SV0Q249I0007 / VANTAGE AUTOMOTIVE LIMITED ENTRY DATE & TIME: 18/09/2024 17:22 (SGT) SUBMITTED BY: Muhammad Danial Ishak VERSION: 1 (18/09/2024 17:22 (SGT))

# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 First Submission 18/09/2024 17:22 (SGT) Reported by **Actual Driver** Date of Accident 18/09/2024 08:45 (SGT) Exact Location of Accident Near 7VWJ+5M Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Byd

Vehicle Registration Number SJE600Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **HWEE HAU SERN** NRIC No 541D Email Address Mobile Phone No (Phone) +65-Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model ATTO 3 Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC Vehicle Fuel Electric First Regisration Date Chassis no LGXCE4CB9P2241401

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number C0146014

DRIVER

Effective Date/Time of Ownership

Name of Driver HO WEN CHI NRIC No A008 Date Of Birth Occupation Indoor Driving Pass Date 03/12/2007 Driving License Pass Class Driving License Validity Valid Driving experience 16 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 PASSENGER 1 Name YVONNE CHUA Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SNL2534J Kia
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.
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- 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.
- 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.
- By the lodgment 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

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

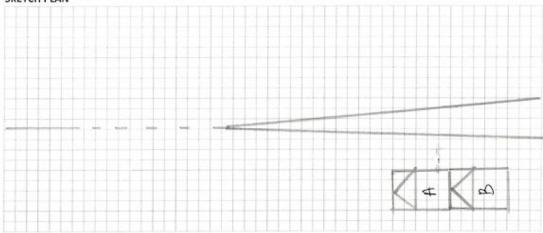
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER	10	POLICE	REPORT.
		100	

DECLARATION

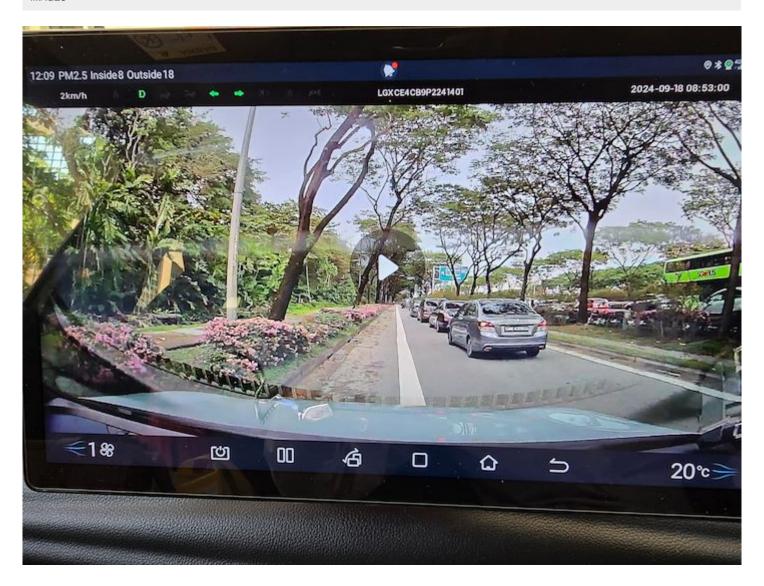
I/We declare the foregoing particulars are true in every respect.

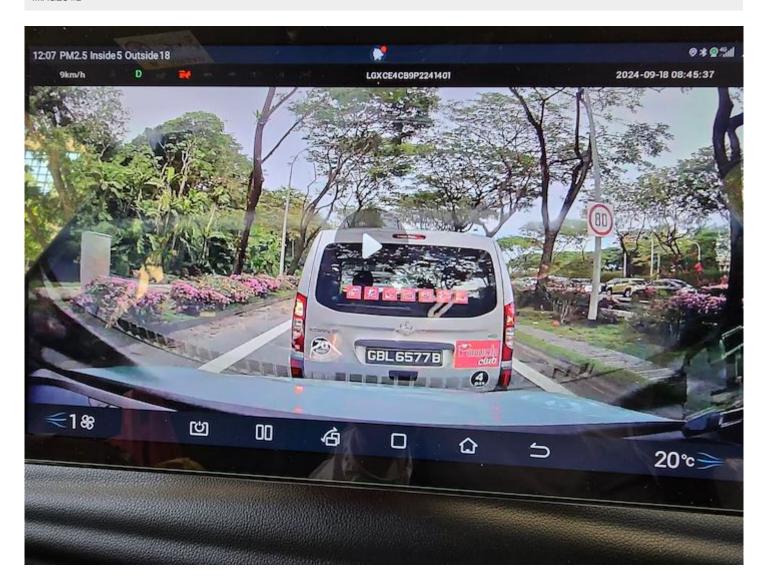
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

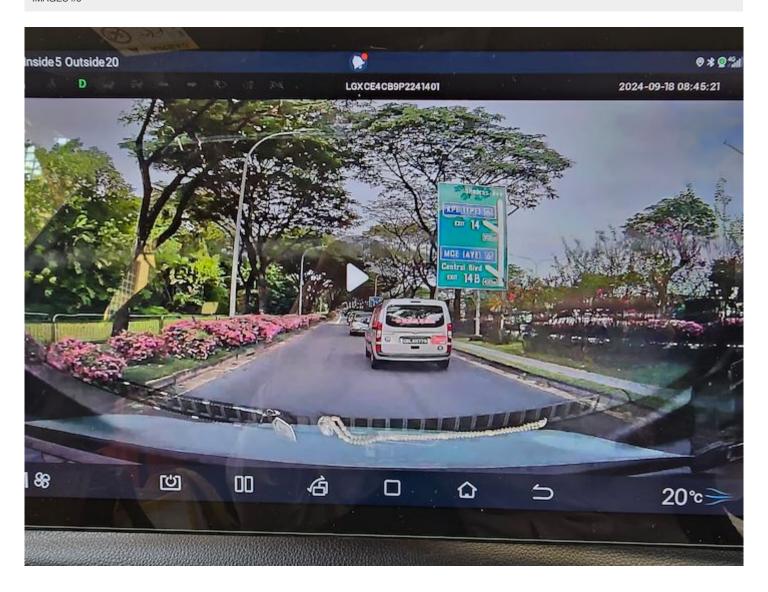
Date & Time:

Reporting Centre Personnel's Signature

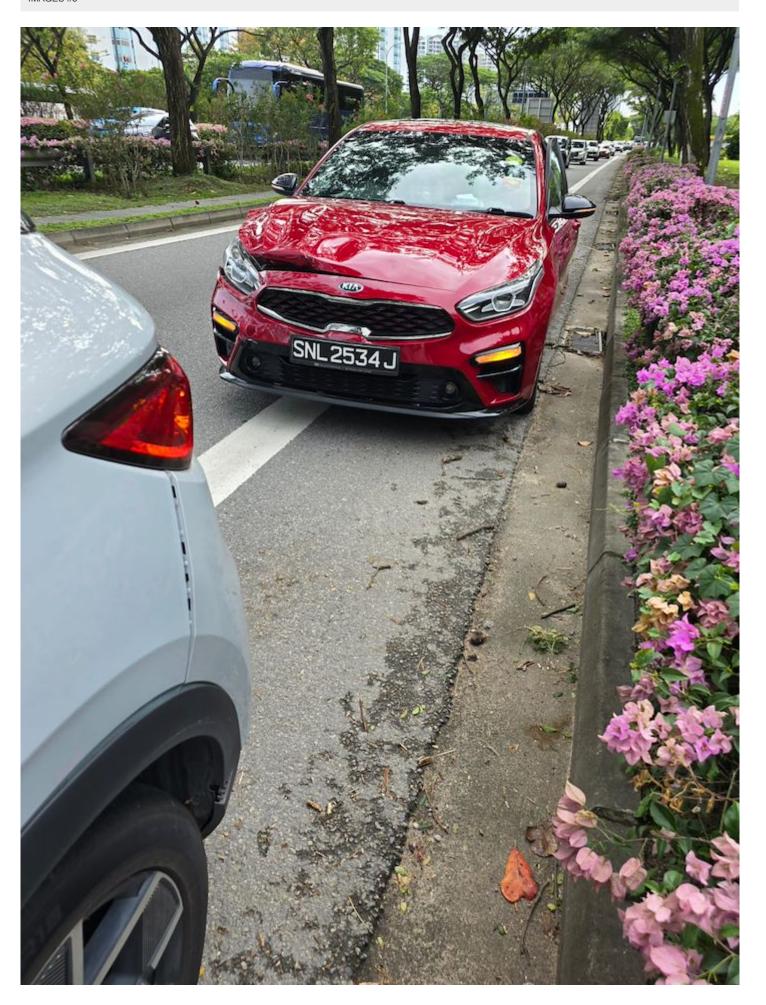
Name: NRIC/FIN No.:





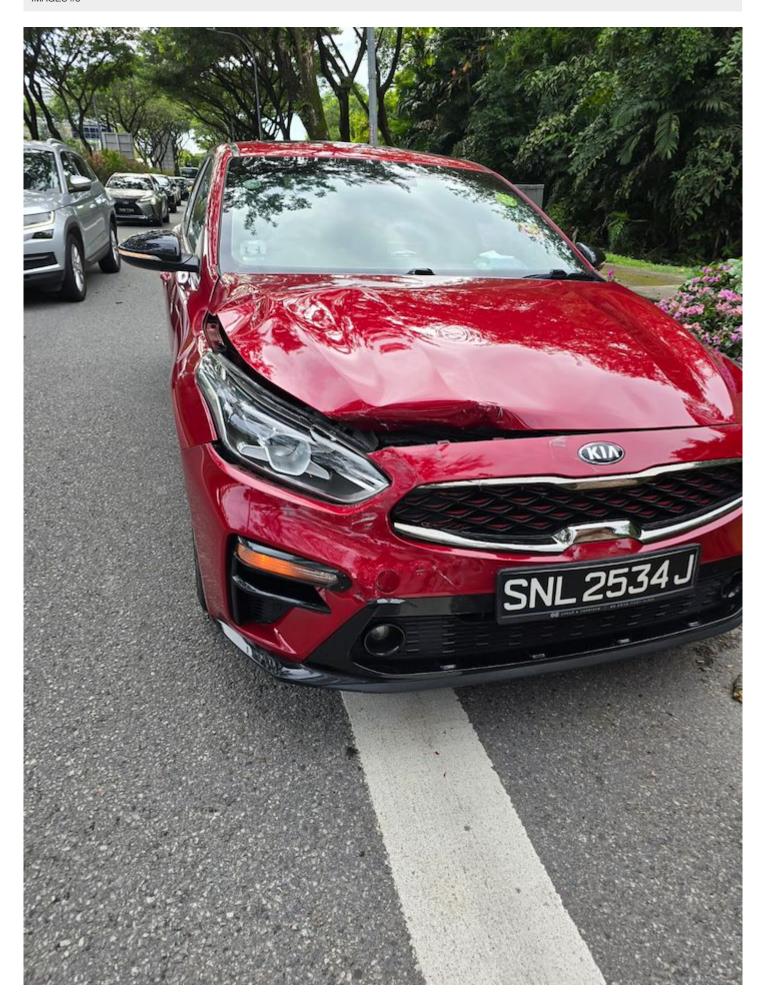


















T/20240918/7054

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20240918/7054

REPORT O	F A TRAFFI	C ACCIDENT				
Date/Time Report Made: 18/09/2024 13:30		ade:	Vide Report No.:	Station Diary No.:		
Informant'	s Particular	S	(B. D. A. J. B. W. J. L. B.			
Name of In HO WEN	2500000		Address:			
ID Type / ID No.; NRIC NO / 800A		)A	Contact No.: Home/Office:	Mobile:		
Nationality SINGAPO	r: RE CITIZE	N	Email: newestwen@gmail.com			
Sex: Female	Age: 45	Date of Birth:	Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Private-hire car driver		r	Driving Licence Information: Class: 3	Date of Expiry:		

General Information	of the Accident		THE STATE OF THE S	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/09/2024 08:45	Type of Location: Straight Road
Location: TANJONG RHU R	OAD	Road Surface:		
Sunny		Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		ffic Volume: avy
Type of Collision: Between Moving V	ehicles - Head To	Rear		one conveyed by oulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJE600Z	Motor car					0
SNL2534J	Motor car	KIA		Red	Seriously	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20240918/7054

2 of 3

Report No. T/20240918/7054

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Driver	<b>医检查检验检验</b>	ASTERNATION TO P		SESSI	Wites.	
Name	HO WEN CHI		ID No.		800A	
Related Vehicle	SJE600Z (Motor car)			Conta	ct No.	
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			narge NIL		
No. of Days grante	of Days granted Medical Leave (MC) NIL			Injury Slight		E
Driver				STATE OF		
Name	LOH YAN HAO, SHUAN		ID No.	9	483G	
Related Vehicle	SNL2534J (Motor car)		Contact No.			
Hospital/Clinic	NIL		Class Driving Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Disc			arge	NIL	
No. of Days granted Medical Leave (MC) NIL			Degree of	of Injury NIL		

#### Brief Details.

I turn to ECP from Fort road towards exit 14. There was a long queue of cars on that road. The cars were moving slowly less than 40km/h. The car behind (SNL2534J) just hit my car from behind. I have a passenger in the car. I was on duty under Grab with on-going booking heading towards passenger's destination in Sentosa. I have front and back videos but I don't know how to download.

I am not able to input the correct road name of the place of accident.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



20240310/1034

Report No. T/20240918/7054

3 of 3

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2024 13:30
Officer In Charge Of Case: TP / AEIT / PHNG KAR SOON Contact No.: 65476439	Classification Of Case:
NP168	





## Motor Cover Note

Name of Producer: SD CONTEGO SERVICES (A1429)

Date of Issue: 20 Nov 2023 Cover Note No.: C0146014

Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

Name of Insured:

HWEE HAU SERN (XU HAOSHEN) (Z10)

Period of Insurance:

From: 20 Nov 2023 09:25

To: 19 Nov 2024 23:59

Registration No.:

Make and Model:

BYD ATTO 3 100KW SR

Type of Body:

Capacity/Tonnage:

SUV

Year of Manufacture/Registration:

2023/2023

Chassis No.:

LGXCE4CB9P2241401

Engine No.:

TZ200XSQ2F3211827

Sum Insured:

MARKET VALUE AT TIME OF LOSS

Name of Finance Company:

NA

Type of Plan:

Comprehensive

Excess:

S\$2,000 - Section I / S\$1,500 - Section II (within Singapore) S\$4,000 -

Section I / S\$3,000 - Section II (outside Singapore)

The Motor Vehicle (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 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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.

Not valid unless counter-signed by authorized person.



Date: 20 Nov 2023 09:25

Good .

For and on behalf of LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up. Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

Liberty Insurance Pte Ltd. Reg. No. 199002791D | GST Reg. No. M2-0093571-3, 51 Club Street #03-00 Liberty House, Singapore 069428. Tel: 1800-LIBERTY (542 3789)

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