SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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.

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 01/04/2021 09:36 (SGT) Date of Accident 29/03/2021 07:50 (SGT) **Exact Location of Accident** Yishun Ave 1, Singapore Additional Location Information JUNC OF SEMBAWANG ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1500

SMH9241R Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? LIAN YONG LIANG Name Of Registered Owner SXXXX126H NRIC No RICKYLIANYL87@GMAIL.COM Email Address Mobile Phone No (Phone) +65-90023662 Alternative Phone No +65-90023662

VEHICLE PARTICULARS

Honda Manufacturer Model Civic Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Transmission Auto

INSURANCE COMPANY

Tokio Marine Insurance Singapore Ltd Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy 21-MM000099-R00 Policy Number Cover Note Number

DRIVER

CC

LIAN YONG LIANG Name of Driver SXXXX126H NRIC No

11/11/1987 Date Of Birth Indoor Occupation 28/04/2007 Date Of Driving Pass 13 YEARS AND 11 MONTHS Driving experience Male Gender (Phone) +65-90023662 Mobile Number +65-90023662 Alt. Phone Number RICKYLIANYL87@GMAIL.COM Email Address **BLK 659B PUNGGOL EAST** Address #15-761 Address complement Postcode 822659 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 Chain Collision Type of Accident Clear Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes 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? No DETAILS OF POLICE ACTION Yes Was the accident reported to the police? Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210330/7003

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes Yes

WITH WORKSHOP

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH8507K
Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour -

Vehicle Category Name of Driver NRIC No	Taxi KOH TIONG HOE SXXXX846G
Contact Number	(Phone) +65-96481127
Address	• :
Address complement	2
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	SHA3792C
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Taxi
Name of Driver	TAN CHENG HAI
NRIC No	SXXXX446B
Contact Number	(Phone) +65-97361405
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	LIAN YONG LIANG
Address	•
Address Complement	
Post Code	-
Approximate Age Years Old	•
Injuries Sustained	BACK & CHEST
Injured person in which vehicle?	SMH9241R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

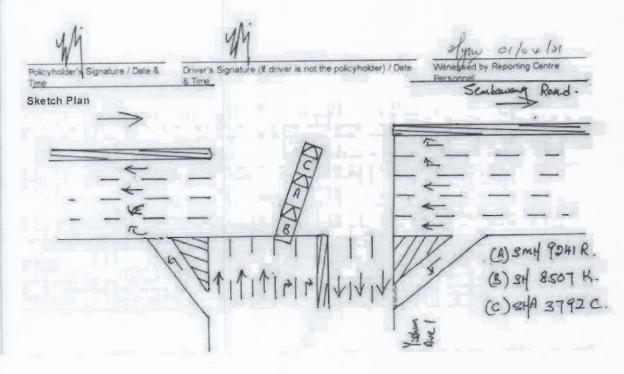
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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. 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)

Lunderstand, 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, handing 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.



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declare the foregoing partic	culars are true in eve	ry respect.				
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y.hi	L	WY			olyw	01/04/21
/holder's Signature / Date 8	Driver's Signal	1			11	Reporting Centre





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20210330/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2021 01:29		Vide Report No.: L/20210329/0048	Station Diary No.:		
Informat	nt's Particu	ulars			
Name of Informant: LIAN YONG LIANG			Address: 659B PUNGGOL EAST #15-761 SINGAPORE 822659		
	e / ID No.: Contact No.: Home/Office: Mobile:			Mobile: 90023662	
Nationali SINGAP	ty: ORE CITIZ	EN	Email: rickylianyl87@gmail.co	om	
Sex: Age: Date of Birth: Male 33 11/11/1987		Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Singapore Armed Forces personnel		Driving Licence Inform Class:	ation: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2021 08:00	Type of Location X-Junction
Location:				
YISHUN AVE	NUE 1			
************	12000			
		Production of the second		
Weather:		Road Surface:		Road Speed Limit:
W. Company of the Com	rament	Road Surface: Dry		70 Km/h
Clear		The state of the s		70 Km/h Traffic Volume:
Weather: Clear Traffic Flow: Dual Carriage	e Way	Dry	orking	70 Km/h

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SH8507K	Car	TOYOTA		Blue	Slightly Damaged	1
SHA3792C	Car	HYUNDAI		Blue	Slightly Damaged	1
SMH9241R	Car	HONDA	CIVIC+1.5+T URBO+VTIS +SR	Grey		0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20210330/7003

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH9241R	TOKIO MARINE INSURANCE SINGAPORE LTD.	MM000099	22/02/2021	14/02/2023

Any Pedestrian Ir	volved: No			i jan	
No. of Pedestrian		Use of P	edestrian	Cross	ing: NA
Driver					
Name	KOH TIONG HOE		ID No.		S1421846G
Related Vehicle	SH8507K (Car)		Contac	t No.	96481127
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL	
	ted Medical Leave NIL	Degree	of	NIL	
Driver				233	THE REPORT OF THE PARTY OF THE
Name	TAN CHENG HAI		ID No.		S1309446B
Related Vehicle	SHA3792C (Car)		Contac	ct No.	97361405
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class Driving Licence Expiry	e &	Class; NIL Date of Expiry; NIL
Date	29/03/2021	Date		NIL	
	ted Medical Leave NIL	Degree	of	Sligh	
Driver	AND DESCRIPTION OF THE PERSON				
Name	LIAN YONG LIANG		ID No.		S8736126H
Related Vehicle	SMH9241R (Car)		Conta	ct No.	90023662
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL	
	ted Medical Leave NIL	Degree	of	NIL	



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20210330/7003

3 of 4

Report No. T/20210330/7003

CONTINUATION OF REPORT

Brief Details.

While turning right from Yishun Ave 1 to Sembawang Road during a right turn on green arrow turning amber, the Comfort cab in front (SHA3792C) came to a sudden complete halt in the middle of the turn (in the middle of the X-junction) for no apparent reason (the other vehicles ahead completed the right turn without stopping). The sudden halt was unexpected. I managed to stop in time, but the Comfort cab behind me (SH8507K) could not, and rear-ended me which propelled me forward to rear-end the cab ahead. I suffered back pain and chest tightness as a result and was conveyed to Khoo Teck Puat Hospital in an ambulance. I was discharged as outpatient for back muscle sprain and was given 2 days MC.



Sketch Plan

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

Informant is not able to provide sketch



4 of

Report No. T/20210330/7003

CONTINUATION OF REPORT

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: 30/03/2021 01:29
Officer in Charge Of Case: TP / TPHQ / MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:

NP168

Authentication Stamp

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	126H
Vehicle No.:	SMH9241R
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Apr 2021
Vehicle Make:	HONDA
Vehicle Model:	CIVIC 1.5 TURBO VTIS SR
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	L15B73625804
Chassis No.:	MRHFC1660JT000384
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$26,611.00
Original Registration Date:	15 Feb 2019
First Registration Date:	15 Feb 2019
Transfer Count:	0
Actual ARF Paid:	\$29,256.00
Interded PARE Rehate Details 1991	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Feb 2029
PARF Rebate Amount:	\$21,942.00
COE Expiry Date:	14 Feb 2029
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$32,909.00
COE Rebate Amount:	\$25,347.00
Total Rebate Amount:	\$47,289.00

The information contained herein is correct as at 01 Apr 2021

