

SM 0920 C4000F.

[illegible]

## 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 Submission	21/12/2020 15:45 (SGT)
Date of Accident	20/12/2020 17:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE B4 THOMSON EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT7757E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OW BOON LEONG
NRIC No	SXXXX114B
Email Address	LEONGTULIU@GMAIL.COM
Mobile Phone No	(Phone) +65-97308763
Alternative Phone No	+65-97308763

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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 your vehicle?	No - Claiming third party
Vehicle Category	Private hire

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MJ001886-R01
Cover Note Number	-

#### DRIVER

Name of Driver	OW BOON LEONG
NRIC No	SXXXX114B

Date Of Driving Pass .....	29/03/1979
Driving experience .....	41 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97308763
Alt. Phone Number .....	+65-97308763
Email Address .....	LEONGTULIU@GMAIL.COM
Address .....	BLK 115 BEDOK NORTH RD #09-287
Address complement .....	-
Postcode .....	460115
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Collision - Head to Rear
Weather Conditions .....	DRIZZLING
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### 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 STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJT8503P
Vehicle Manufacturer .....	-
Vehicle Model .....	-

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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	OW BOON LEONG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SJT7757E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**IMPORTANT NOTICE**

- (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), w hich may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed by Reporting Centre  
Personnel



I was travelling along PIE Before Thomson Grt on the first lane, All veh slow down and stopped due to road ~~re~~ work on second lane. I also follow to slow down and stopped. All of a sudden, I felt an impact from behind. After the incident, I realized veh B from behind collided onto my veh rear portion.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S1472114B**

Name: **OW BOON LEONG**

Birth Date: **13 May 1961**

Issue Date: **10 Mar 2003**

1000286003A

Land Transport Authority

**VOCATIONAL LICENCE**

Licence No: **S1472114B**

Name: **OW BOON LEONG**

Issue Date: **14/11/2005**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1472114B**



**OW BOON LEONG**

**胡文良**

Race  
**CHINESE**  
Date of Birth  
**13-05-1961**  
Country of Birth  
**SINGAPORE**

Sex  
**M**

72114

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	23 Sep 1980
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Mar 1979
Class 4A	Omnibuses	23 Sep 1980

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

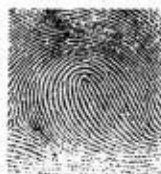
Type	Description	Issue Date
02	TAXI VL	28/12/1995



1025088



NRIC No. **S1472114B**



Blood Group: **B+** Date of issue: **13-06-1993**

115 BEDOK NORTH ROAD #02-07  
SINGAPORE 3515

Blk 115 Bedok  
North Rd #09-287



**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)**

Policy No.: 20-MJ001886-R01 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SJT7757E **Chassis No.:** MR053REH104544216
2. **Name of Policyholder** OW BOON LEONG
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 25/02/2020
4. **Date of Expiry of Insurance** 24/02/2021

**5. Persons or Class of Persons entitled to drive\***

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

Any other person who is driving on the hirer's order or with his/ 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.

**6. Limitations as to use\***

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.

Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Account: 2214DDA

**Insurance Plan:**

Comprehensive Approved Workshop Plan

**Limit for total loss or theft:**

Prevailing Market Value

**Policy Excess:**

Own Damage Claims SGD 2,000

Excess-Third Party (Sect II) SGD 2,000

Young/Inexperienced Driver SGD 1,500

Windscreen Excess SGD 100

(In Addition To Own Damage Claims Excess)

**Financial Interest:**

HENLY ENTERPRISES CO. PTE LTD

Tokio Marine Insurance Singapore Ltd.



# ACCIDENT STATEMENT

ACCIDENT DATE: (20/12/20) (DD/MM/YYYY), TIME: (17:20) (HH:MM)

LOCATION: PIE B4 Thomson Exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT7757E  
 b) INSURANCE COMPANY:  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota A1.3 1.6  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private & commercial  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Aw Boon Leong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 97308763  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: A) Above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\*d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS drizzling)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Driver.

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJT 8503P MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (including driver)

(3)

FF

\* No of passenger  
 (including driver)

( )

\* No of passenger  
 (including driver)

( )

email = leongtuliu@gmail.com

fax = 6742 9003

VIDEO = Yes.