

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 Actual 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	12/08/2022 15:52 (SGT)
Reported by	Both
Date of Accident	11/08/2022 18:00 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS TPE (ALONG NEE SOON CAMP)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND7326C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE WHY HON
NRIC No	SXXXX892A
Email Address	alvin_leewh@yahoo.com.sg
Mobile Phone No	(Phone) +65-97930307
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

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

DRIVER

Name of Driver	LEE WHY HON
NRIC No	SXXXX892A
Date Of Birth	24/11/1977
Occupation	Indoor

Date Of Driving Pass	03/01/2000
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
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	4
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
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?	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 SKETCH PLAN AND POLICE REPORT T/20220812/2033

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

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	Etiqa 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	SLQ4197H
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	JMN3866
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	LEE WHY HON
Gender	Male
Phone No	(Phone) +65-97930307
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY

Injured person in which vehicle?	SND7326C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 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. 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.

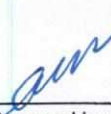
(collectively the "Purposes")

(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.

 12/08/22
Policyholder's Signature / Date & Time

 12/08/22
Driver's Signature (If driver is not the policyholder) / Date & Time

 12/08/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

SLE TOWARDS TPR (BUNG NEE SOON CAMP)



S2Q4197H

SND7326C

SMR1668T

JMN3866

Describe Circumstances of the Accident

I am driving alone SLE heading towards TPE. The accident took place along Nee Soon Camp at Lane 1. Suddenly Car C slow down her car and I also slow ~~by~~ down my car and stop behind Car C. Car B suddenly hit hard at the rear of my car causing my car to hit into Car C. When I got out of my car, I realized there's car D also involved in the accident.

di

POLICE REPORT 7/2022 ~~012~~ / 2023

Declaration

We declare the foregoing particulars are true in every respect.

di 12/8/22
Policyholder's Signature / Date & Time

di 12/8/22
Driver's Signature (If driver is not the policyholder) / Date & Time

di 12/8/2022
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220812/2033

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

Date/Time Report Made: 12/08/2022 12:34	Vide Report No.:	Station Diary No.: 66
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LEE WHYE HON			Address: APT BLK 323D SUMANG WALK #04-913 SINGAPORE 824323		
ID Type / ID No.: NRIC NO / S7734892A			Contact No.: Home/Office: Mobile: 97930307		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 24/11/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SAF REGULAR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 11/08/2022 18:00	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
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
JMN3866	Car				Slightly Damaged	2
SLQ4197H	Car				Slightly Damaged	0
SMR1668T	Car				Slightly Damaged	0
SND7326C	Car				Seriously Damaged	0



SINGAPORE
POLICE FORCE



T/20220812/2033

2 of 3

Police Station Of Origin:

Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

Report No. T/20220812/2033

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.



SINGAPORE
POLICE FORCE



T/20220812/2033

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

3 of 3

Report No. T/20220812/2033

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 3 TAN XIN XUE

Signature Of Informant:

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:

NP168

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 : Liberty Policy No: SD22Y01601/VPC/ROO

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 : 9793 0307 Owner's Hp _____ Company 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 : Blk 323D 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) : 1 person (Driver)

Was ther any video footage ? : YES / NO

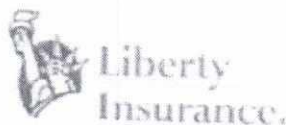
Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Yes (Lee Whye Hon)

Other Party Driver's Particular (if any)

VEH B : <u>SMR 1668T (EH9A)</u>	Name & Contact No: _____
VEH C : <u>SLQ 4197H</u>	Name & Contact No: _____
VEH D : <u>JMN 3866</u>	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

***NEW - Passenger's Name & Gender:**



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

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.:

SD2ZV01601/VPC/R00

Date of Expiry:

21 Jan 2023 23:59

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, NCD Protection

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

Name of Finance Company

OCBC BANK LTD

Name of Producer:

KOMOCO TRADING PTE LTD (A1975-13)