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SN0921960002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 06/09/2021 10:22 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (06/09/2021 10:22 (SGT))



SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> 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

- 3. Information provided must be as truthful and accurate as possible. Any financial 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.

ACCIDEN	TSTATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	06/09/2021 10:22 (SGT) 02/09/2021 11:35 (SGT) AYE, Singapore TOWARDS CTE BEFORE ALEXANDRA ROAD EXIT Singapore
DETAILS OF	FOWN VEHICLE
Vehicle Registration Number	SGY4672U
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No TEO YING SHUANG SXXXX256H phuaywei89@gmail.com (Phone) +65-91279114 +65-91279114
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Toyota Vios - Private use No - Claiming third party Private car Auto 1497
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	Liberty Insurance Pte Ltd Comprehensive No SI20V12565/VPE/R00
Name of Driver	TEO YING SHUANG

Date Of Birth	20/04/1994
Occupation	Indoor
Date Of Driving Pass	14/07/2015
Driving experience	6 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91279114
Alt. Phone Number	+65-91279114
Email Address	phuaywei89@gmail.com
Address	BLK 532 BUKIT BATOK STREET 51 #07-148
Address complement	•
Postcode	650532
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
L' - La Caracteria de la constante de la const	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	DRIZZLING
Road Surface	Wet
Tiodd Gallaco	1100
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?	
Number of Passengers (Including Driver)	
Has the driver been approached by unknown person(s)	•
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	
Police Station Name	Trainer ones
Police Station Phone No	()
Alt. Police Station Phone No	
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
DI FACE DEFED TO CIVETOU DI ANI AND DOUGE DEDORT	T/20210002/7024
PLEASE REFER TO SKETCH PLAN AND POLICE REPORT	1/20210903/7024
ATTACHMENT(S)	
III. III 1852. AAAAN SEEDIN MAA PIINE CIII. 2 SEEDIN 22. AAAAN AAAAN SEEDIN AAAAN AAAAN AAAAN AAAAN AAAAN AAAA	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	
Was there any audio recorded?	
was there any addio recorded?	NO
DETAILS OF OTH	ER VEHICLE PROPERTY 1
Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	
Vollidio Odiogory	i iivate cai

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 Gender Phone No	TEO YING SHUANG Female (Phone) +65-91279114
Address	12
Address Complement	~
Post Code	
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGY4672U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
The and injured conveyed to heapital by ambalance?	140

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forw arded 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)

l understand, acknow ledge, agree and consent that :

- (a) My insurer , my w orkshop 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' 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.

Policyholder's Signature / Date &

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

AYE towards CTE before Alexandra Road Exit

vehicle A: SAY46724

vehicles: unknown

Describe Circumstances of the Accident

On the stated date k time, I , vehicle A(SGY46724) was travelling straight
albunttv
on the stated location on lane 2. Inddenly, vehicle B (unknown) cut into my lane, and collided
1
onto my rear right side portion of my vahicle. Vehicles (unknown) didn't stop and drove
away -
Polick Ruport 7/20210908/70>4
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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

Date of Accident	Accident Time: 1135hr (24-HR-FORMAT)	
Accident Place	: AYE towards CTE before Alexandra Road Exit	
Vehicle Reg. No (Car plate No.)	: SGN 4672U Vehicle Make/Model: Toyota Vios	
Insurânce Company	: Liberty Policy No. SIDOVIDES VPE ROD	
Name of Registered Owner	: Company / Individual Teo Ying Shuang	
ID of Registered Owner	: Co Reg No: - Owner's NRIC No: SA41336H	
	Co Contact No: _ Owner's Coutact No: _91779114	
DRIVER'S Name	: Teo Ying Shuang DRIVER'S NRIG No: S9413256H	
DRIVER'S Date of Birth	: 20 April 1994 DRIVER'S License Pass Date 14 Jul 2015	
Relationship bet, Owner & Driver	Spouse \ Parents \Children\ Sibling \ Employee\ Others owner	
DRIVER'S Address		
	APT BIK 530 Bukit Batik Street 51 407-148 Singapore 650537	
DRIVER'S Contact No./ Alt No.	(1) 91279114 2) -	
DRIVER'S Occupation	; INDOOR 104TDOOR (eg. working inside or outside of an ofc)	
Email Address	phyayuri 89 @gmail.com	
Weather & Road Surface	: CLEAR & DRY RAINING & WET LAFTER RAIN & WELL Drizzling	kw
Reparting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance	
Was the accident reported to the po Was there any video Captured by o	car camera; XEST NO Any Injuries: YES LAO Injured Name: Too Ying Shuang	_
Exact purpose for which vehicle w	Injured Name:	_
3	Other Party Driver's Particulars (if any)	
Vehicle Rey No: Unknown	Vehicle Reg No:	
Mehiele, Makel Model.	Vehicle Makeliylodel:	
Name DRIVER.	Name DRIVER:	
10 No. DRIVER.	IC No. DRIVER:	
DRIVER'S Contact & add	DRIVER'S Contact & add:	
<u>O</u>	ther Party Driver's Particulars (if any)	
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Vehicle Make Model	Vehicle Make Model:	
Name DRIVER	Vacre DRIVER	
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DRIVER - Consult & and	NEW ER & Currey & alia	





1 of 3

Report No. T/20210903/7024

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2021 16:05		ade:	Vide Report No.:	Station Diary No.:
Informant's	s Particu	lars	PPEADODE SEE SEE SEE	
Name of Int		3	Address: 32 JALAN WAJEK SINGAPO	RE 588485
ID Type / ID NRIC NO /	No.: S941325	66H	Contact No.: Home/Office:	Mobile: 91279114
Nationality: SINGAPOR		EN	Email: HEYHIHAZELLE@HOTMAIL.	.COM
Sex: Female	Age:	Date of Birth: 20/04/1994	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Radio presenter			Driving Licence Information: Class: 3A	Date of Expiry:

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/09/2021 11:35	Type of Location Straight Road
Location: AYER RAJAH	EXPRESSWAY			
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis	sion: ving Vehicles - Head T	o Side		Anyone conveyed by ambulance: No

Internal No.	T. (20	Make	Model	Color	Conditio	No of
Vehicle No.	Туре	IVIANE	IVIOGCI	00101		0
SGY4672U	Car					U
SKB7122P	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





/20210903/7024

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

CONTINUATION OF REPORT

Driver			Letter be the second	ra-A-suledi		
Name	TEO YING SHUANO	TEO YING SHUANG		ID No.		S9413256H
Related Vehicle	SGY4672U (Car)		Contact	No.	91279114	
Hospital/Clinic	UNITED HEALTH F SURGERY	NITED HEALTH FAMILY CLINIC & URGERY		Class of Driving Licence & Expiry		Class: 3A Date of Expiry: NIL
Date	03/09/2021		Date	C	3/09)/2021
No. of Days gran	ted Medical Leave	03	Degree of	5	Slight	

Brief Details.

On the stated date and time, I was driving my vehicle SGY4672U along the second lane of AYE towards CTE before Alexandra exit when I saw a vehicle self skidded and collide into the road divider on lane one. As I was moving slowly to avoid any collision to my vehicle.

Suddenly I felt a big impact from the right portion of my vehicle forcing my vehicle to surge to lane three. Then I manage to turn back my vehicle back to lane two.

I looked to my right and the only vehicle was a black Volvo XC90 bearing SKB7122P.

SKB7122P did not stop and instead sped off.

As I was still in shock due to the collision I did'nt give chase and called for assistance.

My vehicle shook violently and the impact caused my right elbow to knock against the hand rest of my driver's door.

Later the same evening, I started feeling soreness and stiffness over my neck and back on top of the pain in my right elbow.

The pain did not go away and as such, on 03/09/2021, I proceeded to my family doctor at Unihealth 24-Hr Clinic Jurong East for treatment.

I was given 3 days MC.





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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CONTINUATION OF REPORT

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NP168

Informant is not able to provide 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: 03/09/2021 16:05		
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:		





Certificate of Insurance

www.libertyinsurance.com.sg

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

Name of Policyholder:

TEO YING SHUANG

Date of Issue:

06 Oct 2020

Registration No.:

Effective Date of Commencement:

07 Oct 2020 00:00

MR053HY9305029742

Chassis No.:

SGY4672U

SIZ

SI20V12565/ VPE / R00

Date of Expiry: 06 Oct 2021 23:59 Type of Certificate:

Certificate No :

MX1

Persons or Classes of Persons entitled to drive*:

A) The Policyholder.

B) Any other person who is driving on the Policyholder's order or with his 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.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

*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

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for

Name of Finance Company:

Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Producer:

NG XIN LING JOANNE (A1337-2)