

## 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 Authorised 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 ability.
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 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 Report	17/01/2017 17:53
Date Of Accident	17/01/2017 15:15
Exact Location Of Accident	T-JUNC OF AMK AVE 1 & AMK AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL7602K
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#### Insured/Policyholder

Name Of Registered Owner	CHENG XINHUI
NRIC No	S8976706G
Email Address	XINHUI0220@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91906865
Alternative Phone No	OTHERS-NOPHONE

#### Vehicle Particulars

Manufacturer	PORSCHE
Model	BOXSTER-TIPTRONIC (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD16V00200
Cover Note Number	

#### Driver

Name of Driver	CHENG XINHUI
NRIC No	S8976706G
Date Of Birth	20/02/1989
Occupation	INDOOR
Date Of Driving Pass	13/05/2015
Driving Experience	1 YEAR AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91906865
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	XINHUI0220@GMAIL.COM

Address	82 PUNGGOL CENTRAL #14-08
Postcode	828763
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION- HEAD TO REAR (TP HIT INSURED)
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SENGKANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG6581E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	CHENG XINHUI
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• Approximate Age

Injuries Sustain

HEAD, TEETH & WEIST PAIN

Injured person in which vehicle?

SJL7602K

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO




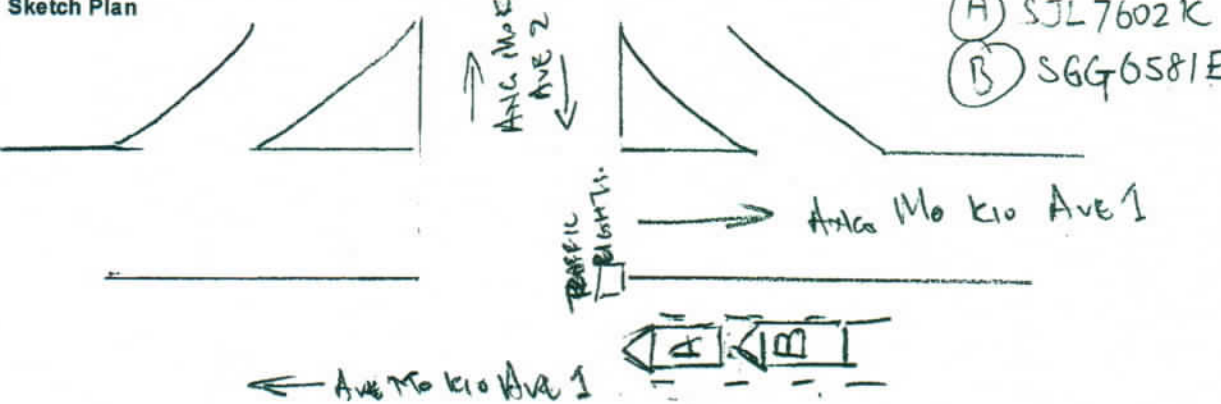
Address

Postcode

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 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' 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.

<p></p> <p>Policyholder's Signature / Date &amp; Time</p>	<p></p> <p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p></p> <p>Witnessed by Reporting Centre Personnel</p>
<p><b>Sketch Plan</b></p> 		



Describe Circumstances of the Accident

AT ABOUT 3.15 PM. MY CAR "A" SJL7602K. STOPPED AT THE T-JUNCTION OF ANG MO KIO AVE1 AND ANG MO KIO AVE 2 DUE TO CHANGE OF TRAFFIC LIGHTS. TO RED. THERE IS NO CARS BEHIND ME.

ALL CARS ARE STATIONARY AT TIME. UPON TRAFFIC LIGHTS TURNING GREEN CAR B CRASHED INTO MY REAR.

DRIVER OF CAR B SGG6581E IS VERY INCORPORATIVE. HE FLED THE SCENE WITHOUT PROVIDING ALL HIS DRIVER'S INFORMATION. THEREFORE PICTURES OF THE ACCIDENT IS NOT CAPTURED FULLY.

CAR B CAR PLATE SGG6581E. White Nissan

( ) Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop  
( ) Reporting Only

Remarks : Please forward a copy of my efile accident report to :  
My workshop : Mega Swift Auto  
email address : XINHUI0220@GMAIL.COM  
& myself : Claire Cheng Xin Hui  
email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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



**Liberty Insurance Pte Ltd**  
 Registration no.199002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 069428  
 Tel: (65) 6221 8611 Fax: (65) 6225 6890  
 Website: <http://www.libertyinsurance.com.sg>

## 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 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>Certificate No</b>	<b>SD16V00200/VPS/R00</b>
<b>Form</b>	<b>MX3</b>
<b>Date Of Issue</b>	<b>01-SEP-2016</b>
<b>1.Index Mark and Registration No. of Vehicle:</b>	<b>SJL7602K</b>
<b>2.Chassis number of Vehicle:</b>	<b>WPOZZZ98ZWS607921</b>
<b>3.Name of Policyholder:</b>	<b>CHENG XINHUI</b>
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	<b>31-DEC-2015 00:00 AM</b>
<b>5.Date of Expiry of Insurance:</b>	<b>07-MAR-2017 23:59 PM</b>
<b>6.Persons or Classes of Persons entitled to drive*:</b>	<b>CHENG XINHUI</b>
<p>CHENG XINHUI</p> <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>	
<b>7.Limitations as to use*:</b>	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
<b>8.The Policy does not cover:</b>	
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.	
<p>*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 (Malaysia) are not to be included under these headings.</p> <p>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 (Malaysia).</p>	
<p>For and on behalf of</p> <p><b>LIBERTY INSURANCE PTE LTD</b></p> <p>Approved Insurers</p> <p>_____          Authorised Signature</p>	
<b>For Information only:</b>	
COVERAGE :	Third Party Fire & Theft
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Fire & Theft (Singapore) - S\$3000 / Outside Singapore S\$6000
FINANCE COMPANY:	MAYBANK
PRODUCER NAME:	RICHARD ONG & ASSOCIATES PRIVATE LIMITED

PLRM/SCMA/15-SEP-16

S3\_CI\_T1\_T3\_TEMPLATE2-VER1 15-SEP-16

INS NRIC & DL Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S8976706G**

Name: **CHENG XINHUI**

Birth Date: **20 Feb 1989**  
Issue Date: **13 May 2015**

002426182A

SG 50

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8976706G**

Name: **CLAIRE CHENG XIN HUI**

程馨慧

Race: **CHINESE**

Date of Birth: **20-02-1989** Sex: **F**

Country/Place of Birth: **CHINA**

S8976706G

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

EFFECTIVE DATE

13 May 2015

NP 428A



5573123

NRICH S8976706G

11-03-2016

62 FUNGOL CENTRAL #14-09  
SINGAPORE 828763

NRIC No: S8976706G Date: 10/12/2016

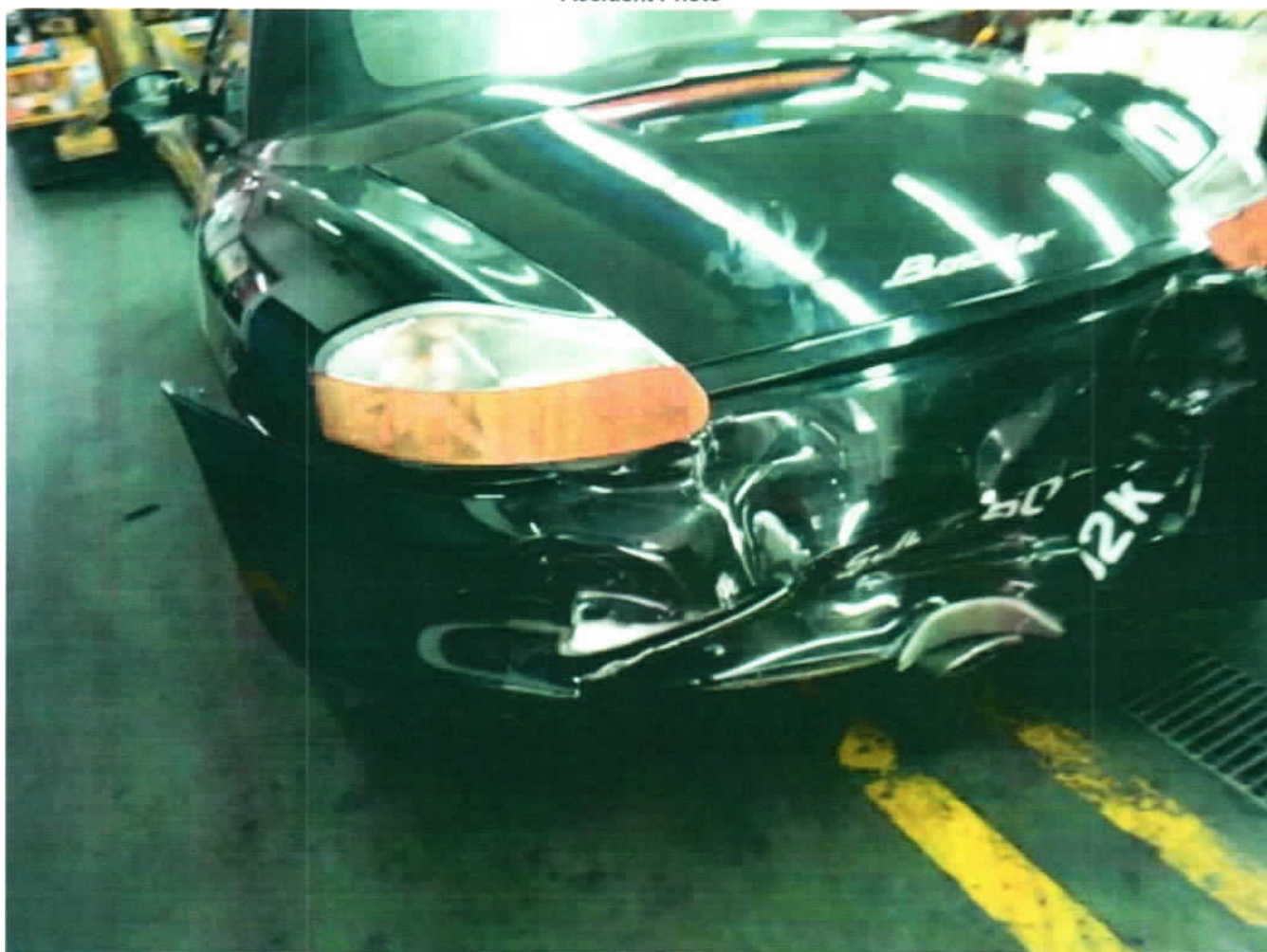


Accident Photo





Accident Photo



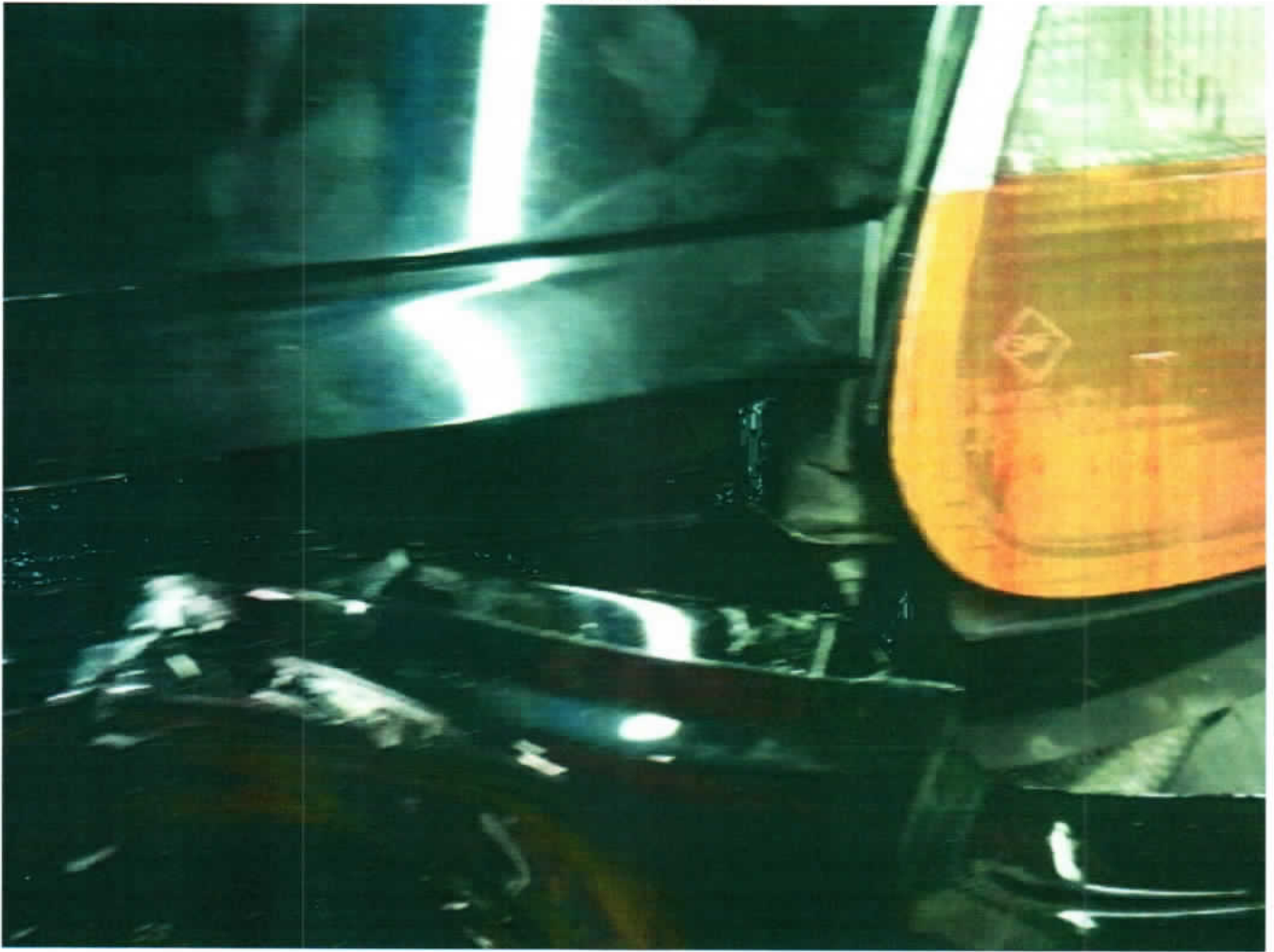
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Accident Photo



Accident Photo

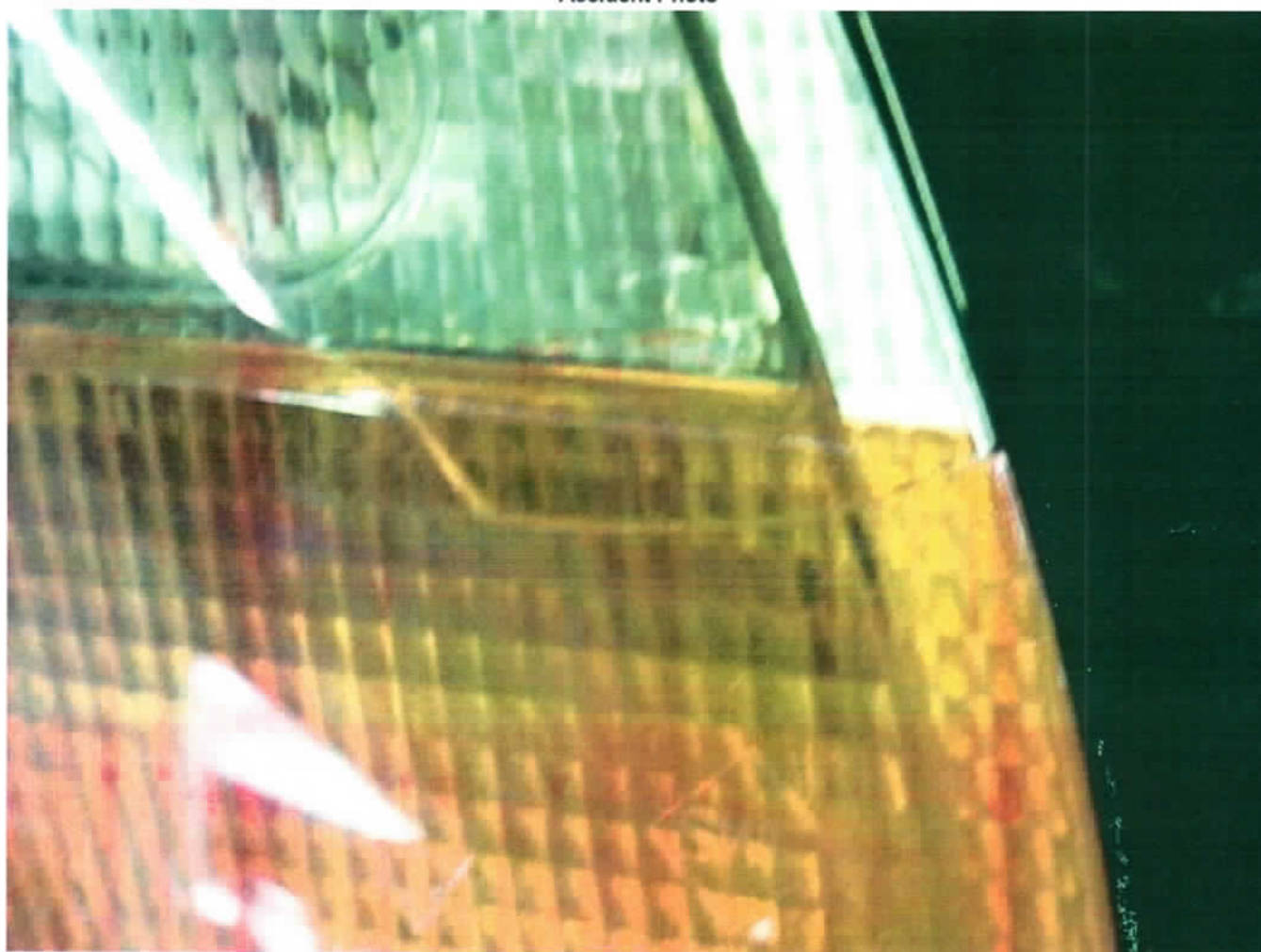




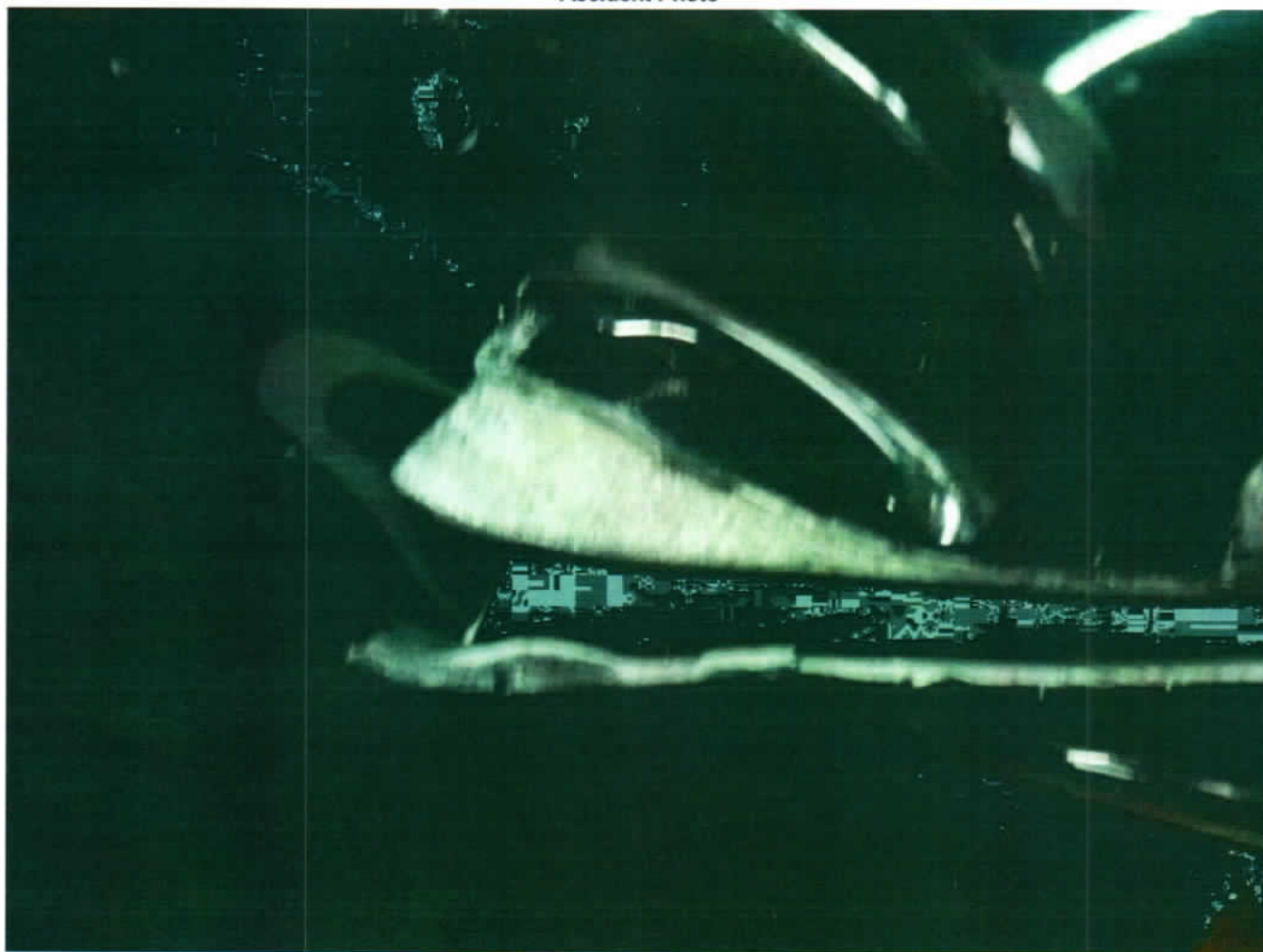
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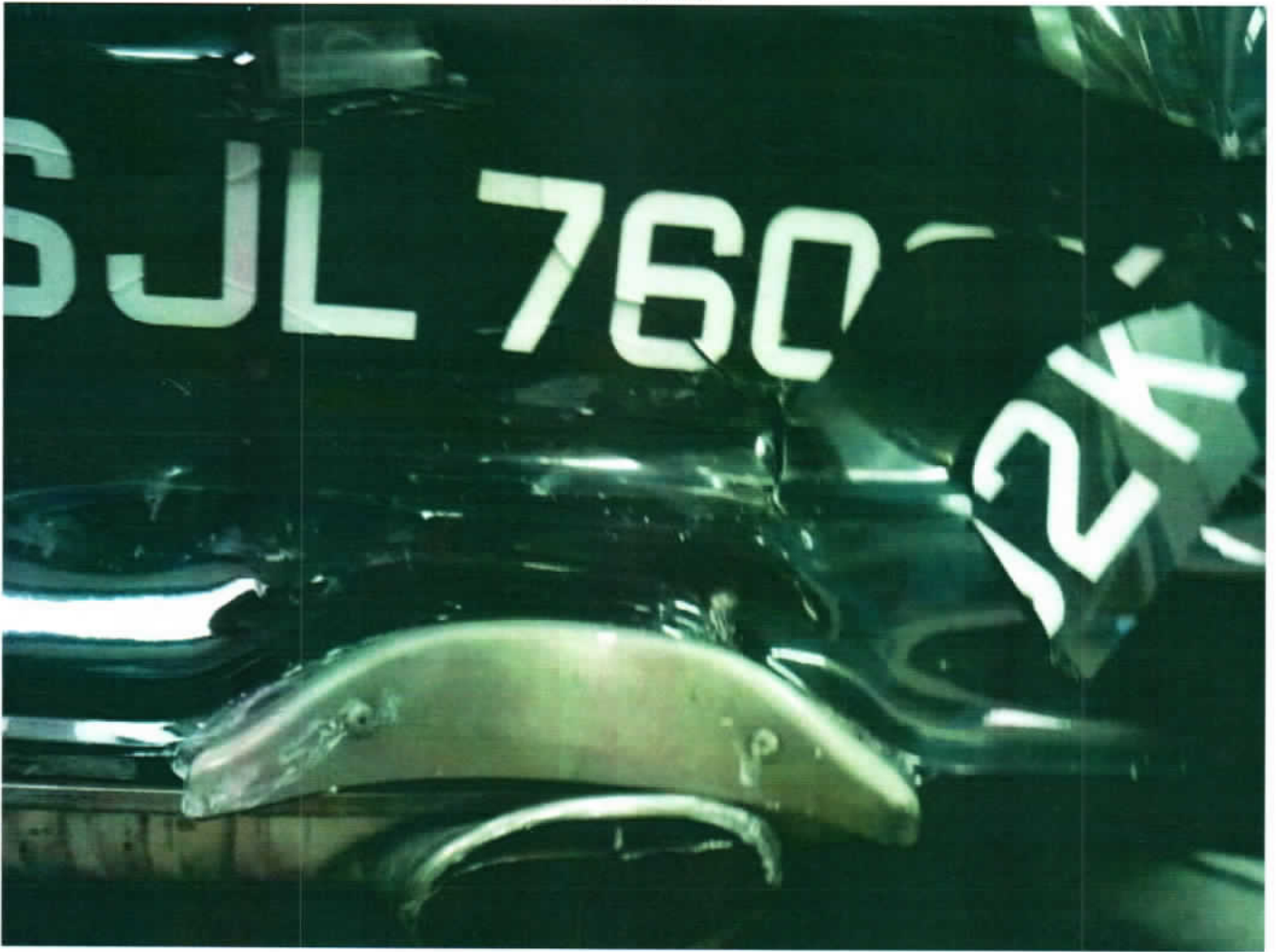
Accident Photo



Accident Photo

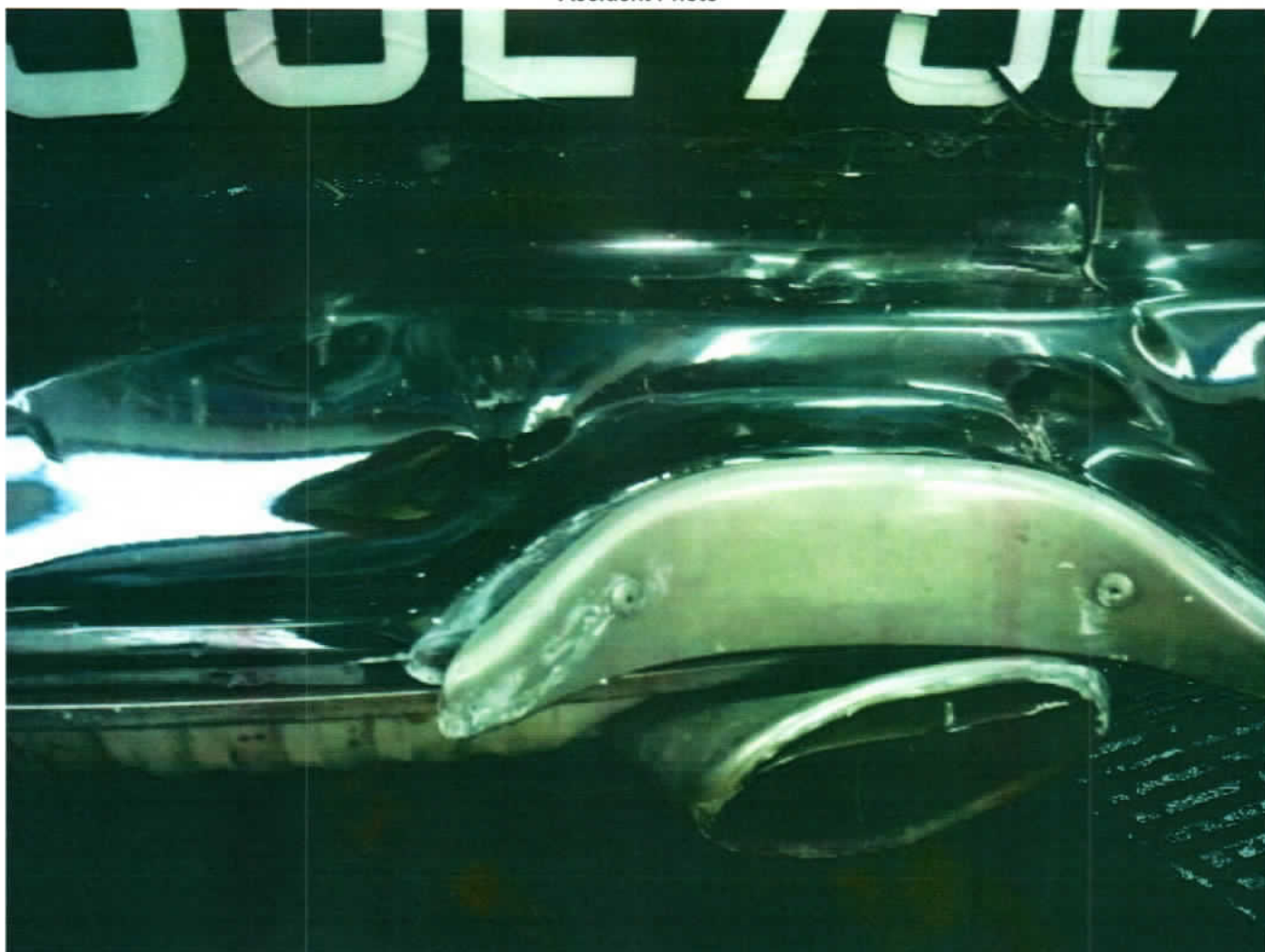


Accident Photo

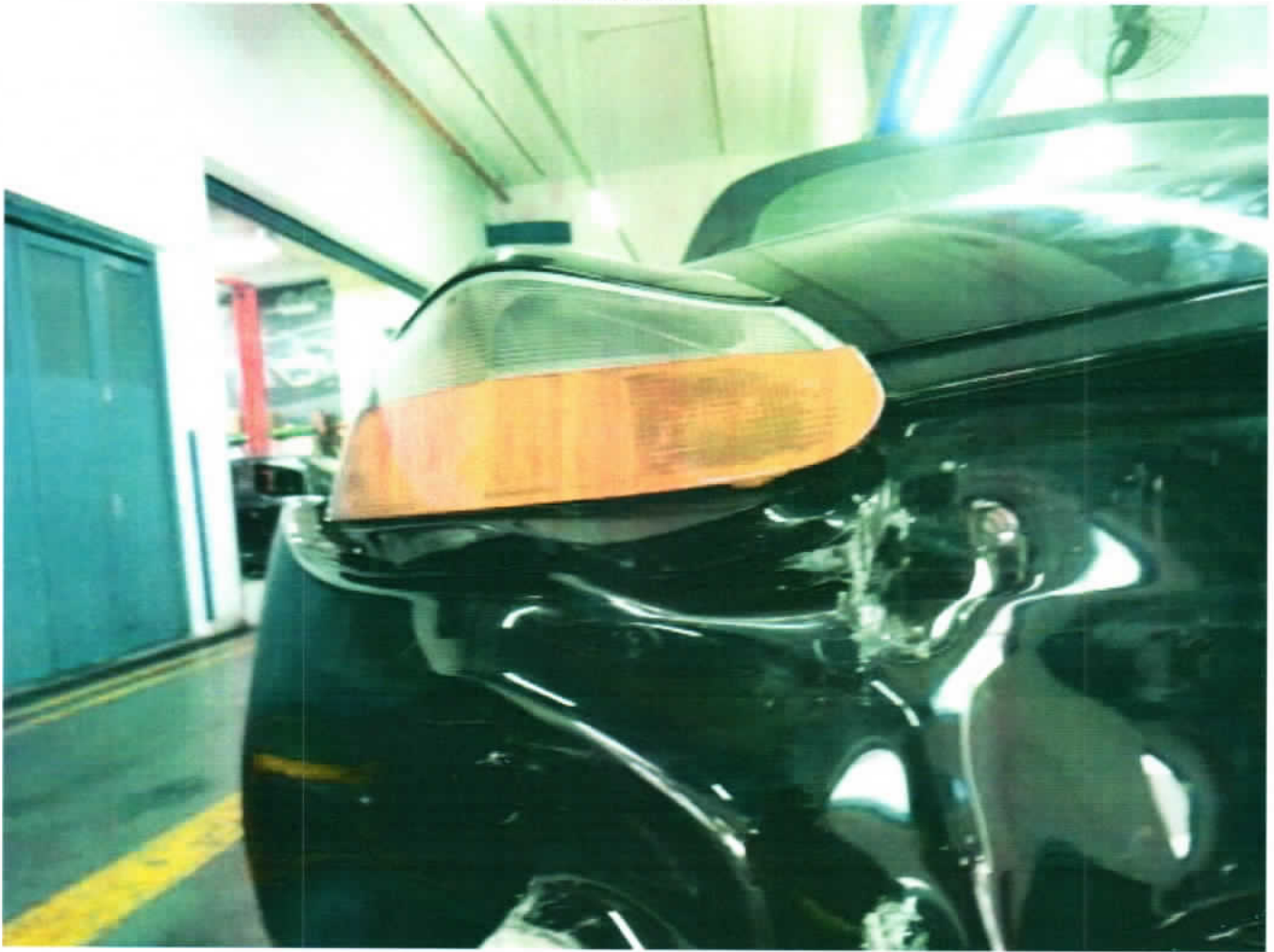




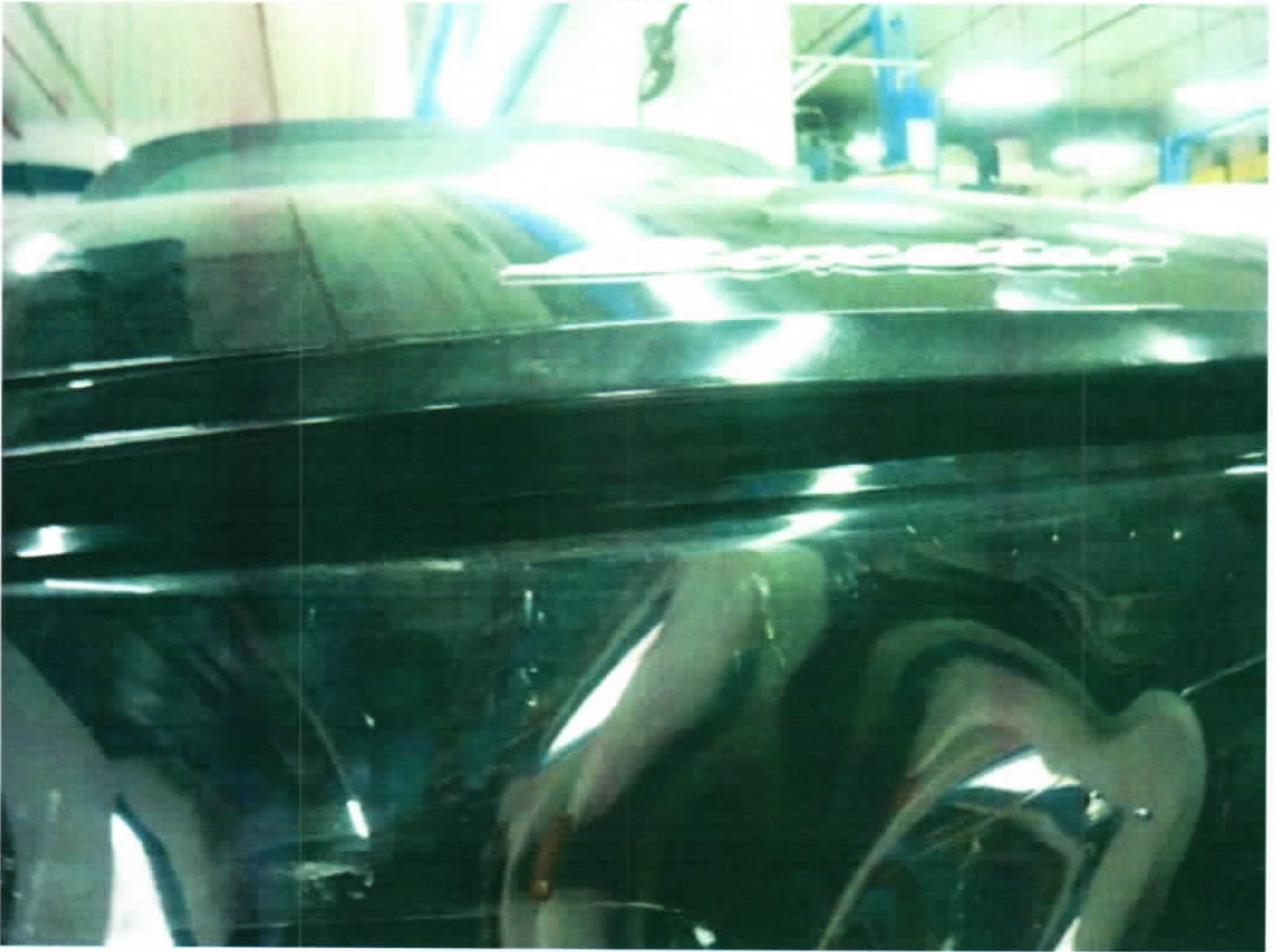
Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20170117/2215

1 of 3

Report No. T/20170117/2215

Police Station Of Origin:  
Sengkang N.P.C.  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8989

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2017 22:39	Video Report No.	Station Diary No.: 185
--------------------------------------------	------------------	---------------------------

## Informant's Particulars

Name of Informant: CLAIRE CHENG XIN HUI			Address: 82 PUNGGOL CENTRAL #14-08 SINGAPORE 828783		
ID Type / ID No.: NRIC NO / S8976706G			Contact No.: Home/Office: Mobile: 91906885		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 27	Date of Birth: 20/02/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FINANCIAL SERVICES DIRECTOR			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2017 15:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 2 ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG6581E	Car	NISSAN		White	Seriously Damaged	0
SJL7602K	Car			Black	Seriously Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL7602K	LIBERTY INSURANCE PTE LTD	SD16V00200/VPS/R00	31/12/2014	07/03/2017

## Police Report



**SINGAPORE  
POLICE FORCE**



T120170117/2215

2 of 3

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T120170117/2215

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CLAIRE CHENG XIN HUI	ID No.	S8976706G
Related Vehicle	SJL7602K (Car)	Contact No.	91906885
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/01/2017	Date Discharge	17/01/2017
No. of Days granted Medical Leave	03	Degree of Injury	Sight

**Brief Details:**

On 17/01/2017 at about 1615hrs, I was driving my car SJL7602K along Ang Mo Kio Ave 1. At the T junction between Ang Mo Kio Ave 1 and Ave 2, the traffic light turned red. As such I stopped. When my car was stationary, no other vehicle was on that road. When the traffic light turned green, before I manage to accelerate, a White Nissan SGG6581E from the rear suddenly hit my car. I think the car was so fast that the impact was so much. I immediately felt pain on my head, neck, shoulder and back. My left leg was also painful and bruised due the accident. Both cars were seriously damaged. The driver of SGG6581E, male/ Chinese, in his 70s, went out of his car and talked to me. He asked me for my contact number, and I gave him. Subsequently I asked for his contact number, and he told me once. At first, I did not get his full contact number, and I asked him to repeat. However he refused and went back to his car. He then left the scene. There was no in car camera in my vehicle. I then went to KTHH and was given 3 days of MC.



Police Report



SINGAPORE  
POLICE FORCE



T/20170117/2215

Police Station Of Origin:  
Sengkang N.P.C.  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20170117/2215

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

F/

Staff Sgt NORASHIKIN BINTE KAMSANI

Signature Of Informant

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/01/2017 22:39

Officer In Charge Of Case:  
TP / AEIT /  
SSI GOH GEOK LYE  
Contact No : 65476148

Classification Of Case

Authentication Stamp  
NP168



Signature

Singapore Police Force

SN 154