





## 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	16/05/2023 17:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/05/2023 13:30 (SGT)
Exact Location of Accident	Yio Chu Kang, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG8420R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG YANG TECK
NRIC No	SXXXX690E
Email Address	nurikhwan.revo@gmail.com
Mobile Phone No	(Phone) +65-92383616
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Picanto
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 car
Transmission	Auto
CC	1086

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V12873/VPE/R00

### DRIVER

Name of Driver	NG YANG TECK
NRIC No	SXXXX690E
Date Of Birth	11/05/1967
Occupation	Indoor



Date Of Driving Pass	14/11/1991
Driving experience	31 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92383616
Alt. Phone Number	-
Email Address	nurikhwan.revo@gmail.com
Address	BLK 6 MARSILING DRIVE #12-76
Address complement	-
Postcode	730006
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	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH PLAN

#### 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	SHD530X
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 .....	GBJ2957A
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 3

Vehicle Registration Number .....	QS1120R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	NG YANG TECK
Gender .....	Male
Phone No .....	(Phone) +65-92383616
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	SNG8420R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### IMPORTANT NOTICE

- #### 8. Consent under the Personal Data Protection Act (PDPA)

(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.

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

Sketch Plan

Hand-drawn sketch plan of a room layout on graph paper. The room is rectangular with a door on the left wall. The layout includes a table, chairs, a sofa, and a TV. Dimensions are given in feet and inches.

Dimensions and Labels:

- Top wall: 16' 0"
- Left wall: 10' 0"
- Right wall: 10' 0"
- Bottom wall: 16' 0"
- Door: 3' 0" wide
- Table: 4' 0" x 6' 0"
- Chairs: 4 chairs around the table
- Sofa: 6' 0" x 3' 0"
- TV: 3' 0" x 2' 0"

Legend:


- A: SN68420R
- B: SHD 530 X
- C: GRJ 2557A
- D: QS 1120R

Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS COMING TO  
A STOP SLOWLY, BEFORE I COULD STOP, I FELT  
A HUGE IMPACT FROM THE REAR. THE IMPACT FROM  
VTH B CAUSED MY VTH TO BE PUSHED FORWARD  
AND HIT ONTO VTH D AND VTH C..

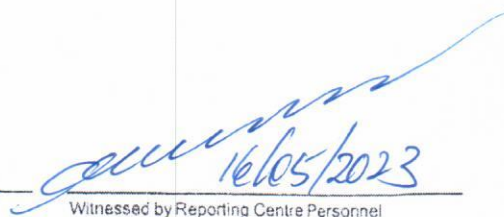
Declaration

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

  
16/05/2023

Witnessed by Reporting Centre Personnel

VEHICLE NO: SN68420R.MAKE & MODEL: KIA PICANTO.AUTO / MANUAL

DATE OF ACCIDENT	<u>16 / 05 / 23.</u>		<u>C.C.</u>
TIME OF ACCIDENT	<u>1330</u> AM / <u>PM</u>		
LOCATION OF ACCIDENT	<u>410 CHU KANG RD.</u>		
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>		
NAME OF OWNER	<u>NG YANNA TECK.</u>		
EMAIL	<u>NURIKHLAN.REVO@gmail.com.</u>	OFFICE:	MOBILE: <u>9238 3616.</u>
NRIC	<u>S2672690E.</u>		
CLAIM TYPE	<u>OD / THIRTY PARTY / REPORTING ONLY</u>		
FLEET POLICY	YES <u>NO</u>		
INCURANCE CO.	<u>LIBERTY.</u>		
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire &amp; Theft</u>		
POLICY NO.	<u>S122V12873 / YPE / ROU.</u>		
NAME OF DRIVER	<u>AS ABOVE / IF NO: 4</u>		
NRIC	<u>4</u>		
DATE OF BIRTH	<u>11 / 05 / 67.</u>		
ANY PASSENGER	YES / <u>NO</u> <u>DRIVER ONLY.</u>		
NAME OF PASSENGER	<u>-</u>		
GENDER OF PASSENGER	<u>MALE / FEMALE</u>		
OCCUPATION	<u>Outdoor / Indoor</u>		
DATE OF DRIVING PASS	<u>14 / 11 / 91.</u>		
GENDER	<u>MALE / FEMALE</u>		
CONTACT NO.	Mobile: <u>92383616</u>		Office: Home:
EMAIL	<u>NURIKHLAN.REVO@gmail.com</u>		
ADDRESS	<u>6 MARSHING DRIVE #12-76 SC730061.</u>		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No:		INSURE: <u>-</u>
RELATIONSHIP	Employee / If No: <u>SELF</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	No / If <u>yes</u> , Who? <u>DRIVER - VEH A - SERIOUS.</u>		
CONTACT NO.			
POLICE REPORT	<u>NO</u> / If yes, Where?		
NOTICE OF INTENDED PROSECUTION?	<u>NO</u> / If yes, Who?		
VEHICLE B NO.	<u>SHD 530X.</u>	Any Passenger:	<u>DRIVER ONLY</u>
NAME			
CONTACT NO.			
VEHICLE C NO.	<u>G13J 2957A.</u>	Any Passenger:	<u>DRIVER ONLY</u>
VEHICLE D NO.	<u>Q8 1120R</u>	Any Passenger:	<u>RIDER ONLY.</u>
VEHICLE E NO.		Any Passenger:	
VEHICLE F NO.		Any Passenger:	
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>		
WHO IS REPORTING	<u>DRIVER / OWNER / BOTH</u>		
Original Language Used	<u>English</u> / Mandarin / Others:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>		

## 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	SI22V12873 /VPE /R00
Form	MX1
Date of Issue	20-APR-2023
1. Index Mark and Registration No. of Vehicle:	SNG8420R
2. Chassis number of Vehicle:	KNABA24339T751781
3. Name of Policyholder:	NG YANG TECK
4. Effective date of Commencement of Insurance for the purposes of the Act:	23-SEP-2022 00:00 AM
5. Date of Expiry of Insurance:	28-OCT-2023 23:59 PM
6. 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.	
<p>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</p> <p>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</p>	
7. Limitations as to use:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8. 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.	
<p>*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.</p>	
<p>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.</p>	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p>	
<p> _____ Authorised Signature</p>	
For information only	
COVERAGE:	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I - Named Drivers: S\$600, Section I - Unnamed Drivers: S\$1100, Additional Excess For Young, Elderly & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100
FINANCE COMPANY:	DICKSON CAPITAL PTE LTD
PRODUCER NAME:	DICKSON INSURANCE AGENCY PTE. LTD.