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 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 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 12/03/2021 13:49 (SGT) Date of Accident 11/03/2021 18:50 (SGT) Exact Location of Accident Simei Street 1, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SI 73426G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NG TSU WEI ALARIC (HUANG ZHIWEI) NRIC No. SXXXX498H Email Address JASONKCAPL@GMAIL.COM Mobile Phone No (Phone) +65-91828312 Alternative Phone No +65-91828312

VEHICLE PARTICULARS

Manufacturer

Model Civic 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

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Type of Coverage Comprehensive Fleet Policy Policy Number SD20V04540/VPC2/R01 Cover Note Number

DRIVER

Name of Driver NG TSU WEI ALARIC (HUANG ZHIWEI) NRIC No SXXXX498H Date Of Birth 20/10/1987 Occupation Indoor

Date Of Driving Pass 25/10/2010 Driving experience 10 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-91828312 Alt. Phone Number +65-91828312 Email Address JASONKCAPL@GMAIL.COM Address 61 SIMEI RISE #01-61 Address complement Postcode 528794 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 - Change/cross lane 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? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name KHOR CAI YUN REGINA 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? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210312/7000 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**

XE1482A

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 Address Address Complement Post Code	NG TSU WEI ALARIC (HUANG ZHIWEI) -
Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	BODY SLZ3426G Yes No
INTEREST OF THE PROPERTY OF TH	

INJURED 2

Name of injured person Address Address Complement Post Code Approximate Age Years Old	KHOR CAI YUN REGINA
Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	BODY SLZ3426G Yes 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' 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan 517 3426 G XE 1482 A Simei St

scribe Circumst	ances of the Acc	cident		
V	1	0 1	(7/20210312/7000)	
1-15	Police	Report	(T/20210312 / 7000)	
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		The state of the		
70-7				

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

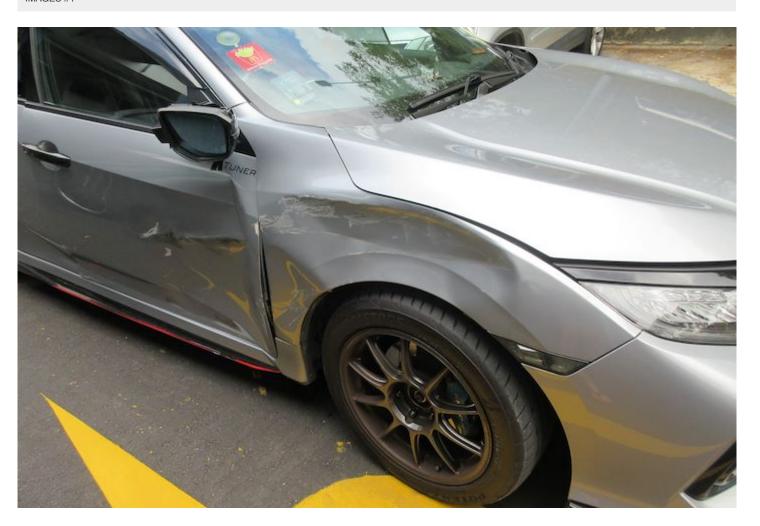
Driver's Signature (If driver is not the policyholder) / Date & Time

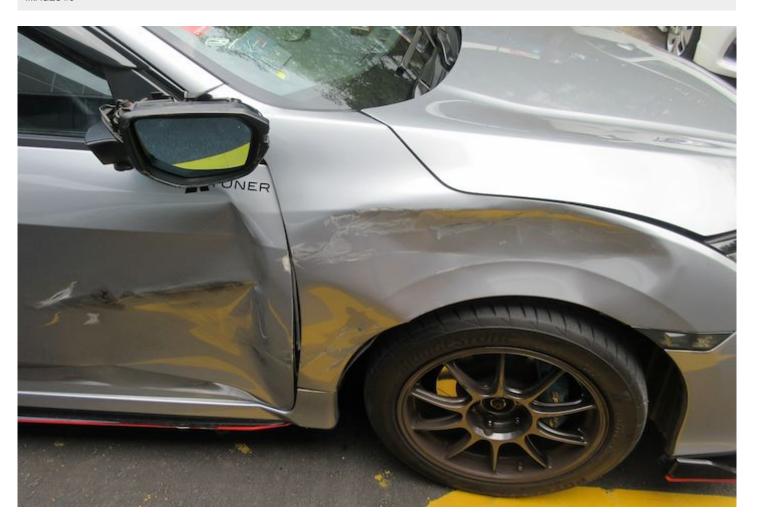
Witnessed by Reporting Centre Personnel

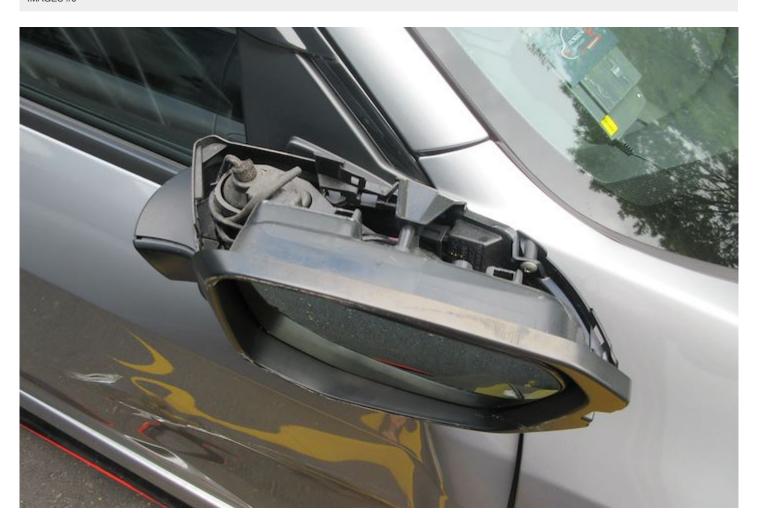


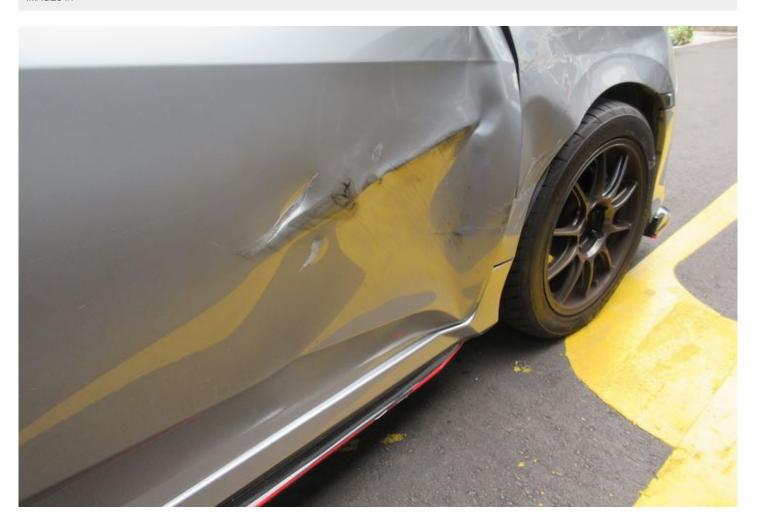


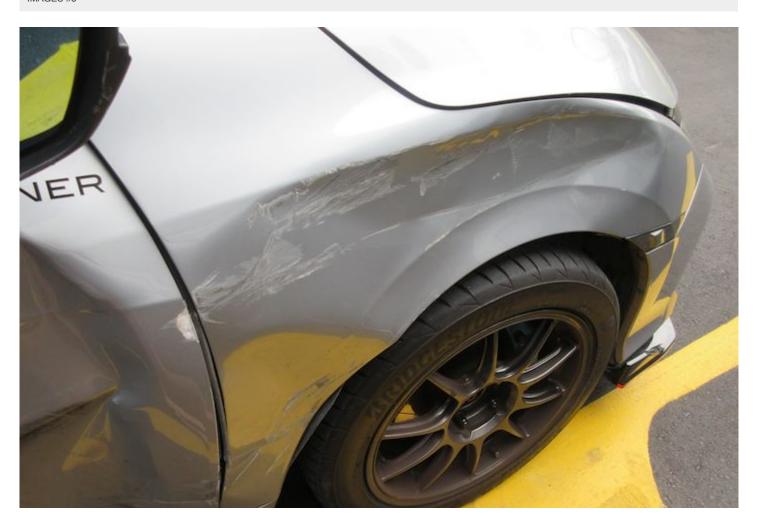




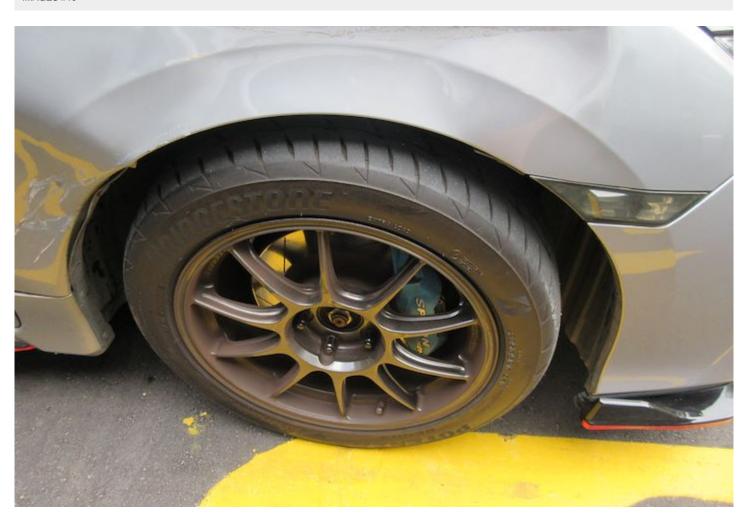










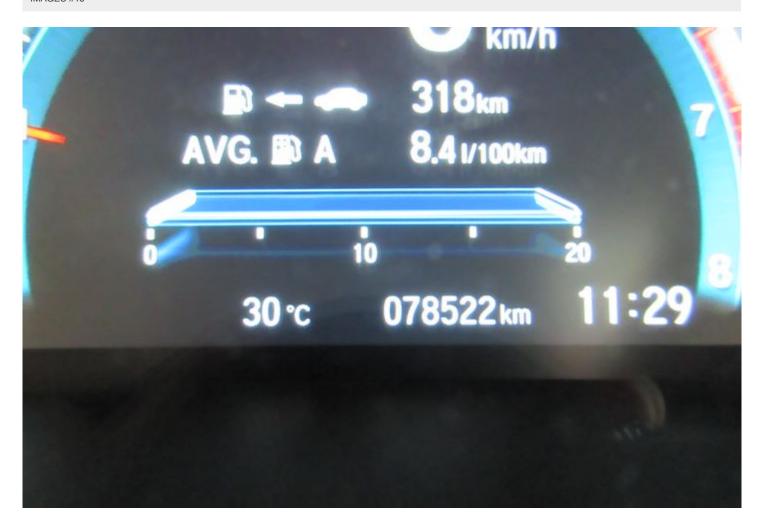
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20210312/7000

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 21 01:26	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: NG TSU WEI, ALARIC		Address: 61 SIMEI RISE #01-61 SINGAPORE 528794				
	Type / ID No.: RIC NO / S8733498H		Contact No.: Home/Office:	Mobile: 91828312		
Nationali SINGAP	ty: ORE CITIZ	EN	Email: ALARIC1987@HOTM	AIL.COM		
Sex: Male	Age: 33	Date of Birth: 20/10/1987	Type of Informant: Driver	44400000		
Race: Chinese		Language: English	Institution / School Name:			
Occupation: Company director		Driving Licence Inform Class: 3	ation: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2021 18:50	Type of Location X-Junction
Location: SIMEI STREE	ET 1			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		50 Km/h
		Traffic Control: Traffic Light - Wor	king	50 Km/h Traffic Volume: Light

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLZ3426G	Car					0
XE1482A	Trailer	IVECO	TRAKKER 410E5	White	Slightly Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210312/7000

CONTINUATION OF REPORT

Details of Perso	on Involved				and other	
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of F	Use of Pedestrian Crossing: NA		
Passenger		A STA		2245WS0	3300000	
Name	REGINA KHOR CAI YUN			ID No	0.	S8803322A
Related Vehicle	SLZ3426G (Car)			Cont	act No.	96687890
Hospital/Clinic	ONEHEALTH MEDICAL GROUP			Class Drivin Licer Expir	ng nce &	Class: NIL Date of Expiry: NIL
Date	11/03/2021 Date				11/03	3/2021
No. of Days gran	nted Medical Leave 02 De			of	Sligh	
Driver	THE ASSESSMENT OF THE SECOND	END STATE	WAR STATE	The Sal	100000	WALLESS VENEZ LO ZAND
Name	NG TSU WEI, ALARIC			ID No	D.	S8733498H
Related Vehicle	SLZ3426G (Car)			Conta	act No.	91828312
Hospital/Clinic	ONEHEALTH MEDICAL GROUP			Class Drivir Licen Expir	ng ice &	Class: 3 Date of Expiry: NIL
Date	11/03/2021		Date		11/03	/2021
No. of Days gran	ted Medical Leave	02	Degree	of	Slight	

Brief Details.

I, Alaric Ng Tsu Wei, S8733498H, driver of my vehicle SLZ3426G, Honda Civic FK4, was driving out from Simei Rise Road (infront of Melville Park Condo) and stopped at the traffic light (left lane, left turn only). I was the first vehicle at the left lane.

During the incident, my wife, Regina Khor Cai Yun, S8803322A, was seated at the front passenger.

After stopping for a few seconds (5 to 7secs), a trailer XE1482A, ramped onto the right side of my car (damaging my door, fender, side skirt, mirror, probably front wheels)

Trailer was the first vehicle at the right lane (straight and right turn only)

Driver of said trailer XE1482A is Ramasamy Ramasamy, FIN: G5226312W, S Pass No. 03549197, hired by Employer: CHYE JOO CONSTRUCTION PTE LTD.

I do have a video and pictures taken.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210312/7000

CONTINUATION OF REPORT

Sketch Plan		
Informant is	not able to pr	rovide sketch

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: 12/03/2021 01:26
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

NP168