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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	29/08/2022 10:02 (SGT) Both 24/08/2022 00:00 (SGT) 1 N Coast Dr, Singapore 737663 OPEN CARPARK Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SNA6037J
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No MUHAMMAD ALIF BIN KAMARUDIN SXXXX922J alifashaari@gmail.com (Phone) +65-87871723
VEHICLE PARTICULARS	
Manufacturer Model 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? Vehicle Category Transmission CC	Hyundai Avante - Private use No - Claiming third party Private car Auto 1591
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	Liberty Insurance Pte Ltd SI22V08501/VPE/R00
DRIVER	

MUHAMMAD ALIF BIN KAMARUDIN

SXXXX922J

26/11/1989

Indoor

Name of Driver NRIC No

Date Of Birth

Occupation

Date Of Driving Pass 21/01/2011 Driving experience 11 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-87871723 Alt. Phone Number **Email Address** alifashaari@gmail.com Address BLK 2 MARSILING DRIVE #04-45 Address complement Postcode 730002 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 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) 0 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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 PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPER Vehicle Registration Number UNKNOWN Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category NA / Unknown Name of Driver Contact Number

Address	_
Address complement	-
Postcode	-
nsurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1 Rease report correctly the details of the accident to speed up the claims process
- 2 This Formmust 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 The 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.
- 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 permtted 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 invoive 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre

Personnel

I North coast Drive open carpart

Vehicle A: SNA 6037 J

Vehicle B: Unknown

	On the Stated date and time, I vehicle A was
	parked Stationary at the stated location. When I
	came back to retrieve my vehicle, I noticed
	·
	my vehicle front right portion was damaged.
	I was then approached by a guy and he
	informed me his manager was driving vehicle B
	The same of the sa
	and was leaving the carpark lot and collided
	,
	onto my vehicle front right portion.
-x-xxxyaran ana	

Declaration

We declare the foregoing particulars are true in every respect

and

Policyholder's Signature / Date & Time

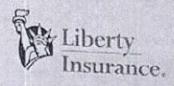
Driver's Signature (If driver is not the policyholder) / Date & Time

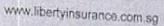
Witnessed by Reporting Centre

Personnel

Date of Accident	: 24 8 2012 Accident Time: Unknown	(24-HR-Format)
Accident Place	: I North coast Drive Open Carpar	k
Vehicle No. (Car Plate No.)	: DNA 6037 J Make/Model: Hyun	idai Avantes
Insurance Company	: Liberty Policy No: SI2	2 VO 8 501 / VPE / ROU
Owner or Company Name /IC No.	: Muhammad Alif Din Kamarudin	1 589419225
Owner or Company Contact No.	: -8787 1713 Owner's Hp	
DRIVER'S Name / IC No.	: AS ABOVE	
DRIVER'S Date Of Birth	: 26 11 1989 DRIVER'S License Pass Da	ate 31 1 2011
Relationship of Owner & Driver	: Spouse\Parent\Children\Sibling\Employee	e\Others:
DRIVER'S Address	: BIK 2 Marsiling Drive #04-45	
DRIVER'S Contact No./ Alt No.	:1)2)	er er til de er
DRIVER'S Occupation (IND	OOR OUTDOOR (e.g. working inside or outsi	
Email Address	: alifashaari @ gmail. com	
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTE	
Reporting Type : Rep	orting Only Claim Other Party Claim Own I	nsurance
Number of Passengers (Including Di	river): NIL	
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at time of accident. I tivate use ("	ork Purpose
	arty Driver's Particular (if any)	
Vehicle. No: Unknown	Vehicle. No:	
Vehicle Make \Model:	Vehicle Make \Mode	el:
Name Driver:	Name Driver:	unu-
IC No. Driver/Contact:	IC No. Driver/Conta	nct:

NEW – Passenger's name & gender:







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: MIJHAMMAD ALIF BIN KAMAF	PLIDIN	Certificate No.:	
Date of Issue		SI22V08501/VPE / R00	
24 Jun 2022	Effective Date of Commencement:	Date of Expiry:	
Registration No.:	25 Jun 2022 00:00	24 Jun 2023 23:59	
SNA6037J	Chassis No.:	Type of Certificate:	
ersons or Classes of Persons entitled to drive*:		MX1	

- 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

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act

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):

Sum Insured:

Excess

Name of Finance Company:

Name of Producer.

Comprehensive, Unlimited Windscreen

MARKET VALUE AT THE TIME OF LOSS.

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

CAR TIMES CAPITAL PTE LTD

CAR TIMES INSURANCE AGENCY PTE LTD (A1200-6)

200-6/828AAMT/S122408501