

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	03/09/2021 15:34 (SGT)
Date of Accident	02/09/2021 01:30 (SGT)
Exact Location of Accident	Yishun Central, Singapore
Additional Location Information	JUNCTION WITH YISHUN CENTRAL 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM2506Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ALLMOTORING.SG
Company Reg No	5XXXX502J
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-98289018
Alternative Phone No	+65-98289018

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Macan
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
Transmission	Auto
CC	2967

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V09271/VTN/R05
Cover Note Number	-

DRIVER

Name of Driver	SEOW RUI WEN
NRIC No	SXXXX509J

Date Of Birth	01/11/1995
Occupation	Outdoor
Date Of Driving Pass	28/08/2014
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98289018
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	BLK 738 PASIR RIS DRIVE 10 #10-23
Address complement	-
Postcode	510738
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 vehicle 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	LIM KIM LIONG
Gender	Male

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

PLEASE REFER TO POLICE REPORT T/20210902/7025

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	SMX7708R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZHENG DETAO
NRIC No	SXXXX478F
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	SEOW RUI WEN
Gender	Male
Phone No	(Phone) +65-98289018
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMM2506Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM KIM LIONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMM2506Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

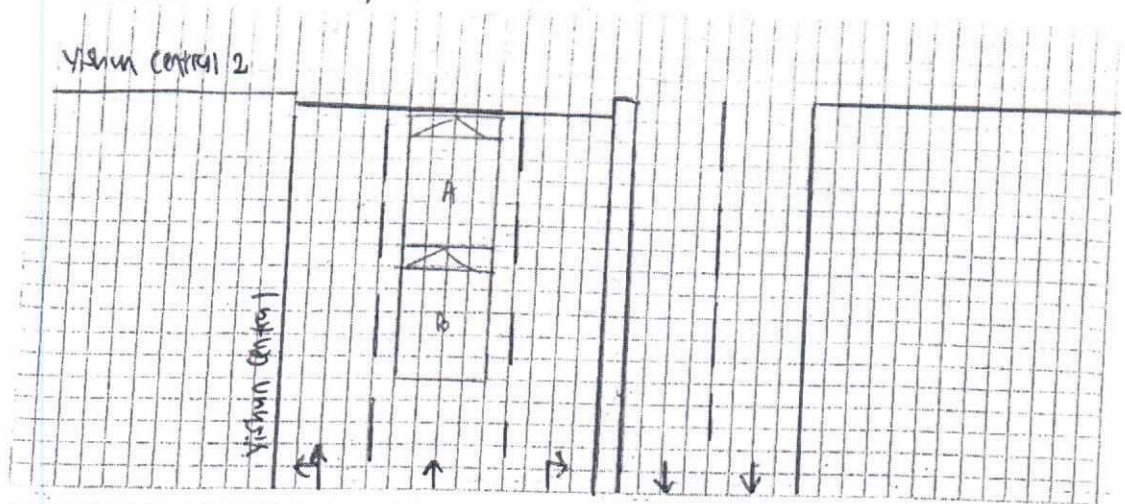
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A :
8mm2506Y
Vehicle B :
SMX7708R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20210902/7025.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
Date & Time:

Signature of Policyholder

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

Reporting Centre Personnel's Signature
Name:
BRIC/FIN No.:

JK

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 02 / 09 / 2021 (dd/mm/yy) Time of Accident: 01 : 30 (24-HR-FORMAT)
Vehicle No.: SMM2506Y Vehicle Make & Model: PORSCHE MACAN
*Transmission : ☐ Manual ☒ Auto *C.c : 2967
Exact location of Accident: YISHUN CENTRAL JUNCTION WITH YISHUN CENTRAL 2
Policyholder's Name: ALLMOTORING.SG NRIC/FIN/REG No.: 53294502J
*Policyholder's email address : REPORTING@MYCAR.SG
Driver's Name: SEOW RUI WEN NRIC/FIN/REG No.: S9539509J
*Driver's email address : REPORTING@MYCAR.SG
Driver's Contact No.: 98289018 Company Contact No (If any): _____
Date of birth: 01/11/1995 Driving Pass Date: 28/08/2014
Driver's Address: BLK 738 PASIR RIS DRIVE 10, #10-23, SINGAPORE (510738)
Insurance Company: LIBERTY
Policy No.: SD21V09271/VTN/R05 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____
What do you wish to claim? (Please **TICK** one only)
☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Type of Accident
☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____
Occupation (nature job) ☐ Indoor ☒ Outdoor *No. of Passengers / Including Driver): 2
*Passenger Name: LIM KIM LIONG Gender: Male / Female
*Passenger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☐ Yes ☒ No
Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person' Name: SEOW RUI WEN & LIM KIM LIONG
Injuries Sustain : BODY Injured Person in Which Vehicle: SMM2506Y
Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: TRAFFIC POLICE

The Other Party (S) Details:

1. Driver's Name / IC No: ZHENG DETAO S9375478F Vehicle No: SMX7708R
Driver's Contact No: _____ Insurance Company : _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company : _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681



SINGAPORE POLICE FORCE



T/20210902/7025

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

1 of 4

Report No. T/20210902/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2021 17:12	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SEOW RUI WEN		Address: 738 PASIR RIS DRIVE 10 #10-23 SINGAPORE 510738	
ID Type / ID No.: NRIC NO / S9539509J		Contact No.: Home/Office: Mobile: 98289018	
Nationality: SINGAPORE CITIZEN		Email: rwseow@outlook.com	
Sex: Male	Age: 25	Date of Birth: 01/11/1995	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: CAR DEALER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/09/2021 01:30	Type of Location: Straight Road
Location: YISHUN CENTRAL 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMM2506Y	Car	PORSCHE	MACAN	White	Slightly Damaged	1
SMX7708R	Car	AUDI		White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210902/7025

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

2 of 4

Report No. T/20210902/7025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEOW RUI WEN	ID No.	S9539509J
Related Vehicle	SMM2506Y (Car)	Contact No.	98289018
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/09/2021	Date	02/09/2021
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	LIM KIM LIONG	ID No.	NIL
Related Vehicle	SMM2506Y (Car)	Contact No.	88001008
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/09/2021	Date	02/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	ZHENG DETAO	ID No.	S9375478F
Related Vehicle	SMX7708R (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON THE STATED TIME AND DATE, I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SMM2506Y. WHILE I WAS SLOWLY MOVING OFF AT THE TRAFFIC JUNCTION AFTER IT JUST TURNED GREEN, I FELT A HUGE IMPACT FROM THE REAR WITH A LOUD BANG. I ALIGHTED FROM MY VEHICLE TO REALISE THAT I WAS INVOLVED IN A HEAD TO REAR COLLISION WITH VEHICLE B BEARING SMX7708R. WE EXCHANGED PARTICULARS AND LEFT THE SCENE. ME AND MY PASSENGER HAD LEFT FOR HOME TO REST AND FELT UNWELL THE VERY NEXT MORNING WHICH WE HAVE CONSULTED A DOCTOR.



**SINGAPORE
POLICE FORCE**

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



T/20210902/7025

3 of 4

Report No. T/20210902/7025

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20210902/7025

4 of 4

Report No. T/20210902/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

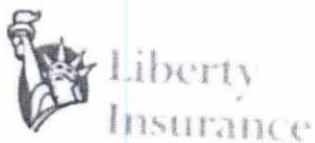
Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
02/09/2021 17:12


Classification Of Case:



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069426
Tel: (65) 6221 8611
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
ROAD TRANSPORT (AMENDMENT) ACT 2019
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD21V09271 /VTN /R05
Form	MZ9
Date Of Issue	22-JUN-2021
1.Index Mark and Registration No. of Vehicle:	
2.Chassis number of Vehicle:	
3.Name of Policyholder:	ALLMOTORING.SG
4.Effective date of Commencement of Insurance for the purpose of the Act:	20-AUG-2021 00:00 AM
5.Date of Expiry of Insurance:	19-AUG-2022 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	WU CHONG,WU SEONG,PNG ALAN,LIM LIAN KWEE,POO LIP TIONG,LEE JIA MING DARREN DEWAYNE,NG CHUN KHEONG JERAMINE JEREMIAH,CHAN HIAN HOWE (ZENG XIANHAO),LAWRENCE CHAN KOK KIANG (LAWRENCE ZENG GUOQIANG),SEOW RUI WEN,ANUAR BIN ABD AZIZ,ALVIN SOE,JEREMY YEO E SAN
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*:	Use only for Motor Trade purposes
8.Policy does not cover:	The policy does not cover use for hire or reward, racing, pace-making, reliability trials or speed-testing N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.
*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 :	Third Party Only,Demonstration Extension,Geographical Area: Singapore only,Standard Operating Hours : 24 hours
SUM INSURED:	
EXCESS:	Section II : S\$750,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000
FINANCE COMPANY:	
PRODUCER NAME:	ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD

PLFM/PLFM/22-JUN-21

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22-JUN-21