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SN0923140006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/01/2023 16:08 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (04/01/2023 16:08 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

Any false reporting may be referred to the Police for Investigation.

5. Any false reporting may be referred to the Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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 6. This report will, for a fee, be made available upon application by interested parties.

and that copies of this report will, for a fee, be made available upon application of this report at the centre and to copies of the report being made available aforesaid.

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

ACCIDENT STATEMENT

Date of Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

04/01/2023 16:08 (SGT) Both 03/01/2023 09:15 (SGT) BKE, Singapore TOWARDS CHANGI Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJT6009M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

POH GIM JOO SXXXX119C kennypoh@live.com (Phone) +65-91012723

VEHICLE PARTICULARS

Manufacturer Model 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 CC

Kia Cerato

Employment

No - Claiming third party Private car Auto 1591

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Liberty Insurance Pte Ltd SI22V14083/VPE/R03

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

POH GIM JOO SXXXX119C 21/11/1965 Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	19/09/1986 36 YEARS AND 4 MONTHS Male (Phone) +65-91012723
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) 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? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTH	HER VEHICLE PROPERTY 1

SKE1998H

Private car

SXXXX760D

POH YANG JUN

Honda

Vehicle Category

Name of Driver

Vehicle Registration Number

Vehicle Model
Vehicle Variant
Vehicle Colour

NRIC No

Vehicle Manufacturer

Contact Number	(Phone) +65-92234632
Address	-
Address complement	-
Postcode	10
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	-
No Of Passenger (Including Driver)	:=

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

vJun2022

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

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

Describe Circumstance of the Accident DA 08/01/2023 A7 AROU7 OS!15HRS J A	VOS TRAYELIMES
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my RAAR THE SKE1998H FOIL TO 8	WP ON 71 mg

Declaration

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

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

Actual Driver's Signature (if driver is not the policyholder)

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

ACCIDENT'STATEMENT

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" DG , 15 WHRIMMI"
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h) PURPOSE OF USING AT ACCIDENT TIME: WOLLD (YES NO)
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email. = Kenny police live. com





Certificate of Insurance

www.libertyinsurance.com.sg

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:

POH GIM JOO

Date of Issue:

17 Oct 2022 Registration No.:

SJT6009M

Effective Date of Commencement:

01 Nov 2022 00:00 Chassis No.:

KNAFW411MA5125699

Certificate No.:

SI22V14083/ VPE / R03

Date of Expiry: 31 Oct 2023 23:59

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:

EFIZZIG CREDIT PTE LTD

Name of Producer:

AAS INSURANCE AGENCY PTE. LTD. (A1481-8)

OCT 2022/MotorCIVeL9