

## 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 First Submission .....        | 12/11/2024 09:51 (SGT)                      |
| Reported by .....                     | Actual Driver                               |
| Date of Accident .....                | 11/11/2024 06:45 (SGT)                      |
| Exact Location of Accident .....      | Portstown Ave, Portstown Flyover, Singapore |
| Additional Location Information ..... | -   |
| Country/State of Loss .....           | Singapore                                   |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMU1580X |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                             |
|--------------------------------|-----------------------------|
| Is company? .....              | No                          |
| Name Of Registered Owner ..... | TAN CHEAN WEI (CHEN ZHIWEI) |
| NRIC No .....                  | S8171144E                   |
| Email Address .....            | EP.PLUMBINGSVR@GMAIL.COM    |
| Mobile Phone No .....          | (Phone) +65-85697968        |
| Alternative Phone No .....     | -                           |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Honda                     |
| Model .....  | Vezel                     |
| 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 - Claiming third party |
| Vehicle Category .....   | Private car               |
| Transmission .....   | Auto                      |
| CC .....   | 1496                      |
| Vehicle Fuel .....   | -                         |
| First Registration Date .....  | -                         |
| Chassis no .....   | -                         |
| Effective Date/Time of Ownership .....   | -                         |

#### INSURANCE COMPANY

|   |                           |
|---|---------------------------|
| Name of Insurance Company .....         | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number ..... | S123V16566/VPE/R00        |

#### DRIVER

|  |                                    |
|--|------------------------------------|
| Name of Driver .....   | CHUA RUI PING                      |
| NRIC No .....  | S8907681A                          |
| Date Of Birth .....  | 07/03/1989                         |
| Occupation .....   | Indoor                             |
| Driving Pass Date .....  | 16/12/2010                         |
| Driving License Pass Class .....                                   | 3                                  |
| Driving License Validity .....                                     | Valid                              |
| Driving experience .....   | 13 YEARS AND 11 MONTHS             |
| Gender .....   | Female                             |
| Mobile Number .....  | (Phone) +65-90923847               |
| Alt. Phone Number .....  | -                                  |
| Email Address .....  | RUIPING1989@HOTMAIL.COM            |
| Address .....  | BLK 864 TAMPINES STREET 83 #13-440 |
| Address complement .....   | -                                  |
| Postcode .....   | 520864                             |
| Is the driver the policyholder? .....                              | No                                 |
| If No, Relationship of the Driver with the Insured .....           | Spouse                             |
| 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 |
| Weather Conditions ..... | Clear           |
| Road Surface .....       | Dry             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 4   |
| Was anybody injured in the Accident? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| 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? .....  | 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? ..... | 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? .....   | Yes |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | GBK7417D             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Commercial vehicle   |
| Name of Driver .....                          | GARDI BIN BANDI      |
| NRIC No .....                                 | S7736873F            |
| Contact Number .....                          | (Phone) +65-81966552 |
| 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 .....             | SLK4203E             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | -                    |
| Contact Number .....                          | (Phone) +65-92971030 |
| 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 3

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | SND3486A             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | -                    |
| Contact Number .....                          | (Phone) +65-87279238 |
| 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 ..... | - |
| Gender .....                 | - |
| Phone No .....               | - |
| Address .....                | - |
| Address Complement .....     | - |

|   |          |
|---|----------|
| Post Code .....   | -        |
| Approximate Age Years Old .....                           | -        |
| Injuries Sustained .....                                  | -        |
| Injured person in which vehicle? .....                    | SLK4203E |
| Were seat belts worn? .....                               | Yes      |
| Was this injured conveyed to hospital by ambulance? ..... | No       |

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

*Ami Tan* 11/11/24 5.13pm

Policyholder's Signature / Date & Time

*Ami Tan* 11/11/24 5.13pm

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

*[Signature]*

Witnessed by Reporting Centre Personnel

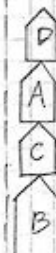
**Sketch Plan**

Vehicle A : SMU 1580 X

Vehicle B : GBK 7417 D

Vehicle C : SLK 4203 E

Vehicle D : SND 3486 A



Refer to Police Report.  
Report NO : T / 2024 1111 / 7108

Refer to Police Report.  
Report NO : T/2024/1111/7108

## Declaration

We declare the foregoing particulars are true in every respect.

Min to 11/11/24 5:13 PM

Policyholder's Signature / Date &  
Time

cont 4/11/20 S. 13pm

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



Witnessed by Reporting Centre  
Personnel

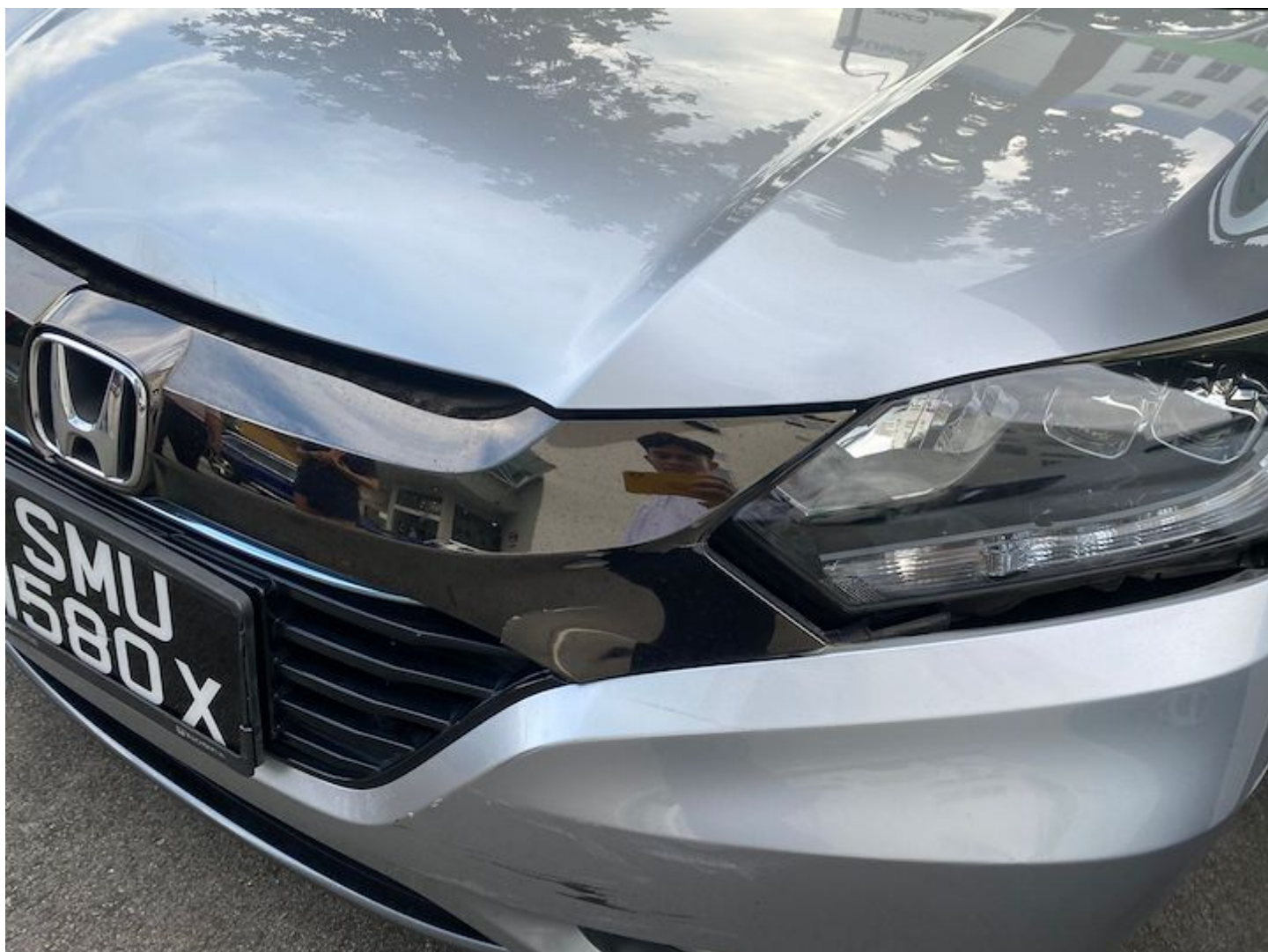
















































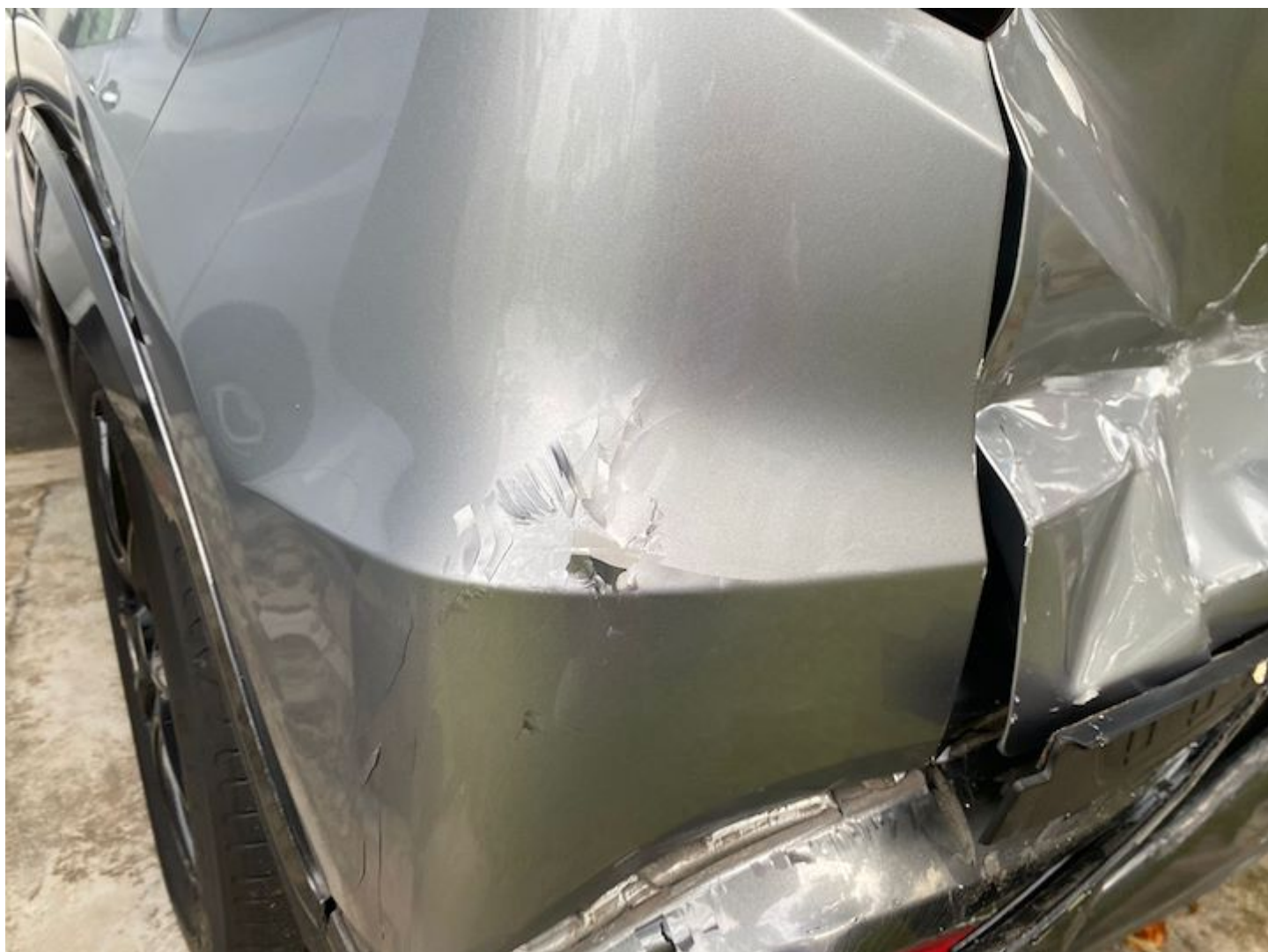






































**SINGAPORE  
POLICE FORCE**



T/20241111/7108

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

1 of 3

Report No. T/20241111/7108

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |   |                              |                    |
|---|------------|---|------------------------------|--------------------|
| Date/Time Report Made:<br>11/11/2024 17:06                      |            | Vide Report No.:  |                              | Station Diary No.: |
| <b>Informant's Particulars</b>                                  |            |   |                              |                    |
| Name of Informant:<br>CHUA RUI PING                             |            | Address:<br>864 TAMPINES STREET 83 #13-440 SINGAPORE 520864 |                              |                    |
| ID Type / ID No.:<br>NRIC NO / S8907681A                        |            | Contact No.:<br>Home/Office: Mobile: 90923847               |                              |                    |
| Nationality:<br>SINGAPORE CITIZEN                               |            | Email:<br>ruiping1989@hotmail.com                           |                              |                    |
| Sex:<br>Female  | Age:<br>35 | Date of Birth:<br>07/03/1989                                | Type of Informant:<br>Driver |                    |
| Race:<br>Chinese  |            | Language:<br>English  |                              |                    |
| Occupation:<br>Registered nurse and other nursing professionals |            | Driving Licence Information:<br>Class: Date of Expiry:      |                              |                    |

|  |                  |   |  |                                     |
|--|------------------|---|--|-------------------------------------|
| <b>General Information of the Accident</b>                   |                  |   |  |                                     |
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>11/11/2024 06:45 | Type of Location:<br>Flyover        |
| Location:<br>PORTSDOWN AVENUE                                |                  |   |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry                        |  |                                     |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Light            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |   |  | Anyone conveyed by ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |           |      |       |       |           |                 |
|------------------------------------|-----------|------|-------|-------|-----------|-----------------|
| Vehicle No.                        | Type      | Make | Model | Color | Condition | No of Passenger |
| SMU1580X                           | Motor car |      |       |       |           | 0               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20241111/7108

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

2 of 3

Report No. T/20241111/7108

CONTINUATION OF REPORT

|  |                      |  |                                   |
|--|----------------------|--|-----------------------------------|
| <b>Driver</b>                          |                      |  |                                   |
| Name                                   | CHUA RUI PING        | ID No.                                 | S8907681A                         |
| Related Vehicle                        | SMU1580X (Motor car) | Contact No.                            | 90923847                          |
| Hospital/Clinic                        | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave (MC) | NIL                  | Degree of Injury                       | NIL                               |
| <b>Driver</b>                          |                      |  |                                   |
| Name                                   | KIM SENG             | ID No.                                 | NIL                               |
| Related Vehicle                        | NIL                  | Contact No.                            | 92971030                          |
| Hospital/Clinic                        | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | 11/11/2024           | Date Discharge                         | 11/11/2024                        |
| No. of Days granted Medical Leave (MC) | 05                   | Degree of Injury                       | Slight                            |

**Brief Details.**

Was stop at traffic light at portdown flyover when GBK7417D hit SLK4203E hit my car SMU1580X , then my car hit SND3486A.

Was traveling down from portdown ave to portdown flyover, about to turn to AYE towards Tuas first lane.

Passenger SLK4203E was muscle strain 5 days MC



**SINGAPORE  
POLICE FORCE**

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



T/20241111/7108

3 of 3

Report No. T/20241111/7108

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
CHUA SOON KEONG  
Contact No.: 65476030

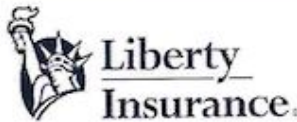
Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
11/11/2024 17:06

Classification Of Case:

NP168





**1800-LIBERTY**  
[1800-5423789]  
AUTO ASSISTANCE HOTLINE



ACCIDENT RESPONSE  
ROADSIDE ASSISTANCE  
FLOOD ASSISTANCE

Liberty Insurance Pte Ltd  
Registration no. 199902791D  
One Raffles Quay  
#25-01 North Tower  
Singapore 048583  
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, 1999

|   |  |
|---|--|
| Certificate No  | SI23V16566 /VPE /R00   |
| Form  | MX1  |
| Date of Issue   | 22-AUG-2024  |
| 1. Index Mark and Registration No. of Vehicle   | SMU1580X   |
| 2. Chassis number of Vehicle  | RU31228892   |
| 3. Name of Policyholder   | TAN CHEAN WEI (CHEN ZHIWEI)  |
| 4. Effective date of Commencement of Insurance for the purposes of the Act  | 22-DEC-2023 13:15 PM   |
| 5. Date of Expiry of Insurance  | 21-MAR-2025 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.  |  |
| <p>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.</p> <p>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.</p> |  |
| 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<br><b>LIBERTY INSURANCE PTE LTD</b><br>Approved Insurers<br><br>Authorised Signatory   |  |
| For information only  | Comprehensive, Unlimited Windscreen  |
| COVERAGE  | MARKET VALUE AT THE TIME OF LOSS   |
| SUM INSURED   | Section I - Named Drivers: S\$600, Section I - Unnamed Drivers: S\$100, Additional Excess For Young, Elderly & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100 |
| EXCESS  | DICKSON CAPITAL PTE LTD  |
| FINANCE COMPANY   | DICKSON INSURANCE BROKER PTE LTD   |
| PRODUCER NAME   |  |

OPJW 20240823

Ver.1.260705