		1119 mm; mm :-			
	to the same of the same of		All real real real real real real real re		
VATIE MAL diseasemant					
Dete in 13/02/2023					4
POENO NALIDAZANIECE II	ch descriptio		Date & Time C	ompleted i	Done by
Veh Plo SMG 82/9 T	SAS e-filing		1	:	
	E-mail (within	t Blos. Alf Dhrs,	i		
DDA 12102/2023 20:00 1-	i-Notor Cla	im Form	1 1	:	
	The Party of the P	O (Within: OD 2hr	s. TP 4 brs i		
	-I'hoto Uplo	paded		-	***
	the second section of the second section is a second section of the second section sec	urvey Report		Annual Communication of the Co	The state of the s
A STATE OF THE PROPERTY OF THE	Contract of the last of the la	Chickenson discussion	Owner/Wksn	are particular made 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	The second secon	Control of the contro	Tel:		
Particulars: Veh No: SML 5	509A	TRICY	and the District Control of the Cont	Fax:	Season of the se
AWINGE / DILVET: (/ / .1	. INC (.)/Non-INC	()	
Policy No:() Period:(Tel:)
Confirmed by: (Managed Street Street, Street St. 5, 50 ford Street	Date:	Cover Type: (***************************************)
nsured/Driver Liability: (%) [Note-Es	est. Status A		Tinte 1%; P: 21-79%)
, / : 4114311	HV. YEN) / NO /	1%; P: 21-79%	. F: 80-100%	the St. later I require for a comparation particular and a state of the state of th
)/\$2,000	())	Springer and Spring & Standard Springer (1999)	
The MI INDIMENS.			To great the second		
A CHARACTER CHARACTER : Customer's information	strictly Cor	ifidential & Stri	ctly NO -6		
	GENTLY.	, , , , , , , , , , , , , , , , , , ,	cuy MO tater of	repairer.	Parameter Statement Statem
// / Swed-In (); Invoice: YES (()/N	O():To	wing Co. (· · · · · · · · · · · · · · · · · · ·	
anles:= (1NO:horline: 6788.6616)			7		
aply for Transport Allowance ()/Courtes	Z Cat ()		Date&Time Coi	npleid	Done by
C. Check / Post R chair Inspection	()				2800
pload Resurvey Photo [Repair Cost > \$3000]	()		and the second part and the second transfer that the second parts are		
ary:					
Time Actions			t N		
Authoris Santa Comment					
					See to the second secon
			,		The second secon
				* *************************************	The second property on the second on the
VM2 2 2 4 4 12				*	and the second s
NA2300443	ij	nyoice Prenz	ration Checkli		Amit (S) Amit (S)
nt's Particulars :		AR: Accident Re	porting (\$30);		isi Bill Add Bill
Dwner:	2)	DA: Damage Ass	essment (\$100);	INC (\$80)	
No:	(4)	TF: Towing Fee FT: Follow-Throu	igh Survey	\$40/\$45 \$120	
	5)	FT : Follow-Throu	igh Survey (Resurve stINC Only (wef)	(Y) \$30	
d Portion:	(6)	TR: Rc-inspection	1	575	
cked by (Engr-In-Charge):	(3)	NI: Idae DA + 51 NTUC Addilional	ART Survey Services:-	\$160	2
Congrandarge):	· ·	<u>DTIA</u> "NS: Coursesy Car	/Tpt Allowance	\$5	and the second s
s' Comments :-	. :	No: Repair Ca-or. No: Post Repair I:	dination	\$10	
		NE DV / Palled	Brown Consdington	\$25	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for Investigation.
 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.
 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

der and Actual Driver 00 (SGT) TION ALONG EAST CENTRAL
0:

DETAILS OF OWN VEHICLE

SMG8219T

INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address	No PEK CHEE WEE CHARLIE (PEI ZHIWEI) SXXXX251B

hojoff7@hotmail.com Mobile Phone No (Phone) +65-90273451 Alternative Phone No

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer	Toyota
Model	Prius
Variant	i ilus
Exact purpose for which vehicle was being used at time of	-
	Private use
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797
	1/3/

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation	PEK CHEE WEE CHARLIE (PEI ZHIWEI) SXXXX251B 11/07/1984 Outdoor

Date Of Driving Pass Driving experience	19 VEADS AND EARSHIP
Gender	Male Male
Mobile Number	(Phone) CE 00070454
Alt. Phone Number	(Phone) +65-90273451
Email Address	- hojoff7@hotmail.com
Address	ADT DI V 450D DI IVIT DATOVANICO
Address complement	A I DEN 400D BONT BATON WEST AVENUE 6
Postcode	# 18-655 654450
Is the driver the policyholder?	Voc
if No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	No
Venicle Registration Number of Other Vehicle Owned by Driver	110
333334	•
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle invehicle in the	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was any injured conversed to be a first to the same and t	Yes
Was any other vehicle or recent that 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?	
Translator's name	No
Translator's ID	•
Translator's phone number	•
Translator's email	•
Original language used in the statement	•
	•
PASSENGER 1	
Name	DAN TOT UNIV.
Gender	BAN TSE HWA ADELINE
	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
DI FASE DEFEN TO THE ATTACHED OF THE	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are considered when the state of the state o	
Are accident photos available for attachment?	Yes
Nas there any video captured by Car Camera?	No
DETAILS OF STUDY	
DETAILS OF OTHER	VEHICLE PROPERTY 1
/ehicle Registration Number	SMI FEODA
/ehicle Manufacturer	SML5509A
/ehicle Model	
/ehicle Variant	-

Vehicle Colour	
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	•
The decorage (melading Driver)	=

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	654450 - BACK PAIN SMG8219T
manager deriveyed to nospital by ambulance?	No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code	
Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	BACK PAIN SMG8219T

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 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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
- (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 Witnessed by Reporting Centre Personnel & Time (Name as in MRIC/ID card) Sketch Plan Cross Junction Along MONA

1

Describe Circumstance of the Accident ON THE STATED PATE AND TIME, I WAS WITH MY
1/4/1/4
VEHICLE (A) SMG 8 219T STATIONARY AT CROSS JUNITION
110000 2000 2000
ALONG JURONG EAST CENTRAL ON LANES SUDPENLY, I FELT
A MASSIVE IMPACT FROM THE PEAR OF MY VEHICLE, VEHICLE B.
SML 5509 A REAR ENDED MY VEHICLE WHILE PROCECDING
CANALL ALL COTH ALL LITE
STRAIGH, WE BOTH ALIGHTED TO CHECK FOR DAMAGES AND
DEALKE WILL DEAL WAS DIAMINATED INC.
REALISE MY REAR WAS DAMAGED. HENCE, WE EXCHANGED
MOTALLY MO. AND - CO.
PARTICULARS AND I LUDGE THIS REPORT FOR INSUPANCE.
MAIN DIRPLE TO LEGERED - COM
CLAIM PURPOSE. I SUFFERED FROM INJURIES BUT HAD YET TO SEEK A DOCTOR.
SEEL IN TOCKE.
VEH A COLLEGE
VEH A) SMG 8219T
TO GO DOLL TOO A
VEHB-SML 5509 A_

Declaration

I/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 (Name as in NRIC/ID card)

Date of Accident	. [2/02/2022
Accident Place	: (202/2023 Accident Time: 2000 (24-HR-Format) : (ROSS JUNCTION ALUNG JURONG FAST (FNTRAL
Vehicle No. (Car Plate No.)	· SUL SULT - THEN JURING HIST LENTRAL
Insurance Company	: SMG 8219T Make/Model: TOYOTH HYBRID PRIUS.
Owner or Company Name /IC No.	Policy No. Start Total In all
Owner or Company Contact No.	PEK CHEE WEE CHARLIE /S8421251B
DRIVER'S Name / IC No.	Owner's Hp Company Tel : PEK CHEE WEE CHARUE / 8842/25/B
DRIVER'S Date Of Birth	11/07/1984
Relationship of Owner & Driver	: 11 07 1984 DRIVER'S License Pass Date 30 09/2004.
DRIVER'S Address	: Spouse\Parent\Children\Sibling\Employee\Others: AWNER
DRIVER'S Contact No./ Alt No.	: APT BLK 4500 BUKIT BATOK WESTAVE 6 :1) 9027 345 #18-665,5/65440
D. D. W. Sterney A.	2)
Email Address	OOR \ OUTDOOR (e.g. working inside or outside office)
Weather & Road Surface	: HOJOFFT @ HOTMAIL COM
Daniel	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Number of Passengers (Including Driv	rting Only \ Claim Other Party \ Claim Own Insurance
The family Division of the control o	er):
Was there any video Captured by car c	amera: YES \ NO
Any Injury (If YES, Pls state):	
,	(Bull pain) (Buth)
Other Part	v Driver's Particular (if any)
Vehicle. No: B SML 5509 1	Vehicle. No:
Vehicle Make \Model:	
Name Driver:	venicle Make \Model:
IC No. Driver/Contact:	DITYCL.
ountatt.	IC No. Driver/Contact:
N. Verrando	

* NEW-Passenger's name & gender:

() BAN TSE HWA ADELINE-F (INJURY)





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 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI22V15292 /VPL /R04
Form	MZ400B
Date of Issue:	11-Nov-2022
1.Index Mark and Registration No. of Vehicle:	SMG8219T
2.Chassis number of Vehicle:	ZVW508085430
3.Name of Policyholder:	PEK CHEE WEE CHARLIE (PEI ZHIWEI)
4.Effective date of Commencement of Insurance for the purpose of the Act:	12-NOV-2022 00:00
5.Date of Expiry of Insurance:	11-NOV-2023 23:59
6.Persons or Classes of Persons entitled to drive*:	PEK CHEE WEE CHARLIE (PEI ZHIWEI)
For Private Hire Vehicle (PHV) Usage:	

- 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

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

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers



Authorised Signature

	For	In	formation	only:
--	-----	----	-----------	-------

COVERAGE

Comprehensive, Unlimited Windscreen, Grabcar Extension (Geographical Area: Singapore only)

SUM INSURED (S\$):

MARKET VALUE AT THE TIME OF LOSS

EXCESS (S\$):

Section I (Singapore) \$2,000.00, Section I (Outside Singapore) \$4,000.00, Section II (Singapore) \$1,500.00, Section II (Outside Singapore) \$3,000.00, Windscreen Excess \$100.00

FINANCE COMPANY: PRODUCER NAME:

SING INVESTMENTS & FINANCE LIMITED CAR TIMES INSURANCE AGENCY PTE LTD