-91553890
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Sylphy
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SI21V11964/VPC/R05

### DRIVER

Name of Driver .....	LOH YEW KUAN
NRIC No .....	SXXXX745B
Date Of Birth .....	24/06/1976
Occupation .....	Outdoor

Date Of Driving Pass .....	08/11/1995
Driving experience .....	26 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91553890
Alt. Phone Number .....	-
Email Address .....	lohyk76@hotmail.com
Address .....	APT BLK 747B BEDOK RESERVOIR CRESCENT
Address complement .....	#05-13
Postcode .....	472747
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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	OLICIA LOH
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, PHOTO AND VIDEO FOOTAGE

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKB9258Z
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Corolla
Vehicle Variant .....	-

Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	LEONG JER SENG
NRIC No .....	SXXXX121H
Contact Number .....	(Phone) +65-96176660
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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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

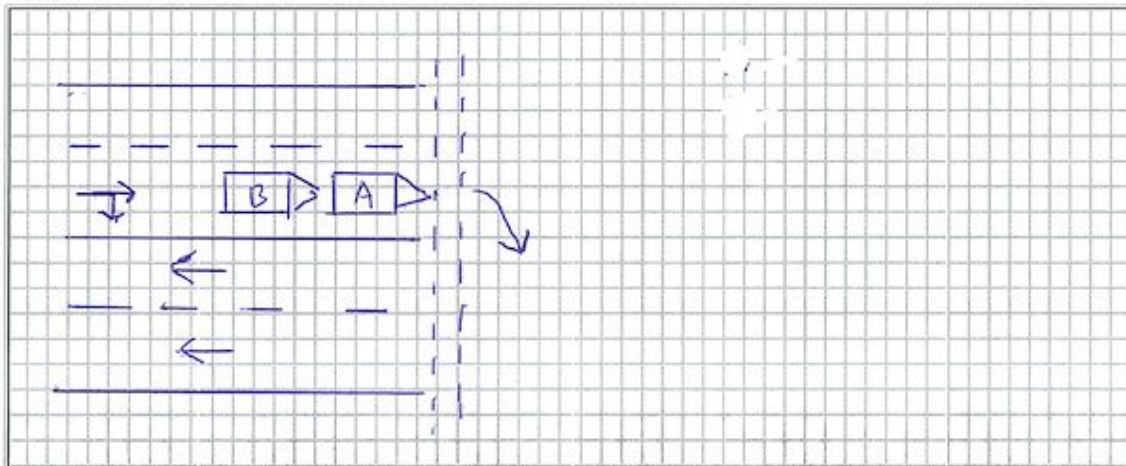
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

20/07/2022 14:46  
Sketch Plan

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

**AUTOLUTION INDUSTRIAL PTE LTD**  
19 UBI ROAD  
SINGAPORE 408623  
TEL: 6490 9665 FAX: 6846 7483  
ETIMER ALFENSO  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) GXXXX824L



A - SKV 7765J  
B - SKB 9258Z

Describe Circumstance of the Accident

My vehicle was stationary at the traffic light as it was red light. While it turn green, i moved forward abit and stopped. However vehicle SKB 92582 did not stop and proceed to move forward and hit my back bumper. My vehicle and the vehicle in front of me was waiting for clear road to turn right.


Declaration

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

  
Policyholder's Signature / Date & Time

20/07/2022  
14:46

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) EIMEN ALFENSO  
GXXXX 824 L

2









































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# 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

**Name of Policyholder:**

LOH YEW KUAN

**Certificate No.:**

SI21V11964/ VPC / R05

**Date of Issue:**

14 Sep 2021

**Effective Date of Commencement:**

30 Sep 2021 00:00

**Date of Expiry:**

29 Sep 2022 23:59

**Registration No.:**

SKV7765J

**Chassis No.:**

MNTBBAB17Z0024715

**Type of Certificate:**

MX1

**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.

**Limitations as to use:**

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

**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

**For Information Only:**

Coverage(s):

Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

HL BANK

Name of Producer:

VC INSURANCE AGENCY PTE. LTD. (A1305-2)

A1305-2/B2BA/AMT/SI21V11964/14-Sep-2021/MotorCI/v1.0