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Owner / Driver: (Tel:	,	14 Francisco
Policy 110: () Period: (1 100 100 100	Cover Type:	()
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SN09235Q0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 26/05/2023 14:33 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (26/05/2023 14:33 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. 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

26/05/2023 14:33 (SGT) Both Policyholder and Actual Driver 26/05/2023 09:30 (SGT) PIE, Singapore TOWARDS TUAS BEFORE BUKIT TIMAH ROAD EXIT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SDU9222J

BMW X3

Private use

Private car

Auto

1998

INSURED/POLICYHOLDER

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

Mobile Phone No Alternative Phone No No LOH KOK MOH SXXXX364J greatsong77@yahoo.com.sg (Phone) +65-97593990

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident

your vehicle? Vehicle Category

Transmission

Are you claiming under your own insurance policy for repair to

CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Liberty Insurance Pte Ltd SI22V09851/VPE/01

No - Claiming third party

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LOH KOK MOH SXXXX364J 10/08/1960 Indoor



Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode	19/11/1981 41 YEARS AND 6 MONTHS Male (Phone) +65-97593990 - greatsong77@yahoo.com.sg 205 BALESTIER ROAD #09-05
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	Chain Collision
Type of Accident Weather Conditions	AFTER RAIN
	Dry
Road Surface	Ыу
OTHER INFORMATION	
the level and in the applicant?	No
Was any foreign vehicle involved in the accident?	3
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
1111	Vec
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
	0.4750007
Vehicle Registration Number	SMZ5823T
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-

Private car

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMN3665J
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-
Vehicle Category	Private car
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)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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 Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the page 4.7)	policyholder) / Date Witnessed by Reporting Centre Personnel
Sketch Plan		
PE		(A) SPU9212J
Towards		(B) SWZ 58237
Tuas		(C) SMH 3L65J
exit	B	C) 5/W4 35033
exit		

Describe Circumstances of the Accident
On 26-05. 2023 at about od30his I was travelling along
VIE Towards Tuas Before Butat Tinah Rd exit. The traffic was on
moderate more. Ahead of me, there's archicle slow dam and more.
I blow mit. While stopping, all it a sudden I felt an hard
impact from the view. Then I alighted and realised a vehicle
Sm 2 h8237 had collided onto my rear total 3 refrictes involved
In the accident- ghat's all.
The Great - The Court

## Declaration

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 & Time

Witnessed by Reporting Centre Personnel



Date of Accident	: 26.05.2023 Accident Time: 0930 Wro (24-HR-Format)
Accident Place	: PlE Toward Two D4 Bufff Finatt Rd exis
Vehicle. No. (Car Plate No.)	: SDU 92223 Make/Model: BMW X3 SORVE 201 LEDS
Insurace Company	: LIBUM Policy No: S122V09851 /PE/ROI
Owner or Company Name /IC No.	: LOH KOK MOH (SIAU436AJ)
Owner or Company Contact No.	:Owner's Hp 9759 3996 Company Tel
DRIVER'S Name / IC No.	: as abone
DRIVER'S Date Of Birth	: 10.08-1960 DRIVER'S License Pass Date 14.11. 1981
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWW R
DRIVER'S Address	: 205 Balistics Rd \$ 09-05 5(229692)
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INTOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: great song 77 e Yatoo. com. co
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim other Party \ Claim Own Insurance
Number of Passengers (Including Dr	iver): VINUN anly
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private use \ Work purpose
	arty Driver's Particular (if any)
Vehicle. No: SM2 5822	Vehicle. No: 8MN 3665J
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:





# 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:

LOH KOK MOH

Date of Issue:

23 Jul 2022

Registration No.:

29 Jul 2022 00:00 Chassis No.:

SDU9222J

WBAWY92080LE00908

Effective Date of Commencement:

Type of Certificate:

MX1

Certificate No.:

Date of Expiry:

28 Jul 2023 23:59

SI22V09851/ VPE / R01

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, Young & Inexperienced

Drivers S\$2500, Windscreen Excess S\$100

Name of Finance Company:

TOKYO CENTURY LEASING (S) PTE LTD

Name of Producer:

SD CONTEGO SERVICES (A1429-2)

PLSE/B2BAAMT/S122V09851/23-Jul-2022/MotorCI/v1.0