




INSURER ENQUIRY

Find
insurer
Vehicle reg. no.

SMW929X

Date of Accident
17/12/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Liberty Insurance Pte Ltd
Period of Insurance 12/07/2022 - 11/07/2024
Requested By DPCOSITI (DANIEL POON & CO)
Requested Date 22/12/2022 09:48

Payment details
Request Amount: S\$1.87
GST Amount: S\$0.13
Total Amount Due (GST Inclusive): S\$2

General Insurance Association
Records Management Centre
GST Registration No: M400017735



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 22/12/2022

Your Ref No: DP.12055.22.MCS

Dear Sir/Madam,

Date of Accident: 17/12/2022 00:00 (SGT)

Vehicle No: SNB3935G

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMW929X	Singapore	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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	19/12/2022 19:08 (SGT)
Reported by	Both
Date of Accident	17/12/2022 17:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD BOULEVARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW929X
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEH YONG KEANG (ZHENG YONGQIANG)

VEHICLE PARTICULARS

Manufacturer	BMW
Model	B.M.W. / 216I GC SPORT
Variant	-
Vehicle Category	Private car
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V09336/VPC2/R00

DRIVER

Name of Driver	TEH YONG KEANG (ZHENG YONGQIANG)
NRIC No	S8029929Z
Address	30 LENGKONG DUA
Address complement	-
Postcode	417706
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
------------------	-------------------------------

Weather Conditions

Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT .

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	SNB3935G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Insurance Company Name	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
 2. The Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful 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. 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)
- I, undersigned, acknowledge, agree and consent that:
- (i) 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 insurers who have insured vehicles involved in this accident (all insurers who have insured vehicles 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:
 - (ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) investigating the accident and/or my claims;
 - (iv) carrying out and/or dealing with my instructions or responding to any enquires by me;
 - (v) 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
 - (vi) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (i) all insurers who have insured vehicles 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
- (ii) 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.

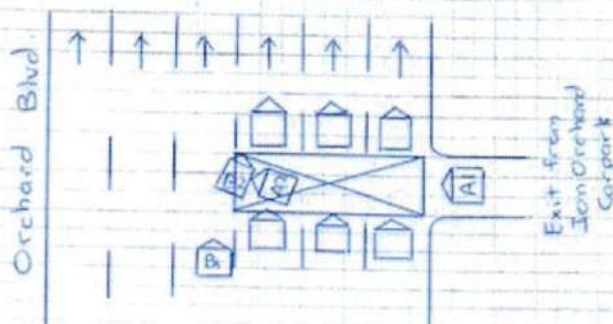
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) - SMW 929X
(B) - SNB3935G



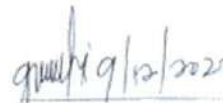
Describe Circumstances of the Accident

On the 17/12/2022 @ about 5.10pm, along the exit from
Ien Orchard Carpark into Orchard Blvd I was exiting the
above mentioned carpark, and there was a huge jam
along Orchard Blvd when all the cars stopped due to the
jam, and the yellow box was clear and activated, I slowly
inched my Vehicle (A) out. When I reached lane 3 inside
of the yellow box, a Vehicle (B) suddenly cut into Lane 3
from Lane 4 into the yellow box and collided into the
front portion of my Vehicle (A), causing damages to my
Vehicle.

Declaration

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



By: [Signature] Signature Date & Time_____
Driver's signature in driver's presence Date & Time

Witnessed by: [Signature] Date & Time





