

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	06/09/2021 10:22 (SGT)
Date of Accident	02/09/2021 11:35 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CTE BEFORE ALEXANDRA ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY4672U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEO YING SHUANG
NRIC No	SXXXX256H
Email Address	phuaywei89@gmail.com
Mobile Phone No	(Phone) +65-91279114
Alternative Phone No	+65-91279114

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V12565/VPE/R00
Cover Note Number	-

DRIVER

Name of Driver	TEO YING SHUANG
NRIC No	SXXXX256H

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?	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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	DRIZZLING
Road Surface	Wet

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 SKETCH PLAN AND POLICE REPORT T/20210903/7024

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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	TEO YING SHUANG
Gender	Female
Phone No	(Phone) +65-91279114
Address	-
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

SKETCH PLAN

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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' 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 & Time

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

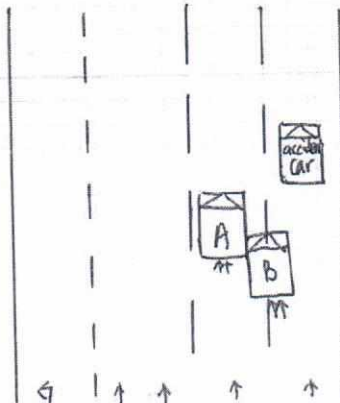
Witnessed by Reporting Centre Personnel

Sketch Plan

AYE towards CTE before Alexandra Road Exit

Vehicle A: S4Y46724

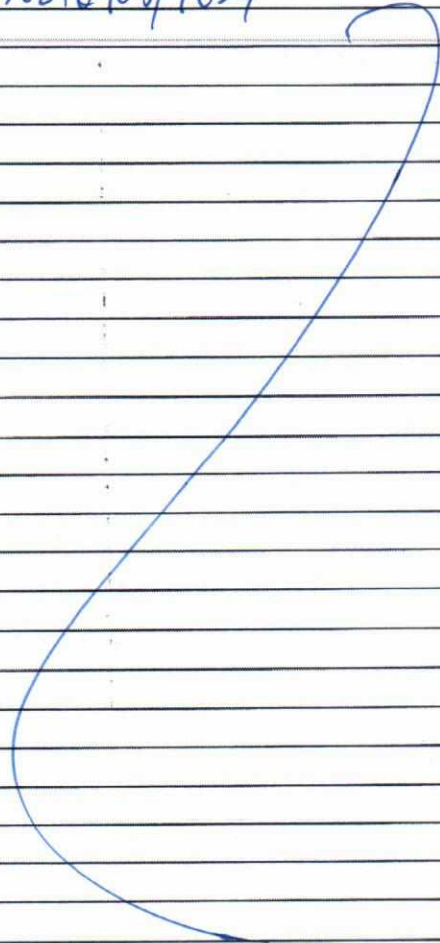
Vehicle B: unknown



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A(SG Y4672U) was travelling straight
on the stated location on lane 2. Suddenly, vehicle B(unknown) cut into my lane ^{abruptly} and collided
onto my rear right side portion of my vehicle. vehicle B(unknown) didn't stop and drove
away.

POLICE REPORT 7/20210903/7024



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 : 02/09/2021 Accident Time: 1135hrs (24-HR-FORMAT)

Accident Place : AYE towards CTE before Alexandra Road Exit

Vehicle Reg. No (Car plate No.) : SGY4672U Vehicle Make/Model: Toyota Vios

Insurance Company : Liberty Policy No. SIDON12565 / VPE / R00

Name of Registered Owner : Company / Individual Teo Ying Shuang

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S9413256H

: Co Contact No: - Owner's Contact No: 91279114

DRIVER'S Name : Teo Ying Shuang DRIVER'S NRIC 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 31K 532 Bukit Batik Street 51 #07-148 Singapore 650532

DRIVER'S Contact No / Alt No. : 1) 91279114 2) -

DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)

Email Address : phaywei99@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET Drizzling knet

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 01 Passenger Name: _____ Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Teo Ying Shuang

Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>unknown</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



SINGAPORE POLICE FORCE



T/20210903/7024

1 of 3

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

Report No. T/20210903/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2021 16:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEO YING SHUANG			Address: 32 JALAN WAJEK SINGAPORE 588485		
ID Type / ID No.: NRIC NO / S9413256H			Contact No.: Home/Office: Mobile: 91279114		
Nationality: SINGAPORE CITIZEN			Email: HEYHIHAZELLE@HOTMAIL.COM		
Sex: Female	Age: 27	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:

General Information of the Accident

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 Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGY4672U	Car					0
SKB7122P	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210903/7024

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

2 of 3
Report No. T/20210903/7024

CONTINUATION OF REPORT

Driver			
Name	TEO YING SHUANG		ID No. S9413256H
Related Vehicle	SGY4672U (Car)		Contact No. 91279114
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	03/09/2021		Date 03/09/2021
No. of Days granted Medical Leave	03	Degree of	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.



**SINGAPORE
POLICE FORCE**



T/20210903/7024

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

3 of 3

Report No. T/20210903/7024

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 /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Signature Of Informant:

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

Date/Time:
03/09/2021 16:05

Classification Of Case:

NP168

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

Effective Date of Commencement:

07 Oct 2020 00:00

Certificate No.:

SI20V12565/ VPE / R00

Date of Expiry:

06 Oct 2021 23:59

Registration No.:

SGY4672U

Chassis No.:

MR053HY9305029742

Type of Certificate:

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

Name of Finance Company:

Name of Producer:

NG XIN LING JOANNE (A1337-2)