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SN09235G0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 16/05/2023 17:40 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (16/05/2023 17:40 (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 by the Policyholder and/or the Actual Driver</u> 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.

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

16/05/2023 17:40 (SGT) Both Policyholder and Actual Driver 16/05/2023 13:30 (SGT) Yio Chu Kang, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNG8420R

INSURED/POLICYHOLDER

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

No NG YANG TECK SXXXX690E nurikhwan.revo@gmail.com (Phone) +65-92383616

VEHICLE PARTICULARS

Alternative Phone No

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

Transmission

CC

Kia

Picanto

Private use

No - Claiming third party

Private car Auto

1086

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Liberty Insurance Pte Ltd SI22V12873/VPE/R00

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

NG YANG TECK SXXXX690E 11/05/1967 Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured	14/11/1991 31 YEARS AND 6 MONTHS Male (Phone) +65-92383616 - nurikhwan.revo@gmail.com BLK 6 MARSILING DRIVE #12-76 - 730006 Yes
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 Weather Conditions Road Surface	Chain Collision 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	No 4 Yes No Yes 1 No
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 OTHE	R VEHICLE PROPERTY 1

DETAILS OF OTHER VEHICLE PROPERTY

30X
e car
•

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ2957A
Vehicle Manufacturer	=
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	
Postcode	-
Insurance Company Name	<u>-</u> 2
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	QS1120R
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	27
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG YANG TECK
Gender	Male
Phone No	(Phone) +65-92383616
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SNG8420R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
- 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 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

Wilnessed by Reporting Centre Personnel (Name as in NR C/ID card)

13. SUG BATOR
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Describe Circumstance of the Accident	
ON THE STATED DATE IAND TIME, I WAS	Carilly G To
A STOP SWULLY, BEFORE I COULD STOP	I FELT
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AND MIT ONTO VEH O MAD VIM C.	

Declaration

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

Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel

VEHICLENO: SNG 8420p.	MAKE & MODEL: KIM PICANTO. AUTO/MANUAL
DATE OF ACCIDENT	16 / 05 / 23. C.C.
TIME OF ACCIDENT	1330 AM/PM
LOCATION OF ACCIDENT	410 CHI KIDIK RD
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	NG YANG TECK.
EMAIL NURTHWAN PEVORGIMAIL.	
NRIC NRIC	
CLAIM TYPE	SZG726906. OD / THRTYPARTY / REPORTING ONLY
FLEET POLICY	YES NO.
INCURENCE CO.	CIBERTY.
TYPE OF COVERAGE	Comprehensive / Third Day / Third Day (Third Day)
POLICY NO.	Comprehensive / Third Party / Third Party Fire & Theft
	5/2212873 VPE POU.
NAME OF DRIVER	AS ABOVE / IF NO: 4
NRIC	4
DATE OF BIRTH	11 / 05 / 67.
ANY PASSENGER	YES/NOT DRIVER ONLY.
NAME OF PASSENGER	**************************************
GENDER OF PASSENGER	-MALE / FEMALE
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	14/11/51.
GENDER	MAPE / FEMALE
CONTACT NO.	Mobile 92383616 Office: Home:
EMAIL	NUPIKHLAN. PEVOC GMAIL. Con
ADDRESS	6 marricing prive #12-76 ec7300061
DOES DRIVER OWN OTHER VEHICLES?	MO / If yes, Reg No: INSURE: _
RELATIONSHIP	Employee / If No: SCCF
WEATHER CONDITION	Clear/ Raining / Other:
ROAD SURFACE	Ory / Wet / Other:
ANY INJURIES	
CONTACT NO.	No/If XES, Who? DRIVER - VEH A - SERIOUS.
ROLICE REPORT	N6/If yes, Where?
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?
VEHICLE B NO.	SHD 530 X. Any Passenger: DRIVER ONLY
NAME	3110 330 X
CONTACT NO.	
VEHICLE C NO.	Can Decin
VEHICLE D NO.	GRJ 2957A - Any Passenger: PRIVER ONLY OS 112012 Any Passenger: 1210672 ONLY
VEHICLE E NO.	
VEHICLE F NO.	Any Passenger: Any Passenger:
ANY WITNESS	Any rassenger.
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES /NO
WAS THERE ANY AUDIO RECORDED?	
SCENE ACCIDENT PHOTOS TAKEN?	YES (NO
WHO IS REPORTING	DRIVER/ OWNER BOTH
Original Language Used	English/ Mandarin/ Others:
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / QO .





Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611

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 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No

SI22V12873 /VPE /R00

Form

MX1

Date of Issue

20-APR-2023

1 Index Mark and Registration No. of Vehicle:

SNG8420R

2 Chassis number of Vehicle

KNABA24339T751781

3 Name of Policyholder

NG YANG TECK

4 Effective date of Commencement of Insurance

23-SEP-2022 00:00 AM

for the purposes of the Act.

5 Date of Expiry of Insurance.

28-OCT-2023 23:59 PM

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.

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.

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.

*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

Authorised Signature

For Information only: COVERAGE:

SUM INSURED

Comprehensive. Unlimited Windscreen

NSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS.

Section I - Named Drivers S\$600, Section I - Universed Drivers S\$1100. Additional Excess For Young, Elderly & Inexperienced

Drivers \$\$3000, Windscreen Excess \$\$100

FINANCE COMPANY PRODUCER NAME

DICKSON CAPITAL PTE LTD.
DICKSON INSURANCE AGENCY PTE, LTD.

SCNE 20230420

Ver.1.260705