

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 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 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	29/08/2022 10:02 (SGT)
Reported by	Both
Date of Accident	24/08/2022 00:00 (SGT)
Exact Location of Accident	1 N Coast Dr, Singapore 737663
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA6037J
INSURED/POLICYHOLDER	
Is company?	No
Name of Registered Owner	MUHAMMAD ALIF BIN KAMARUDIN
NRIC No	SXXXX922J
Email Address	alifashaari@gmail.com
Mobile Phone No	(Phone) +65-87871723
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V08501/VPE/R00

DRIVER

Name of Driver	MUHAMMAD ALIF BIN KAMARUDIN
NRIC No	SXXXX922J
Date Of Birth	26/11/1989
Occupation	Indoor

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	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)	0
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

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 PROPERTY 1

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	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

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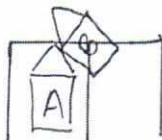
Policyholder's Signature / Date &
Time

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

29/08/2022
Witnessed by Reporting Centre
Personnel

Sketch Plan

1 North Coast Drive open carpark



Vehicle A : SNA 6037 J

Vehicle B : Unknown

Describe Circumstances of the Accident

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 and was leaving the carpark lot and collided onto my vehicle front right portion.

Declaration

We declare the foregoing particulars are true in every respect

ant
Policyholder's Signature / Date & Time

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

29/08/2022
Witnessed by Reporting Centre Personnel

Date of Accident : 24/8/2022 Accident Time: Unknown (24-HR-Format)
 Accident Place : 1 North Coast Drive Open Carpark
 Vehicle No. (Car Plate No.) : SNA6037J Make/Model: Hyundai Avante S
 Insurance Company : Liberty Policy No: S122V08501/VPE/ROO
 Owner or Company Name /IC No. : Muhammad Aliq Bin Kamarudin / S8941922J
 Owner or Company Contact No. : 8787 1723 Owner's Hp Company Tel
 DRIVER'S Name / IC No. : AS ABOVE
 DRIVER'S Date Of Birth : 26/11/1989 DRIVER'S License Pass Date 21/1/2011
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others:
 DRIVER'S Address : Blok 2 Marsiling Drive #04-45 S730002
 DRIVER'S Contact No./ Alt No. : 1) 2)
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : alifashaari@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): NIL

Was there any video Captured by car camera: YES \ (NO)
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle. No: <u>Unknown</u>	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

• 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 KAMARUDIN		Certificate No.: SI22V08501/ VPE / R00
Date of Issue: 24 Jun 2022	Effective Date of Commencement: 25 Jun 2022 00:00	Date of Expiry: 24 Jun 2023 23:59
Registration No.: SNA6037J	Chassis No.: KMHLN41ETNU212798	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

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:

CAR TIMES CAPITAL PTE LTD

Name of Producer:

CAR TIMES INSURANCE AGENCY PTE LTD (A1200-6)

A1200-6823A AMT/SI22V08501/24-Jun-2022/MotorC1.v1.0