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SN09232F0008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/02/2023 15:33 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (15/02/2023 15:33 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed</u> by the <u>Policyholder and/or the Actual Driver</u>
   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

15/02/2023 15:33 (SGT) Both Policyholder and Actual Driver 15/02/2023 08:55 (SGT) Thomson Rd, Singapore

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJT1313S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Passport No/FIN **Email Address** 

Mobile Phone No. Alternative Phone No. No

LIU XIN YI GXXXX527U hztomliu@gmail.com

(Phone) +65-83335222

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

CC

Transmission

Hyundai Avante

Private use

No - Claiming third party Private car

Auto 1595

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Liberty Insurance Pte Ltd SD22V08340/VPC/R00

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

LIU XIN YI GXXXX527U 21/11/1977 Indoor



Accident report SN09232F0008

Date Of Driving Pass 13/08/2020 Driving experience 2 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-83335222 Alt. Phone Number Email Address hztomliu@gmail.com Address 376 THOMSON ROAD #32-02 Address complement Postcode 298130 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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 WEINA 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 SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER DETAILS OF OTHER VEHICLE PROPERTY 1

SBS6182U

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle	Variant				
Vehicle	Colour				
Vehicle	Category				Bu
Name o	of Driver				_
Contac	t Number				-
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Nature	Of Damage				_
Details	of property damag	ed in acci	dent		_
	Passenger (Includi				-

#### SKETCH PLAN

## 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 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
- (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
- (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.

2 mgs	2/2 16/0x/202:
Policyholder's Signature / Date & Time Sketch Plan	Driver's Signature (if driver is not the policyholder) / Date 8 Time

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Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Date of Accident	Accident Time: 8:55 (24-HR-FORMAT)					
Accident Place	: Thomson Rd (24-HR-FORMAT)					
Vehicle Reg. No (Car plate No.)	:SJT 13135 CC: 1600 Vehicle Make/Model: Hyundal Avang					
Insurance Company	Liberty Policy No. 8000 V08340/VPC/2					
Name of Registered Owner	: Company / Individual Lin Xin Yi					
ID of Registered Owner OWNER EMAIL ADDRESS: HZ TOMLIN & OMAIL. 120	: Co Reg No: Owner's NRIC No: 6 3946577M : Co Contact No: Owner's Contact No: 83335222					
DRIVER'S Name	Live VIA YI					
DRIVER'S Date of Birth	DRIVER'S NRIC No: 634465274  21/11/1917 DRIVER'S License Pass Date 13/5/2020					
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:					
DRIVER'S Address	: 376 Thoman K2 #32-02 S(298/3)					
DRIVER'S Contact No./ Alt No.	:1) 83335222 2)					
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)					
Email Address	HZ TOMLIN @ gmail. Com					
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET					
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance					
Was there any video Captured by ca Exact purpose for which vehicle wa Any injuries, if yes(name of the in	river): Name & Gender;WE'\ NA(P)  Ilice? YES \ NO  In camera: YES \ NO  Is being used at the time of accident. Private use \ Work purpose					
Vehicle Reg No: SBS 6182W	· Party Driver's Particulars (if any)					
Vehicle Reg No:	Vehicle Reg No:					
Vehicle Make\Model:	THE PARCHYOGE!					
Name DRIVER:	Name DRIVER:					
IC No. DRIVER:	IC No. DRIVER:					
Source of Stid.	DRIVER'S Contact & add:					
REPORT FORM EXPLAINED IN : ENGLISH	/ CHINESE / MALAY / TAMIL OTHERS:					
WHO REPORTED THE ACCIDENT : OWNE	R/DRIVER/BOTH					





# 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:

LIU XINYI

Date of Issue:

24 Jun 2022 Registration No.:

SJT1313S

Effective Date of Commencement:

24 Jun 2022 00:00

Chassis No.:

KMHLN41ETNU323012

Certificate No.:

SD22V08340/ VPC / R00

Date of Expiry:

23 Jun 2023 23:59 Type of Certificate:

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

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:

Name of Finance Company:

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

MAYBANK SINGAPORE LTD

Name of Producer:

KOMOCO TRADING PTE LTD (A1975-57)

PLCS/PLCS/SD22V08349/15-Feb-2023/MotorC1/v1.0