



## 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	09/09/2022 14:19 (SGT)
Reported by	Both
Time of Accident	08/09/2022 17:06 (SGT)
Exact Location of Accident	118 Serangoon Ave 3, Singapore 554773
Additional Location Information	CARPARK BASEMENT OF AMARANDA GARDEN
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6397X
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH AI HUA
NRIC No	SXXXX628C
Email Address	sohjimmy@gmail.com
Mobile Phone No	(Phone) +65-96862287
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1500

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI21V15172/VPP/R02

#### DRIVER

Name of Driver	SOH KOK PENG
NRIC No	SXXXX547G
Date Of Birth	08/12/1957
Occupation	Indoor



Date Of Driving Pass	21/12/1978
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96776336
Alt. Phone Number	-
Email Address	sohjimmy@gmail.com
Address	BLK 118 SERANGOON AVE 3 #02-12
Address complement	-
Postcode	554773
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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 on collision
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	SOH AI HUA
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

PLEASE REFER TO ATTACHED.

#### 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	SLL3137P
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-

Vehicle Colour  
Vehicle Category  
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)

Private car

(Phone) +65-91803643

## SKETCH PLAN

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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.

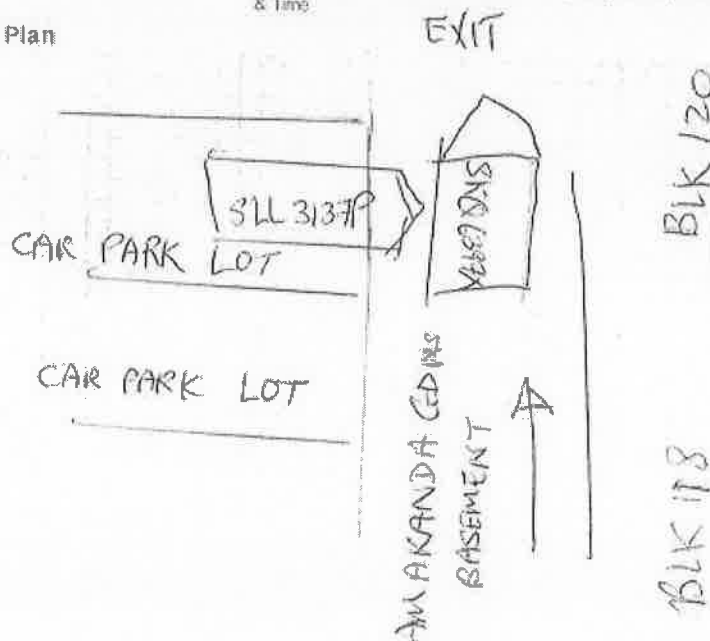
*[Signature]*  
Policyholder's Signature / Date & Time

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

9/9/22

*[Signature]*  
Witnessed by Reporting Centre Personnel

Sketch Plan



## Describe Circumstances of the Accident

On 8 SEPT 2022 at 5:06 PM  
 I, SOK KOK PENH, the driver of SKQ6397X  
 was driving from the basement car park of  
 AMARANT GRAPES From BLK 118 towards the exit  
 when a private hire car (SLL3137P) parked at  
 the red lot (instead of visitors lot)  
 dashed out of the parking lot and hit  
 into the front passenger side of our car.  
 The left wheel was severely damaged, left side  
 lamp was smashed and left bumper dislodged.  
 No one was injured

## Declaration

We declare the foregoing particulars are true in every respect.

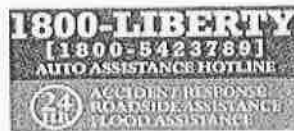
*Dilma Sh*  
 Policyholder's Signature / Date &  
 Time

9/9/22 2 PM

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

9/9/22

*[Signature]*  
 Witnessed by Reporting Centre  
 Personnel



Liberty Insurance Pte Ltd  
 Registration no. 199002791D  
 51, Club Street  
 #03-00 Liberty House  
 Singapore 069428  
 Tel: (65) 6221 8811 Website: <http://www.libertyinsurance.com.sg>

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATIONS) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATIONS) RULES 1986  
 ROAD TRANSPORT ACT, 1987  
 ROAD TRANSPORT (AMENDMENT) ACT 2019  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959

Certificate No	SI21V15172 /VPP/R02												
Form	MX1												
Date of Issue	23-Nov-2021												
1. Index Mark and Registration No. of Vehicle	SKQ6397X												
2. Chassis number of Vehicle	JM6BM42A8F0161417												
3. Name of Policyholder	SOH AI HUA												
4. Effective date of Commencement of Insurance (for the purposes of the Act)	16-DEC-2021 00:00												
5. Date of Expiry of Insurance	15-DEC-2022 23:59												
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.  <small>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 conviction 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.</small>												
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.  <small>*Limitations rendered inoperative by Section 5 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.</small>												
<small>We hereby verify 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.</small>													
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signatory													
<table border="1"> <tr> <td>For Information only:</td> <td></td> </tr> <tr> <td>COVERAGE</td> <td>Comprehensive, Unlimited Windscreen, NCD Protection</td> </tr> <tr> <td>SUM INSURED(S)</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS (S)</td> <td>Section 1 - Named Drivers: \$500.00, Section 3 - Unnamed Drivers: \$1,000.00, Additional Excess For Young, Elderly &amp; Inexperienced Drivers: \$1,000.00, Windscreen Excess: \$100.00</td> </tr> <tr> <td>FINANCE COMPANY</td> <td></td> </tr> <tr> <td>PRODUCER NAME</td> <td>AAS INSURANCE AGENCY PTE LTD</td> </tr> </table>		For Information only:		COVERAGE	Comprehensive, Unlimited Windscreen, NCD Protection	SUM INSURED(S)	MARKET VALUE AT THE TIME OF LOSS	EXCESS (S)	Section 1 - Named Drivers: \$500.00, Section 3 - Unnamed Drivers: \$1,000.00, Additional Excess For Young, Elderly & Inexperienced Drivers: \$1,000.00, Windscreen Excess: \$100.00	FINANCE COMPANY		PRODUCER NAME	AAS INSURANCE AGENCY PTE LTD
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PRODUCER NAME	AAS INSURANCE AGENCY PTE LTD												

AUTHORIZATION LETTERDate: 9/9/2022

To Whom It May Concern:

I, SOH AI HUA IC S0444628C hereby like to  
authorized SOH KOK PENG IC S1228547G to sign all  
the Forms pertaining to the accident / insurance claim forms on my behalf due to my busy work

Schedule. My vehicle number is SKQ 6397X, accident date on8/9/2022 @ 5.06 pm

Apologize for any inconvenience caused and appreciate your kind understanding.

Yours Sincerely



Signature / Company Stamp

Owner of SKQ 6397X