

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 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 Report	28/07/2020 15:02
Date Of Accident	27/07/2020 14:45
Exact Location Of Accident	AYE TOWARDS TUAS BEFORE CLEMENTI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9932K
Insured/Policyholder	
Name Of Registered Owner	YEW AIK (S) PTE LTD
Co Reg No	1XXXXX496C
Email Address	SALES@YEWAIK.COM.SG
Mobile Phone No	(LOCAL) +65-83528463
Alternative Phone No	OFFICE-62963731

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V13221/VCV/R01
Cover Note Number	

Driver

Name of Driver	CHEW CHENG LIM
NRIC No	SXXXX951D
Date Of Birth	26/08/1954
Occupation	OUTDOOR
Date Of Driving Pass	06/01/1975
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83528463
Fax Number	
Contact Number	OFFICE-62963731
EMail Address	SALES@YEWAIK.COM.SG

Address	BLK 15 HOUGANG AVENUE 3 #05-123
Postcode	530015
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	5
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : ONG ZHU NENG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SLE11A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL6141G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLH8417U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number PA6746Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEW CHENG LIM
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? GBH9932K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name	ONG ZHU NENG
Approximate Age	
Injuries Sustain	BODY PAIN
Injured person in which vehicle?	GBH9932K
Were seat belts worn?	YES
Was this 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 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:
- (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.
- (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:
- (i) 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:

CHEN CH2

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

Reporting Centre Personnel's Signature

SKETCH PLAN

BEFORE CLEMENTI EXIT.

AYE

TUAS

A - GBH 9932 K
 B - SLE 11 A
 C - SLL 6141 G
 D - SLH 8417 U
 E - PA 6746 Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG AYE TOWARD TUAS ON THE 2ND LANE OF A 3 LANE ROAD, EXPRESSWAY. SOMEWHERE BEFORE CLEMENTI EXIT, VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED DUE TO THE HEAVY TRAFFIC FLOW. AS SUCH, I ALSO APPLIED BRAKE AND COMING A COMPLETED STOPPED. OUT OF A SUDDEN, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. DUE TO THE STRONG IMPACT, MY VEHICLE PUSH FORWARD HIT ONTO THE REAR PORTION OF VEHICLE (E). AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT I WAS INVOLVED IN A CHAIN COLLISION OF 5 VEHICLE.

A - GBH 9932 K
 B - SLE 11 A
 C - SLL 6141 G
 D - SLH 8417 U
 E - PA 6746 Y

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	27 JUL 2020	TIME:	14:45HRS	(HH:MM) 24 hrs Format
LOCATION:	AYE TOWARDS THAS BEFORE ELEMENT EXIT			
VEHICLE NUMBER:	GRH 9932 F			
INSURED NAME:	YEW HIE (S) PTE LTD			
NRIC/FIN:	199000496C	CONTACT:	6296 3731	
MAKE:	TOYOTA	MODEL:	DYNA	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY:	LIBERTY			
TYPE OF POLICY (<input checked="" type="checkbox"/>)	COMPREHENSIVE ()	THIRD PARTY ()	TPFT	
POLICY NUMBER:				
NAME DRIVER:	CHEW CHENG LIM			() SAME AS INSURED
NRIC/FIN:	801959510	CONTACT:	8352 8463	
DATE OF BIRTH:	26 AUG 1954			
DRIVING PASS DATE:	06 JAN 1975			
OCCUPATION:	() INDOOR (<input checked="" type="checkbox"/>)	OUTDOOR		
GENDER:	(<input checked="" type="checkbox"/>)	MALE ()	FEMALE	
EMAIL ADDRESS:	sales@yewhik.com.sg			() NO EMAIL
ADDRESS OF DRIVER:	BLK 15 HUNGBANG AVE 3 #05-123 S (530015)			
Number Of Passenger Include Driver:	DRIVER WITH ONE PASSENGER ONG ZHU NENG (M)			
Was driver an employee of the Insured's Company? ()	YES (<input checked="" type="checkbox"/>)	NO		
If No, Relationship Of The Driver With The Insured	() Owner () Spouse () Friend () Relative () Children () Sibling (<input checked="" type="checkbox"/>) Others			
Does The Driver Own Any Other Vehicle? : ()	YES (<input checked="" type="checkbox"/>)	NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: ()	Clear (<input checked="" type="checkbox"/>)	Raining ()	Drizzling ()	Others
Road Surface: ()	Dry (<input checked="" type="checkbox"/>)	Wet ()	Others	
Was Any Foreign Vehicle Involved In This Accident? ()	YES ()	NO		
Was Anybody Injured In The Accident? ()	YES ()	NO		
If YES, Injured details:	CHEW CHENG LIM (M) BODY ONG ZHU NENG (M) BODY.			
Convey By Ambulance: ()	YES (<input checked="" type="checkbox"/>)	NO		
Was There Any Video Capture By Car Camera? ()	YES ()	NO		
Was There Any Accident Reported To The Police? ()	YES ()	NO If Yes Attach Police Report		
Police Report Number (If any)				
Details Of 3rd Party	Name	NRIC	Contact	No. of Paxs (Incl'driver)
Veh B	SLE 11A			() /Not Sure (<input checked="" type="checkbox"/>)
Veh C	SLL 6141 G			() /Not Sure (<input checked="" type="checkbox"/>)
Veh D	SLH 8417 U			() /Not Sure (<input checked="" type="checkbox"/>)
Veh E	PA 6746 Y			() /Not Sure (<input checked="" type="checkbox"/>)
Veh F				() /Not Sure ()
Veh G				() /Not Sure ()



**Liberty
Insurance**



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069426
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)

Certificate No.	SI19V13221/VCV/R01
Form	MZ300A
Date of Issue	30-Oct-2019
1. Index Mark and Registration No. of Vehicle	GBH9912K
2. Chassis number of Vehicle	JTFAT35Y50K211900
3. Name of Policyholder	YEW AIK (S) PTE LTD
4. Effective date of Commencement of Insurance for the purposes of the Act	22-NOV-2019 00:00
5. Date of Expiry of Insurance	21-NOV-2020 23:59
6. Persons or Classes of Persons entitled to drive*	

Any person who is driving on the Policyholder's order or with their permission.

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.

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.

7. Limitations as to use*

- A) Use in connection with the Policyholder's business.
- B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- C) Use for social, domestic and pleasure purposes.


8. The Policy does not cover:

- A) Use for hire or reward or for racing, price-making, reliability trials or speed-testing.
- B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*1. Limitations rendered inoperative by Section 5 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.

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).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers


Authorised Signature

For Information only:

COVERAGE	Comprehensive, Unlimited Windscreen
SUM INSURED (S\$)	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$)	Section 1: \$500.00, Additional Excess: All Claims - Young, Elderly & Inexperienced Drivers: \$1,000.00, Windscreen Excess: \$100.00
FINANCE COMPANY	
PRODUCER NAME	INSURED UNITED AGENCY PTE LTD