

SH0922BE000.D

Preferred Wksp / INC Assign Wksp / OW: (		Tel: (	Fax: (
TP Particulars: (	Veh No: GBH 628D	INC () / Non-INC ()	
Owner / Driver: (		Tel: (
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Title: (
Insured/Driver Liability: (	%) (Note-Bst Status (WO): N: 0-20%, P: 21-79%, F: 80-100%)		
Year of Registration: (	Warranty: YES () / NO ()		
Excess: (\$	Landing: \$1,000 () / \$2,000 ()		

General Remarks: () Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Drive-In () / Tow-In () / Invoice ()	Date/Time Completed	Done by
Remarks: (URG hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

[illegible]

NA2203203 / NA2203204

1. Submittal Particulars:
 2. River/Owner:
 3. Contact No.:
 4. Damaged Portion:
 5. Checked by (Engr-In-Charge):
 6. Auditor's Comments:

Invoice Preparation Checklist:		DATE	TIME	NAME
1) AR: Accident Reporting (\$300)				
2) DA: Damage Assessment (\$1000)	INC (\$50)			
3) TP: Towing Fee	\$40/\$40			
4) PT: Follow-Through Survey	\$150			
5) FT: Follow-Through Survey (Estimate)	\$30			
For additional against INC Only (over 10 Jan 2004)				
6) TR: Re-inspection	\$75			
7) NI: Idea DA + SMRT Survey	\$140			
8) NIUC Additional Services:				
ON*				
*NI: Courtesy Car / Tol Allowance	\$5			
*NI: Repair Coordination	\$10			
*NI: Post Repair Inspection	\$25			
*NI: DV / Collect Excess Coordination	\$5			
*NI: TP (NI) / TP (NI-INC) against INC	\$20			
9) NIUC: Idea NiUC	\$0			
Invoice dated				
Invoice dated				
	Fee Charged			
	Over Amount			



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	14/11/2022 16:21 (SGT)
Reported by	Both
Date of Accident	14/11/2022 08:12 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS PIE AFTER DAIRY FARM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4432T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE TECK MENG (LI DIMIN)
NRIC No	SXXXX049D
Email Address	pikaa24@hotmail.com
Mobile Phone No	(Phone) +65-92221205
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	Private hire
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI21V06399/VPL/R02

DRIVER

Name of Driver	LEE TECK MENG (LI DIMIN)
NRIC No	SXXXX049D
Date Of Birth	01/04/1983
Occupation	Outdoor



Date Of Driving Pass	27/09/2005
Driving experience	17 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92221205
Alt. Phone Number	-
Email Address	pikaa24@hotmail.com
Address	BLK 362 CLEMENTI AVENUE 2 #09-411
Address complement	-
Postcode	120362
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	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	-

PASSENGER 1

Name	ANGELINE
Gender	Female

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/20221114/7054

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH678D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 2

Vehicle Registration Number	SLF4748B
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 TECK MENG (LI DIMIN)
Gender	Male
Phone No	(Phone) +65-92221205
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SML4432T
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.

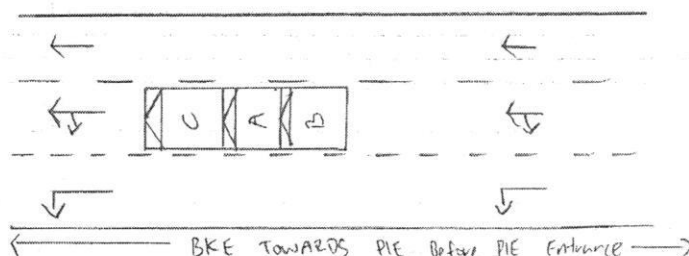
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

14/11/2022

Sketch Plan



VEH A : SML44327

VEH B : GBH6780

VEH C : SLF4748B

Describe Circumstances of the Accident

Refer to Police report. T/2022/1114/7054

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 14/4/2022

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20221114/7054

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

1 of 3

Report No. T/20221114/7054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2022 14:41		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE TECK MENG		Address: 362 CLEMENTI AVENUE 2 #09-411 SINGAPORE 120362			
ID Type / ID No.: NRIC NO / S8310049D		Contact No.: Home/Office:		Mobile: 81895621	
Nationality: SINGAPORE CITIZEN		Email: pikaa24@hotmail.com			
Sex: Male	Age: 39	Date of Birth: 01/04/1983	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Driver		Driving Licence Information: Class: 3		Date of Expiry: 27/09/2005	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2022 08:15	Type of Location: Straight Road
Location: BKE TOWARDS PIE				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
SML4432T	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221114/7054

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

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Report No. T/20221114/7054

CONTINUATION OF REPORT

Driver				
Name	LEE TECK MENG		ID No.	S8310049D
Related Vehicle	SML4432T (Car)		Contact No.	81895621
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 27/09/2005
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	

Brief Details.

On the stated date and time, I was driving SML4432T along BKE towards PIE after Dairy Farm Road when I had gradually come to a stop due to traffic conditions.

Moments after coming to a complete stop, a massive impact hit my vehicle's rear causing it to surge forward into the vehicle in front.

Upon alighting I realised that I was involved in a 3 car chain collision involving:

- 1)SLF4748B
- 2)SML4432T
- 3)GBH678D

where I was the 2nd vehicle.

After the accident, I suffered pain in my Neck , Shoulder , Lower back and Chest .

I went to seek treatment at Unihealth JE the following day and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20221114/7054

3 of 3

Report No. T/20221114/7054

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

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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

Date/Time:
14/11/2022 14:41

Classification Of Case:

NP168

JWR

Date of Accident : 14/11/22 . Accident Time: 0812 AM (24-HR-FORMAT)
Accident Place : BKE TOWARDS PSE AFTER DAIRY FARM. Road.
Vehicle Reg. No (Car plate No.) : SML 4432 T. Vehicle Make/Model: HONDA FREED.
Insurance Company : Liberty Insurance. Policy No. SI121V06399 / VPL / R02
Name of Registered Owner : Company / Individual LEE TECK MENG
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S83100490.
: Co Contact No: - Owner's Contact No: 9222 1205.
DRIVER'S Name : LEE TECK MENG. DRIVER'S NRIC No: S83100490
DRIVER'S Date of Birth : 01 APR 1983. DRIVER'S License Pass Date 27 Sep 2005.
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER.
DRIVER'S Address : _____
DRIVER'S Contact No / Alt No. : 1) 9222 1205. 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an etc)
Email Address : Pikaa 24 @ hotmail . com .
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (including Driver): 2 Passenger Name: Angelina. 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: _____
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>GBH678D.</u>	Vehicle Reg No <u>SLF 4748B</u>
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: _____

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
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No SI21V06399 /VPL /R02
From MZ400B
Date Of Issue 20-MAY-2021
1.Index Mark and Registration No. of Vehicle: SML4432T
2.Chassis number of Vehicle: GB71078968
3.Name of Policyholder: LEE TECK MENG (LIDIMIN)
4.Effective date of Commencement of Insurance
for the purpose of the Act: 22-MAY-2021 00:00 AM
5.Date of Expiry of Insurance: 21-MAY-2022 23:59 PM
6.Persons or Classes of Persons
entitled to drive*:
For Private Hire Vehicle (PHV) Usage : LEE TECK MENG (LIDIMIN)

For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.

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.

7.Limitations as to use*:

- A) Use for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic and pleasure purposes.

8.Policy does not cover:

- A) Use for racing, pace-making, reliability trials or speed-testing.
- B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*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.

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, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	GENIE FINANCIAL SERVICES PTE LTD
PRODUCER NAME:	CAR TIMES INSURANCE AGENCY PTE LTD