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Polley No: ( ) Period: (	· · ) Cover Type: (
Confirmed by 1 '(	Date: Times
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# SINGAPORE ACCIDENT STATEMENT

1. Please report correctly the details of the accident to speed up the claims process.

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 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.

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 or this Form by insurance companies is not an admission of policy liability of the part of the misurance 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

21/03/2023 10:18 (SGT) 20/03/2023 17:55 (SGT) AYE, Singapore TOWARDS TUAS BEFORE CLEMENTI ROAD Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMR1396C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

No HO CHANG SHENG HERMAN SXXXX534D yeenf75@hotmail.com (Phone) +65-97695044

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

Private use

Honda

Grace

No - Claiming third party Private car

Auto 1496

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Liberty Insurance Pte Ltd SD22V18058/VPC/R03

DRIVER

CC

Name of Driver NRIC No Date Of Birth Occupation

YEE NIAP FONG SXXXX324G 07/05/1989 Indoor

Date Of Driving Pass 25/04/2011 Driving experience 11 YEARS AND 11 MONTHS Gender Male 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? No 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? No 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	- Drivete ser
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	_
Postcode	-
Insurance Company Name	ES PORTO
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-
0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 ,	

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number Vehicle Manufacturer	SMA667S
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 Phone No	YEE NIAP FONG Male (Phone) +65-92391575
Address	-
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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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)

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 insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' 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 GIA 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.

Policyholder's Signature / Date &	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Time Sketch Plan	Q IIIIe	

Sketch Plan

RYE
TWOS

TUOS

RA

CUmuli

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Shir 1396C

B SDP 1336Y

C SMA 667S

E SLN 1760S

On 20:08.2023 at about 1755hrs, I was travelling along  ALE Tricks that Refore devients Rd. Mirad of Arre's architect storetime,  I follow out. As I was at vining slow, all of a endedment fett an  hard impact from the real other I realised a vehicle out 13264 had  cellided onto my rear the to the hard impact, my rehide had have at  Advirand and collided with SLH 1760s. Total 4 rehicles involved  in the accident. That's all.  Police empore 1/20230321/7012	Describe Circumstances of the Accident
At Tinds that before dementified allical of there's archide stowdown, of follow out. As I was distributed sow, all of a sudden, I fett an hard impact from the pear. Then I realised a vehicle out 137 13264 had collided onto my rear. Due to the hard impact, my rehide had more of forward and collided mith SLH I foos. Total 4 rehicles involved in the accident. Phat's all.	On 20:03.2023 at about 1755ms, I was travelling along
hard impact from the pear. Then I realised a vehicle STY 13264 had collided onto my rear. Due to the hard impact, my rehide had moved forward and collided mith SLH I Thos. Total 4 rehicles involved in the accident. That's all.	· ·
Sorward and collided mth SLH I floor. Total 4 vehicles involved in the accident. That's all.	
forward and collided with SLH I floor. Total 4 vehicles involved in the accident. That's all.	hard impact from the near then I realised a whole SDY 13264 had
in the acadent. Phat's all.	
1 /	Forward and collided mth SLH I Floor. Total 4 vehicles involved
POLICE RUPORT 7/2012	in the accident. Phat's all.
	POLICK RAPORT 7/20130321/7012

# Declaration

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



T/20230321/7012

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.:		
Informant	s Particul	ars	Charles Comment of the Assessment			
Name of Ir YEE NIAP			Address: 110 JURONG EAST STREET 600110	13 #10-298 SINGAPORE		
ID Type / ID No.: NRIC NO / S8915324G			Contact No.: Home/Office:			
Nationality: SINGAPORE CITIZEN			Email: YEENF75@HOTMAIL.COM			
Sex:         Age:         Date of Birth:           Male         33         07/05/1989			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:			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	De ed Confessor		Road Speed Limit:	
Weather: Raining		Road Surface: Wet		Noad Opeed Limit.	
Nairiirig				Traffic Volume:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Heavy	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJP1336Y	Car					0
SLN1760S	Car					0
SMA667S	Car					0
SMR1396C	Car					0





2 of 3

Report No. T/20230321/7012

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

CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved				
Any Pedestrian Ir	rvolved: No				
No. of Pedestrian	s Injured: NIL		Use of Ped	lestrian Cros	sing: NA
Driver	the first of the last wife his	1.1500			er Amalia attivita billiotti ili ili
Name	YEE NIAP FONG			ID No.	S8915324G
Related Vehicle	SMR1396C (Car)			Contact No	. 92391575
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave 03			Degree of	Ser	ous

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

3 of 3 Report No. T/20230321/7012

# CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketcl

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
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:



Date of Accident	: 20. 3. 202 3 Accident Time: TFFW3. (24-HR-Format)
Accident Place	: Atk Tods Tues B4 Clument Rd
Vehicle. No. (Car Plate No.)	: SMR 1396C Make/Model: Howda Gmce 1.5LX CVT
Insurace Company	: LIBUMY Policy No: SD22V 18058 WC   ROS
Owner or Company Name /IC No.	:Ho Chane Shene Herman (S7938534D
Owner or Company Contact No.	:Owner's Hp 97695044 Company Tel
DRIVER'S Name / IC No.	: YEE Niaptone (589153246)
DRIVER'S Date Of Birth	: 07.05.1990 DRIVER'S License Pass Date 2504.2011
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 110 June Exx x 13 x 10-298 s(60110
DRIVER'S Contact No./ Alt No.	:1)2) Q239 1575
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Year 150 Hotricil - Com
Weather & Road Surface	: CLEAR & DRY \ RAIN NG & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): VNVU orby
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle. No: SOP 1346	Vehicle. No: 3MA 6676
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name &	& gender: 05 LN 1760S





# Certificate of Insurance

www.libertyinsurance.com.sg

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

Name of Policyholder: Certificate No.: HO CHANG SHENG HERMAN SD22V18058/ VPC / R03 Date of Issue: **Effective Date of Commencement:** Date of Expiry: 23 Dec 2022 22 Dec 2022 19:53 21 Dec 2023 23:59 Registration No.: Chassis No.: Type of Certificate: SMR1396C GM61101688 MX1

#### Persons or Classes of Persons entitled to drive\*:

- A) The Policyholder.
- B) Any other person who is driving on the Policyholder's order or with his permission.

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.

#### Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

#### The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

\*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

For Information Only:

Name of Finance Company:

Coverage(s):

Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I -Named Drivers S\$500, Section I -Unnamed Drivers S\$1000, Additional Excess for Young, Elderly & Inexperienced Drivers. S\$3000, Windscreen Excess S\$100

UNITED OVERSEAS BANK LIMITED

Name of Producer:

PRIME CARS CREDIT PTE LTD (A1410-2)

PLCS/PLCS/SD22V18058/23-Dec-2022/MotorCI/v1.0

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	534D
Vehicle No.:	SMR1396C
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Apr 2023
Vehicle Make:	HONDA
Vehicle Model:	GRACE 1.5LX CVT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	L15B4172141
Chassis No.:	GM61101688
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$19,380.00
Original Registration Date:	20 Dec 2019
First Registration Date:	20 Dec 2019
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$9,380.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Dec 2029
PARF Rebate Amount: Intended COE Rebate Details	\$7,035.00
COE Expiry Date:	19 Dec 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,889.00
COE Rebate Amount:	\$22,023.00
Total Rebate Amount:	\$29,058.00

The information contained herein is correct as at 20 Mar 2023



# 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: S66SS0020G / GST Reg. No.: M400017735

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

**ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SN09233L0001 \_\_\_\_\_Vehicle Registration No: SMR 1396C Name(as shownin NRIC): YEE NIAP FONG NRIC/FIN/Passport No: S8915324G (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate : 110 JURONG EAST STREET 13 #10-298 Address \_Singapore(600110) Contact (Tel) \_Mobile No.: 9239 1575 : YEENF75@HOTMAIL.COM Email Address . 20.03.2023 \_Time of Accident: 1755hrs Date of Accident Place of Accident : AYE TOWARDS TUAS BEFORE CLEMENTI ROAD Insurance Company: LIBERTY INSURANCE PTE LTD (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: ATTACHED POLICE REPORT NUMBER: T/20230321/7012 run YEE NIAP FONG Policyholder / Driver's Signature Reporting Centre Personnel's Signature

> Name: NRIC/FIN No.:

Date:

GIARMS addendurations V2

Date: 21.03.2023