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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Actual 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

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

12/08/2022 15:52 (SGT) 11/08/2022 18:00 (SGT) SLE, Singapore TOWARDS TPE (ALONG NEE SOON CAMP) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SND7326C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No.

No LEE WHYE HON SXXXX892A alvin_leewh@yahoo.com.sg (Phone) +65-97930307

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

Avante

Hyundai

Private use

No - Claiming third party Private car Auto 1591

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Liberty Insurance Pte Ltd SD22V01601/VPC/R00

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LEE WHYE HON SXXXX892A 24/11/1977 Indoor

Date Of Driving Pass 03/01/2000 Driving experience 22 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-97930307 Alt. Phone Number Email Address alvin_leewh@yahoo.com.sg Address BLK 323D SUMANG WALK #04-913 Address complement Postcode 824323 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement FOREIGN VEHICLE 1 Vehicle Registration Number JMN3866 Vehicle Category Private car DETAILS OF POLICE ACTION Was the accident reported to the police? 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20220812/2033

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

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SMR1668T
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	_
Address complement	=
Postcode	_
Insurance Company Name	Etiga Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	:=

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SLQ4197H -
Vehicle Model	0
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	7·=
Address	X=
Address complement	o.=
Postcode	-
Insurance Company Name	-
Nature Of Damage	2=
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	JMN3866
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	12
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	=
Address	-
Address complement	-
Postcode	-
Insurance Company Name	1-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

INJORED 1	
Name of injured person Gender	LEE WHYE HON Male
Phone No	(Phone) +65-97930307
Address	- *
Address Complement	-
Post Code	1-
Approximate Age Years Old	> -
Injuries Sustained	SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

SND7326C

Yes

No

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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.

M 1204		li 120822	gur 12/08/2022
Policyholder's Signatu Time	& Time	nature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
Sketch Plan	SLE TOWARDS	7PR (AWALG NEE SOON	(AMP)
		S1Q4197H	
	A	SND 7326C	
	X B	SMR1668T	
	X 0	JMN 3866	

Car B suddenly hit hard at the rear of my car causing n	n hi
car and I also slow by down my car and stop behind can Car B suddenly hit hard at the rear of my car cousing m to hit into Car C. When I got out of my car, I realised car D also involved in the accident.	n he
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Declaration

Time

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20220812/2033

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

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 12/08/2022 12:34 Informant's Particulars Address: Name of Informant APT BLK 323D SUMANG WALK #04-913 SINGAPORE LEE WHYE HON 824323 Contact No.: ID Type / ID No.: Mobile: 97930307 Home/Office: NRIC NO / \$7734892A Email: Nationality: SINGAPORE CITIZEN Type of Informant: Age: Date of Birth: Sex: Driver 24/11/1977 44 Male Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 3 SAF REGULAR

	linjury	Drink	Date/Time of	Type of Location
Type of Accident:	Foreign Vehicle	Drive:	Accident: 11/08/2022 18:00	Straight Road
Location:				
SELETAR EX	PRESSWAY			
Weather:	And the second s	Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
			The state of the s	Anyone conveyed by

Vehicle No.	Type	Make	Model	Color	Gondition	No of Passenger
JMN3866	Car				Slightly Damaged	2
SLQ4197H	Car				Slightly	0
SMR1668T	Car	and the second second			Slightly Damaged	0
SND7326C	Car				Seriously Damaged	0





T/20220812/2033

2 of 3

Report No. T/20220812/2033

Police Station Of Origin.
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

Brief Details.

On 11/08/2022 at about 1800hrs, I (SND7326C) was driving along SLE toward TPE when there was a vehicle(SLQ4197H) in front of me that slowed down so i also slowed down and we came to a stop however the next moment, I know there was another vehicle (SMR1668T) directly behind of me hit against my rear causing my vehicle to move forward and hit to the vehicle in front of me which is vehicle (SLQ4197H). Everyone came down of the vehicle when I realized that there is another vehicle(JMN3866) at the very back which is behind of vehicle (SMR1668T). Everyone exchange contact details with regards to the matter. I went to see a doctor at Sengkang General Hospital after that as I wish to state that my neck was sore which I was given 4 days of Medical Certificate(201220357K) on 11/08/2022 to 14/08/2022. I also wish to state that I have a inbuilt car camera in my vehicle and had given the footages to my insurance company.



Tr20220812/2033

Police Station Of Origin Bedok N.P.C 30 Bedok North Road SINGAPORE 489676 Tel No: 1800-2449999

3 of 3 Report No. T/20220812/2003

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.

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 3 TAN XIN XUE	Signature Of Informant:	Jk.
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2022 12:34	
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:	THE STATE OF THE S
NP163		

Date of Accident	: 11.08.2022 Accident Time : 18:00 pm (24-HR-Format)
Who reported the accident?	: Owner / Driver / Both
Accident Place	: SLE towards TPE (Along Nee Soon Camp)
Vehicle No (Car Plate No)	: SND 7326C Make/Model: Hyundai CN7 Avante 1.6
Insurance Company	: <u>liberty</u> Policy No: <u>SD22Y 01601/ VPC/ROO</u>
Fleet Policy	: YES NO
Type of Coverage	: Comprehensive Third Party / Third Party Fire & Theft
Name of Owner / IC No	: Lee Whye Hon (S7734892A)
Owner Contact No	: 9193 0307 Owner's HpCompany Tel
Driver Name / IC No	:As above
Driver's Date of Birth	: 24.11.1977 Driver's License Pass Date: 03.01.2000
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other: Owner
Driver's Address	: BIK 3230 Sumang Walk # 04 - 913 S (824323)
Driver's Contact No	:1) 9793 0307 2)
Driver's Occupation	: INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	: alvin-leewh @ yahoo.com.sg
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type	: Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver)	: person (Driver)
Was ther any video footage? Exact purpose used at time of accident Any injury (If Yes, Pls State)	: YES / NO : Private Use / Private Hire / Work Purpose : Yes (lee Whye Hon).
Other P	arty Driver's Particular (if any)
VEH B: SMR 1668T (Etiga)	Name & Contact No:
VEH C: SLQ 4197H	Name & Contact No:
VEH D: JMN 3866	Name & Contact No:
VEH E :	Name & Contact No:

*NEW - Passenger's Name & Gender:



www.libertyinsurance.com.sq



Certificate of Insurance

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189), Motor Vehicles (Third-Party Risks And Compensation) Rules 1980, Road Transport Act 1987, Road Transport (Amendment) Act 2019, The Motor Vehicles (Third Party Risks) Rules, 1959.

Name of Policyholder:

LEE WHYE HON

Date of Issue:

26 Jan 2022

Registration No.:

SND7326C

Effective Date of Commencement:

22 Jan 2022 00:00

Chassis No.:

KMHLN41ETNU272990

Certificate No.:

SD22V01601/ VPC / R00

Date of Expiry:

21 Jan 2023 23 59

Type of Certificate:

MEX 1

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

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)

Sum Insured.

Name of Finance Company

Name of Producer:

Comprehensive Unlimited Windscreen, NCD Protection

MARKET VALUE AT THE TIME OF LOSS

Section 1 -Named Drivers S\$600, Section 1 -Unnamed Drivers S\$1100, Additional Excess for Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

OCBC BANK LTD

KOMOCO TRADING PTE LTD (A1975-13):