

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 willful 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	07/10/2022 17:03 (SGT)
Reported by	Driver
Date of Accident	06/10/2022 07:40 (SGT)
Exact Location of Accident	Tg Pagar Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL5866Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AXG ENTERPRISE
Company Reg No	5XXXX060E
Email Address	panda_xiong_85@icloud.com
Mobile Phone No	(Phone) +65-96996973
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2754

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD21V15874/VCH/R00

DRIVER

Name of Driver	NG YEOW TECK (HUANG YAODE)
NRIC No	SXXXX453F
Date Of Birth	03/11/1985
Occupation	Outdoor

Date Of Driving Pass	06/01/2006
Driving experience	16 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96996973
Alt. Phone Number	-
Email Address	panda_xiong_85@icloud.com
Address	BLK 217 PETIR ROAD #04-401
Address complement	-
Postcode	670217
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	Side Swipe
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)	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	-

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/20221006/7031

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND7698D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	THAM MEI LING DIANA
NRIC No	SXXXX774B
Contact Number	(Phone) +65-88895424
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	NG YEOW TECK (HUANG YAODE)
Gender	Male
Phone No	(Phone) +65-96996973
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBL5866Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

3. 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.

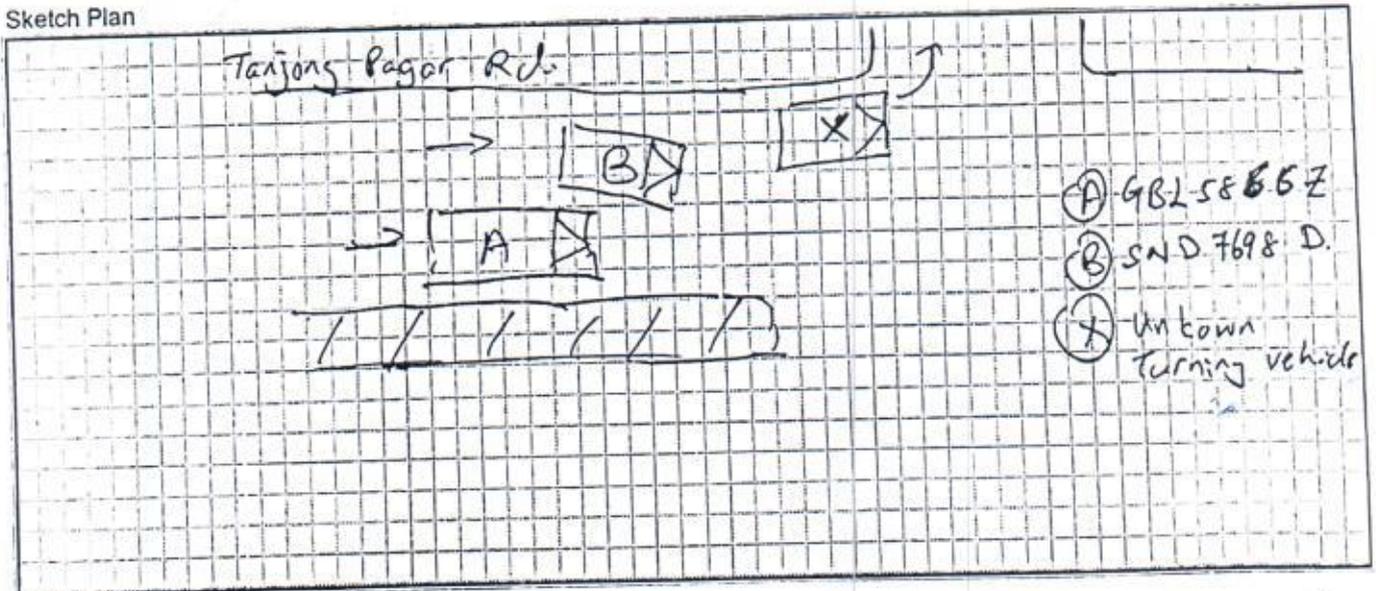

Policyholder's Signature / Date & Time




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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

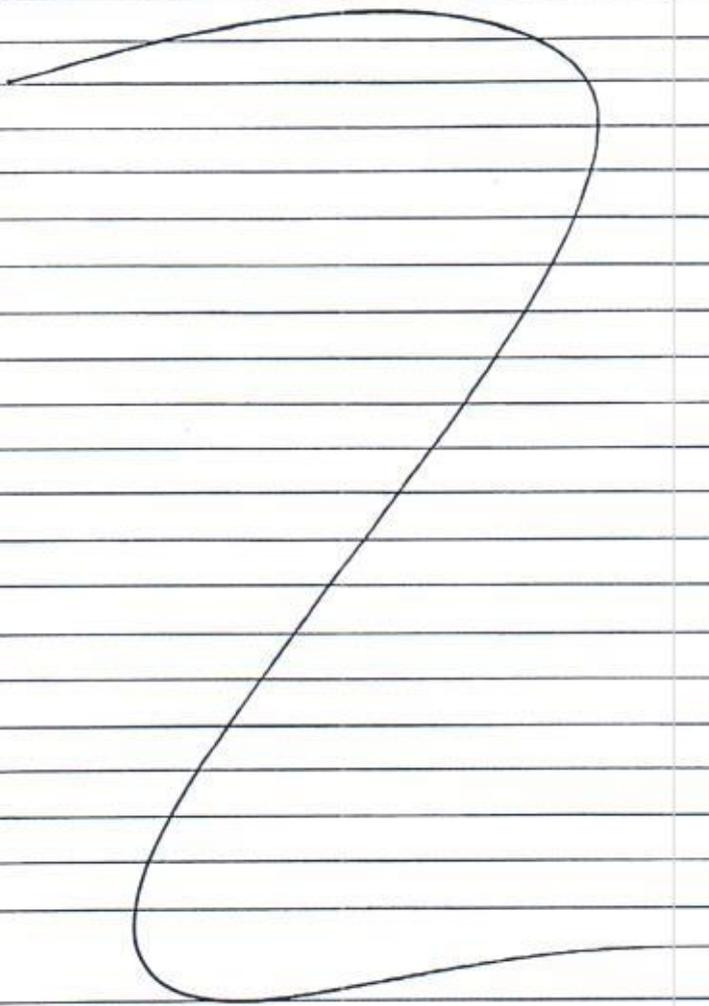
Sketch Plan



Describe Circumstance of the Accident

Refer to police report no:-

T20221006/7031



Declaration

I/We declare the foregoing particulars are true in every respect.


Axiata Enterprise
UEN No: 53431060E

Policyholder's Signature / Date & Time

x



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


07/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20221006/7031

1 of 3

Report No. T/20221006/7031

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2022 13:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG YEOW TECK			Address: 217 PETIR ROAD #04-401 SINGAPORE 670217		
ID Type / ID No.: NRIC NO / S8534453F			Contact No.: Home/Office:		Mobile: 96996973
Nationality: SINGAPORE CITIZEN			Email: PANDA_XIONG_85@ICLOUD.COM		
Sex: Male	Age: 36	Date of Birth: 03/11/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: self employed			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2022 07:40	Type of Location: Bend
Location: TANJONG PAGAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL5866Z	Van					0
SND7698D	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221006/7031

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

2 of 3

Report No. T/20221006/7031

CONTINUATION OF REPORT

Driver			
Name	NG YEOW TECK	ID No.	S8534453F
Related Vehicle	GBL5866Z (Van)	Contact No.	96996973
Hospital/Clinic	FAMILY CARE CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	06/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the 06/10/2022 at about 7.40 am, I was driving my van no. GBL 5866 Z along the right side of a two lane road of Tanjong Pagar Road towards Maxwell Road. As I was travelling along this road at normal speed, all of the sudden, there was a white motorcar no. SND 7698 D which was on the left lane of the same Tanjong Pagar Road suddenly without any warning or signal, tried to cut into my lane when I have the right of way and caused a collision with my van. When the driver of motorcar cut into my lane, I had to apply an emergency brake but the motorcar still hit onto my van.

I wish to state that I was doing delivery for Redmart groceries and all of the items and packages in my van were flung forward and maybe damaged. I still have not assess or receive the bill for the damages to these groceries.

Furthermore, I suffered personal injuries as the result of this accident and was given 3 days MC by M/s Family Care Clinic after seeking medical treatment from this clinic.

I wish to claim against the insurance company of the motorcar no. SND 7698 D for my injuries, damages to my van and also any damages or losses to the Redmart groceries, if any.

I enclosed herewith my MC and photographs of the accident including the Redmart groceries that maybe damaged as the result of the accident.



**SINGAPORE
POLICE FORCE**



T/20221006/7031

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

3 of 3

Report No, T/20221006/7031

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
06/10/2022 13:29

Classification Of Case:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 06/10/2022 (dd/mm/yy) Time of Accident: 07:40 (24-HR-FORMAT)

Vehicle No.: GBL5866Z Vehicle Make & Model / Engine (cc): Toyota Hiace Private Hire: (Y/N)

Exact location of Accident: Along Tanjong Pagar Rd

Policyholder's Name / IC No.: AXG Enterprise ROC/JEN (Company) 5343/0606

Driver's Name / IC No.: Ng Yeow Teck / S8534453F (As Above)

Driver's Contact No.: 96996973 Company Contact No / Owner Contact No: _____

Driver's Address: 217 Petir Rd #04-401 S (670217)

Owner Email address: panda_xiong_85@icloud.com Insurance Company: _____

Driver Email address: _____

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)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

***No. of Passengers (Including Driver):** 1

*Passenger Name: _____ Gender: Male / Female x()
*Passenger Name: _____ Gender: Male / Female x()

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 Camera? Yes / No Remarks: _____

Any Injuries: Yes / No (If YES) Injured Person's Name: Ng Yeow Teck

Injuries Sustain: 3 days m/c Injured Person in Which Vehicle: GBL5866Z

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Tham Mei Ling Diana / S8937774B Vehicle No: SND7698D

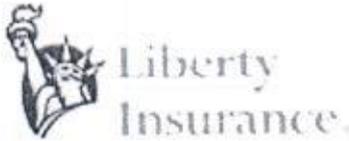
Driver's Contact No: 88895424 Insurance Company: _____

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: _____ Contact No: _____



Liberty Insurance Pte Ltd
 Registration no. 199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 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	SD21V15874 /VCH /R00
Form	MZ301A
Date Of Issue	23-AUG-2022
1.Index Mark and Registration No. of Vehicle:	GBL5866Z
2.Chassis number of Vehicle:	GDH2011064067
3.Name of Policyholder:	AXG ENTERPRISE
4.Effective date of Commencement of Insurance for the purposes of the Act:	29-OCT-2021 00:00 AM
5.Date of Expiry of Insurance:	28-OCT-2022 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	<p>A) Whilst the vehicle is being used in connection with the Policyholder's business :- Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>B) Whilst the vehicle is being used for social, domestic and pleasure purposes :- Any person who is driving on the Policyholder's order or with their permission.</p> <p>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.</p> <p>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.</p>
7.Limitations as to use:	<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>
8.The Policy does not cover:	<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward.</p>
*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 :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Windscreen Excess S\$100, Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000
FINANCE COMPANY:	YONG KHIONG CREDIT PTE LTD
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD

PLSL/PLSL/23/08/2022

S3_CL_T1_T3_TEMPLATE2-VER1 23/08/2022