

## 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 .....	23/03/2023 10:40 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	20/03/2023 08:45 (SGT)
Exact Location of Accident .....	Braddell Rd, Singapore
Additional Location Information .....	BRADDELL ROAD TOWARDS TOA PAYOH (LORNIE ROAD)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE543P

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LIAN HUAT HENG (88) PTE LTD
Company Reg No .....	198802926C
Email Address .....	JENNIFERX4325@GMAIL.COM
Mobile Phone No .....	(Phone) +65-63456468
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	Cyz52r
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Goods vehicle
Transmission .....	Manual
CC .....	3000

#### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SD22V16359/VCH/R00

#### DRIVER

Name of Driver .....	N PREM KUMAR
NRIC No .....	S1796440B
Date Of Birth .....	03/02/1967
Occupation .....	Outdoor

Date Of Driving Pass .....	11/09/2007
Driving experience .....	15 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82924870
Alt. Phone Number .....	-
Email Address .....	JENNIFERX4325@GMAIL.COM
Address .....	BLK 292A BUKIT BATOK EAST AVENUE 6
Address complement .....	#12-210
Postcode .....	651292
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Paid Driver
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 .....	Side Swipe
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) .....	1
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? .....	Yes
Police Station Name .....	Kampong Java Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002959999
Alt. Police Station Phone No .....	(Fax) +65-63913442
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 20/03/2023 AT ABOUT 0845HRS, I WAS TRAVELLING ALONG BRADELL ROAD TOWARDS TOA PAYOH (LORNIE ROAD). WHILE TURNING TO MY RIGHT, VEHICLE B CUT INTO MY LANE AND HIT ONTO MY FRONT LEFT PORTION.

#### 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 .....	SMY5738L
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	NOR LELLA MARDIIAH BTE MOHAMED
NRIC No .....	-1
Contact Number .....	(Phone) +65-87470669
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

# SKETCH PLAN

## IMPORTANT NOTICE

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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.



Policyholder's Signature / Date & Time

Sketch Plan

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

20/3/23  
16:40 PM

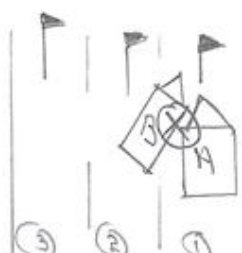
Witnessed by Reporting Centre Personnel

Jenny Koh 20/3/2023  
Claims Executive  
8139 9800 1024485

BRADSHAW ROAD TOWARDS TUA PAHON (LODGE ROAD)

A 8 Y2 543 A

B 8 814 5438 L



Describe Circumstances of the Accident

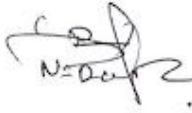
On 20/03/2023 at about 0845 hrs, I was travelling along Brackell Road towards Tanjong Pagar (Gormie Road).

While turning to my right, Vehicle B cut into my lane and hit onto my front left partition.

Declaration

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

  
  
 Policyholder's Signature / Date & Time

  
 N=001  
 20/3/23 16:40 pm  
 Driver's Signature (if driver is not the policyholder) / Date & Time

  
 Jenny Koh  
 Claims Executive  
 HR: 8789 9800  
 Witnessed by Reporting Centre Personnel

























## NOTICE OF REPORTING

This is to confirm that N Prem Kumar, NRIC No: S1796440B residing at Blk 292A Bukit Batok East Avenue 6 #12-210 S651292, HP: 82924870 had reported to the Police a non-injury traffic accident which occurred on 20/03/2023 along CTE towards Braddell, in front of St Michael Bus Interchange at around 0840hrs:

- a) Complainant's Vehicle:  
XE543P(white Isuzu)
- b) Other party's vehicle:  
SMY5738L (Grey, Lexus)  
Particulars:  
Nor Lella Mardiiiah Bte Mohamed  
S7414082C  
Hp: 87470669

**\*\* No one injured.**

2 If this accident was reported to the Police within 24 hours of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Jansen Goh

Date: 20/03/2023 Time: 1147hrs

Police Post/Unit:

  
KAMPONG JAYA NEIGHBOURHOOD POLICE CENTRE  
21 KAMPONG JAYA ROAD  
SINGAPORE 228892



Liberty Insurance Plc Ltd

### Certificate of Insurance

WORK VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 18)

40.000 VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RISK 13.135

ROAD TRANSPORT ACT, 1987

ROAD TRANSPORT (AMENDMENT) ACT 2018

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1968

Certificate No	SD22V16359 /VCH /R00
Form	MZ301A
Date of Issue	22-NOV-2022
1 Index Mark and Registration No. of Vehicle	XE543P
2 Chassis Number of Vehicle	JALCYZ52RE7000130
3 Name of Policyholder	LIAN HUAT HENG (88) PTE LTD
4 Effective date of Commencement of Insurance for the purposes of the Act	17-NOV-2022 00:00 AM
5 Date of Expiry of Insurance	16-NOV-2023 23:59 PM
6 Persons or Classes of Persons entitled to drive <sup>1</sup>	
<p>A) Whilst the vehicle is being used in connection with the Policyholder's business - Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>B) Whilst the vehicle is being used for social, domestic and pleasure purposes - Any person who is driving on the Policyholder's order or with their permission.</p>	
<p>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 to that effect from driving the Motor Vehicle.</p> <p>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.</p>	
7 Limitations as to use	
<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>	
8 The Policy does not cover:	
<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward.</p>	
<p><sup>1</sup>Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 are not to be included under these headings.</p>	
<p>We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act 1987.</p>	
<p>For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>          Approved Insurers</p>	
 Authorised Signature	
For information only: COVERAGE SUM INSURED EXCESS FINANCE CHARGES PRODUCER NAME	Comprehensive Uninsured Whiplash Third Party Working Risk MARKET VALUE AT THE TIME OF LOSS All Claims \$10000 Third party working risk excess: (P&H AND C) 10% (MAX: \$5000) All claims Excess: All Claims Young Family & Residential Drivers \$13000 Whiplash Excess \$1500 VIRTUAL INSURANCE AGENTS PTE LTD