

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 03/02/2023 16:20 (SGT)
Reported by Driver
Date of Accident 02/02/2023 09:37 (SGT)
Exact Location of Accident Singapore
Additional Location Information KALLANG BAHRU
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGY1866Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW BEE LENG
NRIC No S2618071F
Email Address NICK_HEAH@HOTMAIL.COM
Mobile Phone No (Phone) +65-90179414
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 640i
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SI21V13164/VPC/R9

DRIVER

Name of Driver MARK NICHOLAS HEAH MING QIANG
NRIC No S9645201B
Date Of Birth 06/12/1996
Occupation Indoor

Date Of Driving Pass	23/06/2017
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90179414
Alt. Phone Number	-
Email Address	NICK_HEAH@HOTMAIL.COM
Address	44 OEI TIONG HAM PARK
Address complement	-
Postcode	267049
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Collided into Pedestrian
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SMT8437L
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DENISE
Contact Number	(Phone) +65-93377677

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

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

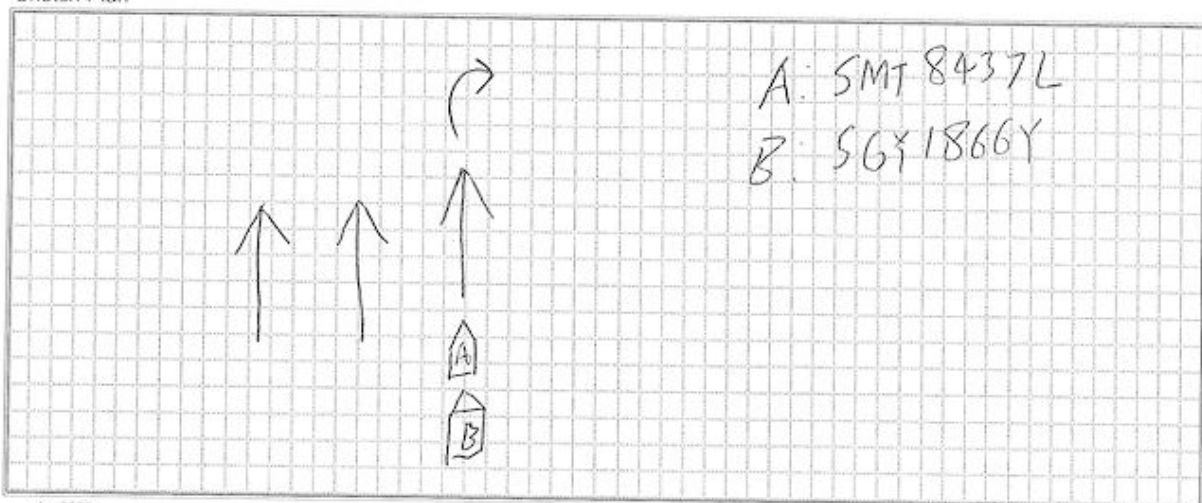
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

On 02/02/2023 at 0937. I was driving on Kallang Bahru filtering to the right lane to turn right travelling at around 20 kmh and I hit SMT8437L who was stationary as I was coming to a stop myself.

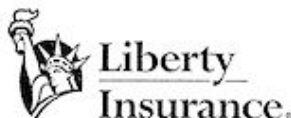
Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



Liberty Insurance Pte Ltd
 Registration no. 199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8611

Motor Insurance Renewal Notice

Your Policy is due for renewal. Please return one signed copy of this Renewal Notice with your remittance before the commencement of the new period of insurance.

Class of Policy	Policy No./ Renewal Notice No./ Print Date
PTE CAR - STANDARD PLAN (Comprehensive)	SI21V13164 / VPC / R 9 / 04 OCT 2022
The Insured	Registration No. SGY1866Y
LOW BEE LENG 44 OEI TIONG HAM PARK SINGAPORE 267049	Make/Model BMW 640I A (COUPE/SPORTS)
Period of Insurance (Upon Renewal):	Capacity/Tonnage 2979 C C
From 07 Nov 2022 to 06 Nov 2023 (Both Dates Inclusive)	Year Of Manufacturing / Regn 2012 / 2012
Excess (\$\$)	Sum Insured MARKET VALUE AT THE TIME OF LOSS
Section I - Named Drivers - SGD 3,000.00	Additional Coverage (\$\$)
Section I - Unnamed Drivers - SGD 3,500.00	Unlimited Windscreen \$0.00
Additional Excess for Young, Elderly & Inexperienced Drivers - SGD 3,000.00	Agent / Broker CUSTOMER SERVICES CENTRE (D9999-CSC)
Windscreen Excess - SGD 300.00	Contact Number
Hire Purchase Owner/Leasing Company	For any enquiries, please contact Liberty Insurance at (65) 6221 8611
UNITED OVERSEAS BANK LIMITED	
Named Drivers	
LOW BEE LENG, HEAH SIEU MIN	

RENEWAL PREMIUM (\$\$)

Basic Premium	NCD	Good Driver Discount	Fleet / Other Discount
\$4,534.27	\$(2,267.14) (50%)	\$(113.36) (5%)	\$(107.69) (5%)
Additional Premium	Sub Total	GST	Total Premium Payable
\$0.00	\$2,046.08	\$143.23	\$2,189.31

IMPORTANT NOTICE

- 1) The Renewal Premium is after 5% Loyalty Discount.
- 2) If you have at least 30% No Claim Discount (NCD), the Certificate of Merit/Good Driver Discount (GDD) of 5% is automatically given.
- 3) If any accident or claimable event occurs on or before the expiry of the existing policy we reserve the right to reduce the NCD (No In view of the increase in GST with effect from 1st Jan 2023, please be advised that premiums not settled by 31st Dec 2022 may be subjected to 8% GST.

Renewal Instructions for Policy No. : SI21V13164

Mode of Payment : Premium payable (Including GST) : **\$2,189.31**

☐ Cheque Bank ☐ Visa ☐ MasterCard Expiry Date : - -

Card Number : - - -

Card Holder Name

☐ Full Annual Payment. ☐ 12 months 0% Installment (UOB, StanChart, DBS or POSB Credit Cards only)* ☐ 6 months 0% Installment (UOB, StanChart, DBS or POSB Credit Cards only)*

*Minimum premium of \$5500 is required for 6 and 12 months installment. Only 6 months installment is allowed via DBS/POSB credit cards for premium below \$5500 (subject to minimum \$5100).

I hereby authorize LIBERTY INSURANCE PTE LTD to debit my Credit Card account specified above.

Corporate PayNow

- Enter PayNow ID 199002791D555 into Unique Entity Number (UEN)
- Entity Name: Liberty Insurance Pte Ltd
- Key in Vehicle / Policy No. and Contact No. under Bill Reference

AXS Online / AXS Stations, URL <https://bit.ly/2Qm0yji>

- Select Liberty Insurance as billing organization
- Key in Policy No & Contact No

Note: Upon making payment, kindly email to accountsreceivable@libertyinsurance.com.sg with payment details.

Signature of Insured

For update, please provide the followings :

ROC/NRIC/FIN No. Date of Birth Mobile No. Email

PLAC / SSIS / 20220928













