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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 21/03/2023 10:18 (SGT) Reported by Driver Date of Accident 20/03/2023 17:55 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information TOWARDS TUAS BEFORE CLEMENTI ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SMR1396C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HO CHANG SHENG HERMAN NRIC No SXXXX534D Email Address yeenf75@hotmail.com Mobile Phone No (Phone) +65-97695044 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Grace 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 No - Claiming third party your vehicle? Vehicle Category Private car

Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V18058/VPC/R03

DRIVER

Name of Driver YEE NIAP FONG NRIC No SXXXX324G Date Of Birth 07/05/1989 Occupation Indoor

Date Of Driving Pass 25/04/2011 Driving experience 11 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-92391575 Alt. Phone Number Email Address yeenf75@hotmail.com Address BLK 110 JURONG EAST STREET 13 #12-298 Address complement Postcode 600110 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Sibling 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20230321/7012 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

SJP1336Y

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 2

Vehicle Registration Number	SMA667S
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	SLN1760S
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 Gender	YEE NIAP FONG
Phone No	Male (Phone) +65-92391575
Address	(Filone) +03-92391373
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMR1396C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

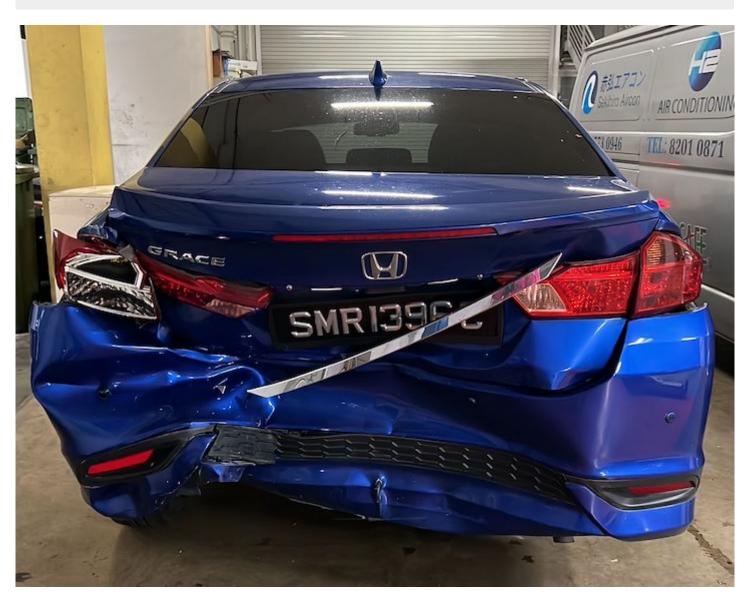
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, acknowledge, agree and consent that :

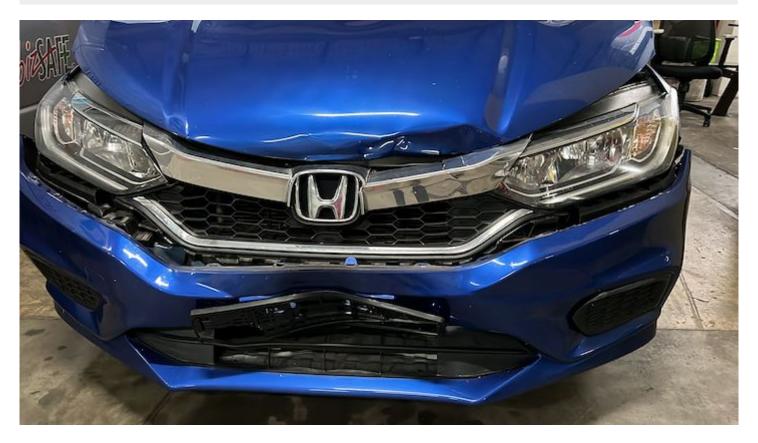
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers 'law yersitaw 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 retains to claims.
- (ii) investigating the accident and/or my claims;
- (ii) 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, involces, 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' law yers/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 QIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

1		21/03/202
Folicyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	CONTRACTOR CONTRACTOR CONTRACTOR	(a 1012010
AAF		(A) SUK ISARC
Tinds		@ STUR 1396C
Tuos		© SMA 6675
84	1-H21	(C) SMH 6610
Clementi		(B) SLN 1760S
V20		0 5
KO I	B	

escribe Circumstances of the Accident	400
On 20.03.2023 at about 1755hrs, I mas	
THE TWAS TWO BEFORE CLUMENT Rd. Alread of the	e's archide stowdow
& follow buil. As I was diving slow, all of a	
and impact from the pear. Then I realised a velocit	e 137 13264 had
C 16 19 91	177.17
collicul onto my receir Due to the hard impact, my re	
forward and collided with SLA Hoos. Total	4 vehicles involved
n the oxident. That's all.	
N THE OCCUPANT. (NOT 2 OC.	
POLICE RUPORT 7/201303×1/7012 -	
POLICE KALPORT 7/20230321/7012 -	
	-/
	/
Declaration	
We declare the foregoing particulars are true in every respect.	
0-	est 1
1	21/03/20
Policylrolder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel

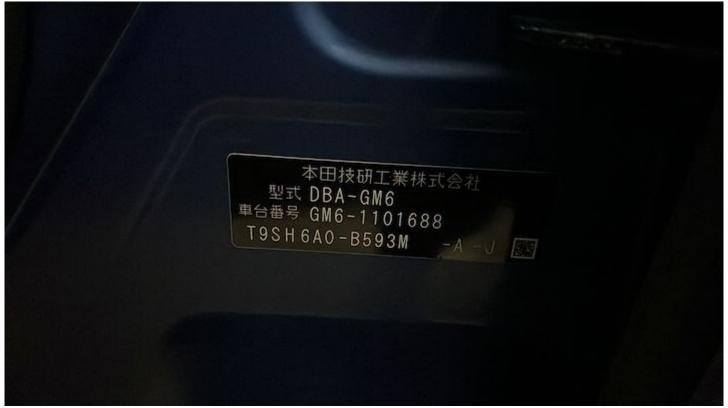






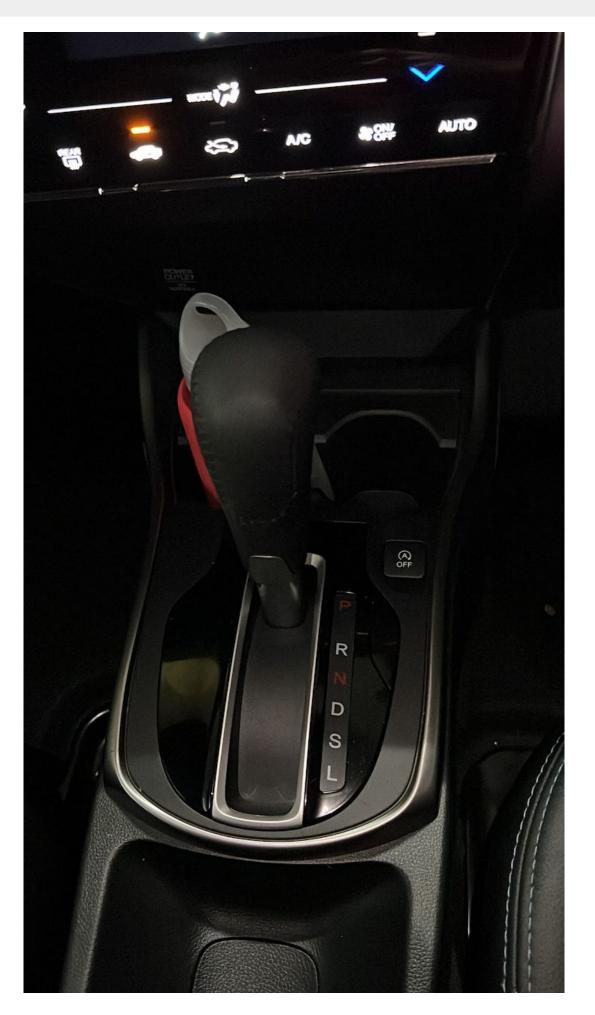






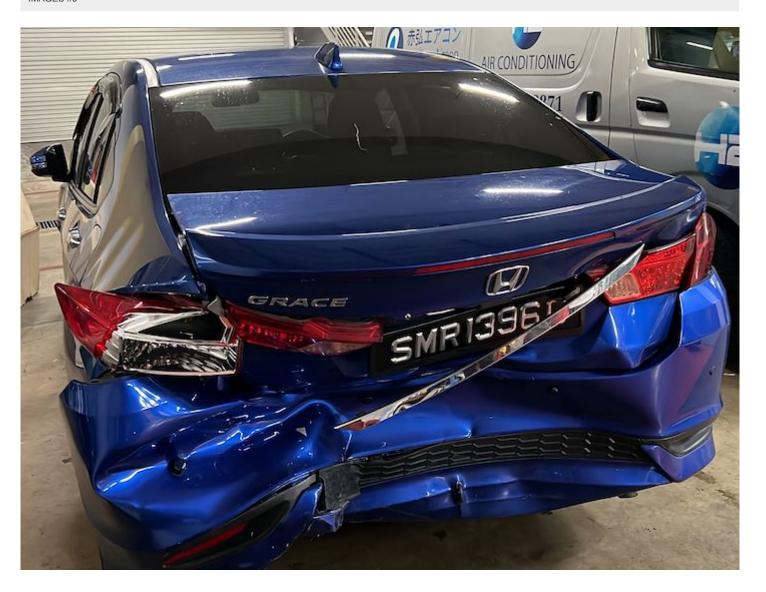


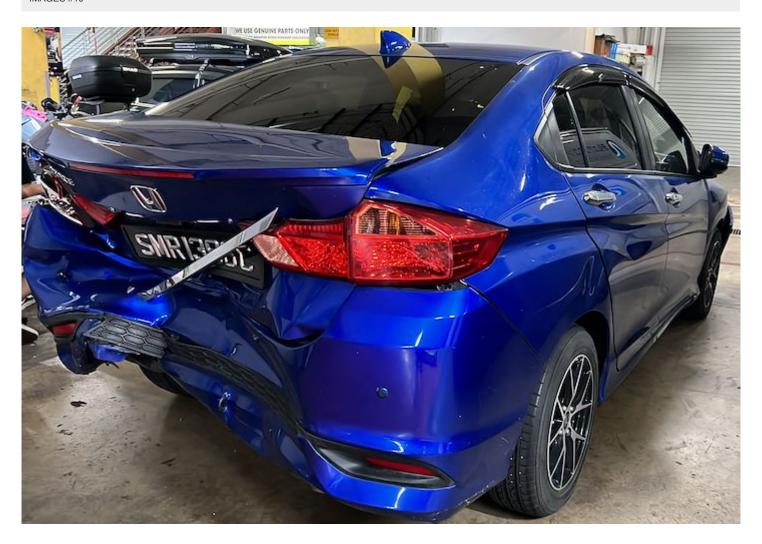














Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20230321/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2023 10:44			Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	THE SERVICE SERVICE		
Name of Informant: YEE NIAP FONG			Address: 110 JURONG EAST STREET 13 #10-298 SINGAPORE 600110		
ID Type / ID No.: NRIC NO / S8915324G			Contact No.: Home/Office: Mobile: 92391575		
Nationality: SINGAPORE CITIZEN			Email: YEENF75@HOTMAIL.COM		
Sex: Age: Date of Birth: Male 33 07/05/1989			Type of Informant: Driver	400 M 40 MC VOSC MAC	
Race: Chinese			Language: English	Institution / School Name:	
Occupat	tion:		Driving Licence Information: Class:	Date of Expiry:	

Type of Accident;	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2023 17:5:	Type of Location Straight Road
Location: DOVER ROA	D	11/		
Weather:		Road Surface:		Road Speed Limit:
Weather: Raining		Road Surface: Wet		Road Speed Limit:
		0.0000000	E	Road Speed Limit: Traffic Volume: Heavy

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJP1336Y	Car					0
SLN1760S	Car					0
SMA667S	Car	_		1		0
SMR1396C	Car					0



T/20230321/7012

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230321/7012

CONTINUATION OF REPORT

Details of Perso	n Involved	mall the	CENTRAL WELLIAM		66	
Any Pedestrian Ir	nvolved: No					
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA			ing: NA	
Driver		STEEL STATE	A CLEAN FOR			Santa Control of the
Name	YEE NIAP FONG			ID No.		S8915324G
Related Vehicle	SMR1396C (Car)			Contact	No.	92391575
Hospital/Clinic	NIL			Class o Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days granted Medical Leave 03			Degree o	f :	Serio	us

Brief Details.

On 20/3/2023 at about 1755 hours , i was travelling along AYE Tuas Before Clementi Road Ahead of vehicle slow down , i follow suit , as i was driving slow , out of a sudden i felt an hard impact from the rear , then i realised a vehicle SJP1336Y had collided onto my rear , due to the hard impact my vehicle had moved forward and collided with SLN 1760S , total 4 vehicles involved in the accident





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

Informant is not able to provide sketch

Officer In Charge Of Case:

ANG YI TING, STEPHANIE Contact No.: 65476414

TP / TPIB /

NP168

Sketch Plan

3 of 3 Report No. T/20230321/7012

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/03/2023 10:44

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		100	DDENDUM	
		Victoria i sates i sagram	ADDENDUM	
A)		ERSONMAKINGTHEAM		- VIIIO/ASTROTOMANIA
	Original Report No	: SN09233L0001	Vehicle Registratio	nNo: SMR 1396C
	Name (as shown in NRIC)	: YEE NIAP FONG	NRIC/FIN/Passport	tNo : S8915324G
	(*Vehicle Driver / Ve	ehicle Owner) (*) Please		
	Address	110 JURONG EAS	T STREET 13 #10-298	Singapore(600110)
	Contact (Tel)		Mobile No. :_923	9 1575
	Email Address	YEENF75@HOTM	AIL.COM	
	Date of Accident	20.03.2023	Time of Accident :	1755hrs
	Place of Accident	AYE TOWARDS T	UAS BEFORE CLEMENTI	ROAD
	Insurance Company	: LIBERTY INSURA	ANCE PTE LTD	
	ATTACHED PO	LICE REPORT NUM	BER: T/20230321/7012	
	YEE NIAP FOI	ALCOHOL: THE PARTY OF THE PARTY		tre Personnel's Signature
	Policyholder / Driv Date: 21,03,2023		Reporting Cent Name: NRIC/FIN No.: Date:	2084 WAYAY 2083 2023