

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	13/02/2023 18:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/02/2023 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CROSS JUNCTION ALONG EAST CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8219T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PEK CHEE WEE CHARLIE (PEI ZHIWEI)
NRIC No	SXXXX251B
Email Address	hojoff7@hotmail.com
Mobile Phone No	(Phone) +65-90273451
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V15292/VPL/R04

DRIVER

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

Date Of Driving Pass	30/09/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90273451
Alt. Phone Number	-
Email Address	hojoff7@hotmail.com
Address	APT BLK 450D BUKIT BATOK WEST AVENUE 6
Address complement	# 18-655
Postcode	654450
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	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	BAN TSE HWA ADELINE
Gender	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

PLEASE REFER TO THE ATTACHED STATEMENT

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	SML5509A
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	PEK CHEE WEE CHARLIE (PEI ZHIWEI)
Gender	Male
Phone No	(Phone) +65-90273451
Address	APT BLK 450D BUKIT BATOK WEST AVENUE 6
Address Complement	# 18-655
Post Code	654450
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SMG8219T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	BAN TSE HWA ADELINE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SMG8219T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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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

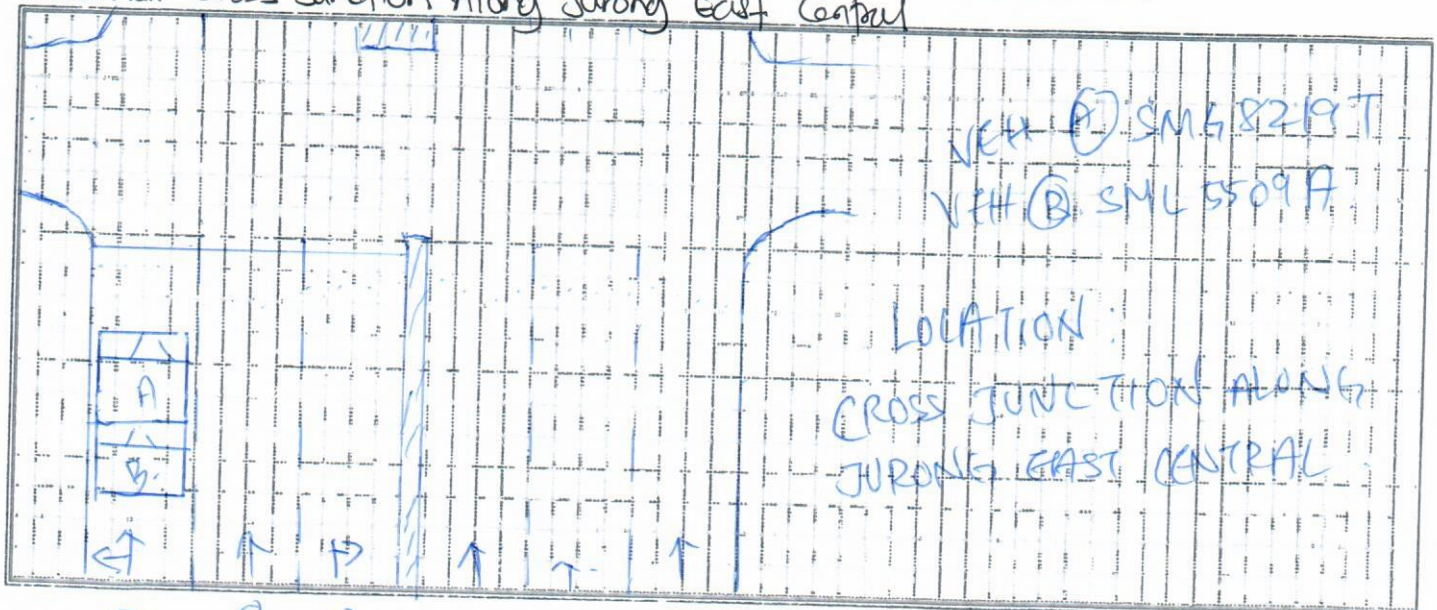
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan Cross Junction Along Jurong East Central



Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS WITH MY
VEHICLE (A) SMG 8219T STATIONARY AT CROSS JUNCTION
ALONG JURONG EAST CENTRAL ON LANE 3. SUDDENLY, I FELT
A MASSIVE IMPACT FROM THE REAR OF MY VEHICLE. VEHICLE (B).
SML 5509 A REAR ENDED MY VEHICLE WHILE PROCEEDING
STRAIGHT. WE BOTH ALIGHTED TO CHECK FOR DAMAGES AND
REALISE MY REAR WAS DAMAGED. HENCE, WE EXCHANGED
PARTICULARS AND I LODGE THIS REPORT FOR INSURANCE.
CLAIM PURPOSE. I SUFFERED FROM INJURIES BUT HAD YET TO
SEEK A DOCTOR.


VEH (A) - SMG 8219T

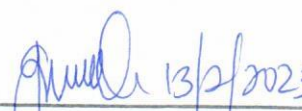
VEH (B) - SML 5509 A

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

 13/2/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Date of Accident : 12/02/2023 Accident Time: 2000 (24-HR-Format)
Accident Place : CROSS JUNCTION ALONG JURONG EAST CENTRAL
Vehicle No. (Car Plate No.) : SMG 8219T Make/Model: TOYOTA HYBRID PRIUS
Insurance Company : LIBERTY Policy No: SI22V15292/VPL/204
Owner or Company Name / IC No. : PEK CHEE WEE CHARLIE / S8421251B
Owner or Company Contact No. : 9027 3451 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : PEK CHEE WEE CHARLIE / S8421251B
DRIVER'S Date Of Birth : 11/07/1984 DRIVER'S License Pass Date 30/09/2004
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : APT BLK 450D BUKIT BATOK WEST AVE 6
DRIVER'S Contact No./ Alt No. : 1) 9027 3451 2) #18-665, S(65448)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : HOJOFF7@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): 02

Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
Any Injury (If YES, Pls state): YES, DRIVER. (Back pain) (Both)

Other Party Driver's Particular (if any)

Vehicle. No: ② SML 5509 A

Vehicle. No: _____

Vehicle Make \Model: _____

Vehicle Make \Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____


IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

① BAN TSE HWA ADELINE - F (INJURY).

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 :	
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.	
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, Grabcar Extension (Geographical Area: Singapore only)
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	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:	SING INVESTMENTS & FINANCE LIMITED
PRODUCER NAME:	CAR TIMES INSURANCE AGENCY PTE LTD