

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	14/05/2021 13:44 (SGT)
Date of Accident	22/04/2021 13:35 (SGT)
Exact Location of Accident	Cavenagh Rd, Singapore
Additional Location Information	filter lane at Cavenagh Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK5039U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JW Leasing Pte Ltd
Company Reg No	2XXXXX439R
Email Address	richardng5558@gmail.com
Mobile Phone No	(Phone) +65-82725558
Alternative Phone No	+65-82725558

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V05291/VPZ/R00
Cover Note Number	-

DRIVER

Name of Driver	Chew Chee Siong
NRIC No	SXXXX830E

Date Of Birth	13/11/1978
Occupation	Outdoor
Date Of Driving Pass	21/02/2012
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83188626
Alt. Phone Number	-
Email Address	richardng5558@gmail.com
Address	Blk 529 Bedok North Street 3 #09-598
Address complement	-
Postcode	460529
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Clear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Gojek Passenger
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan / police report no: T/20210422/2120.

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	SMV1390Y
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private hire
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	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK5039U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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.

Policyholder's Signature / Date & Time 14 MAY 2021 Driver's Signature (If driver is not the policyholder) / Date & Time 14 MAY 2021 Witnessed by Reporting Centre Personnel Jenny Lim

Sketch Plan

Diagram illustrating the accident scene on a grid. A car is labeled 'SMK 5039 U' and another 'SMV 3910 Y'. A person is labeled 'DRIVER'.

Describe Circumstances of the Accident

Refer to police report attached T/20210422/2170.

Declaration

We declare the foregoing statements are true in every respect.



Policyholder's Signature / Date & Time
14 MAY 2021

Driver's Signature (If driver is not the policyholder) / Date & Time
14 MAY 2021

Witnessed by Reporting Centre Personnel
Jenny Lim





















**SINGAPORE
POLICE FORCE**



T/20210422/2120

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20210422/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2021 21:08	Vide Report No.:	Station Diary No.: 73
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Informant's Particulars				
Name of Informant: CHEW CHEE SIONG			Address: APT BLK 529 BEDOK NORTH STREET 3 #09-598 SINGAPORE 460529	
ID Type / ID No.: NRIC NO / S7834830E			Contact No.: Home/Office: Mobile: 83188626	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 42	Date of Birth: 13/11/1978	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			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: 22/04/2021 13:35	Type of Location: Slit Road
Location: CAVENAGH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SMK5039U	Car	HONDA	Shuttle	Silver	Seriously Damaged	1
SMV1390Y	Car	MERCEDES BENZ		Grey	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20210422/2120

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Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20210422/2120

CONTINUATION OF REPORT**Brief Details.**

I am a Private Hire Driver, working under Gojek. I am driving a Silver Honda Shuttle (S/N: SMK5039U).

On 22/04/2021 at about 1.20pm, I picked up a passenger (Harah Chon, FIN: G3058113Q) at Chjimes and was heading towards Keng Chin.

At about 1.30pm, I was traveling at Cavenagh Road and have entered the slit road to enter Bukit Timah Road exit. Suddenly, a grey Mercedes Benz (S/N: SMV1390Y) hit me from the rear. There is a big dent on the back of my car. However, there were no damages to the front of the Mercedes Benz. The road was dry and the weather was clear. There were no heavy traffic flow at that time.

There is no passenger inside the Mercedes Benz.

I wish to state that I have one in-car camera facing the front of the car, but it was not working at the time of incident. I do not have an in-car camera facing the rear. The Mercedes driver said that she has a working in-car camera facing the front of the car.

No police and ambulance was at scene. We exchanged particulars and moved off from the location.

At about 1.55pm, I dropped off my passenger at her destination. She informed me that she is feeling a sharp pain on neck. She then went to the clinic and received medical treatment. She informed that she will be seeking claim from me for her injuries. I am lodging this report for claim purposes.

I told the Mercedes driver about this and she also decided to raise a claim with her insurance agent to settle this issue. She informed me via phone call that she will cover the medical fees of my passenger.



**SINGAPORE
POLICE FORCE**



T/20210422/2120

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20210422/2120

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:

G /
Sgt 2 MIMI NURDALILAH SARI BINTE
SAMSURI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP188

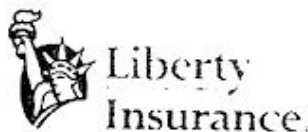
Signature Of Informant:

Date/Time:
22/04/2021 21:08

Classification Of Case:

SIGNATURE





Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8511 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.	SD20V0529H MPZ/R00
Form	MZ406C
Date Of Issue	14-MAY-2020
1. Index Mark and Registration No. of Vehicle:	SMK5039U
2. Chassis number of Vehicle:	GP72005109
3. Name of Policyholder:	JW LEASING PTE LTD
4. Effective date of Commencement of Insurance for the purpose of the Act:	20-MAY-2020 00:00 AM
5. Date of Expiry of Insurance:	19-MAY-2021 23:59 PM
6. Persons or Classes of Persons entitled to drive*:	Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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 for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired. C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.
8. Policy does not cover:	A) Use for racing, pace-making, reliability trial or speed-testing. B) 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 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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$1500, Section II S\$1500, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD

PLYW/J19-MAY-20

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19-MAY-20

May 19, 2020, 6:11 PM