

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 | 12/06/2023 10:18 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 09/06/2023 07:26 (SGT) |
| Exact Location of Accident | Ang Mo Kio, Singapore |
| Additional Location Information | AMK AVE 5 TOWARDS CTE (AFTER TRAFFIC JUNCTION AMK IND. PARK 2) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMX3735M |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | Yes |
| Name Of Registered Owner | WENG OON |
| Company Reg No | 5XXXX428J |
| Email Address | OON763@YAHOO.COM.SG |
| Mobile Phone No | (Phone) +65-91713205 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Freed |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1500 |

INSURANCE COMPANY

| | |
|---|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | S122V17046 /VPL /R02 |

DRIVER

| | |
|----------------------|----------------|
| Name of Driver | LEONG WENG OON |
| NRIC No | SXXXX917C |
| Date Of Birth | 10/12/1976 |

| | |
|--|--|
| Occupation | Outdoor |
| Date Of Driving Pass | 15/06/2003 |
| Driving experience | 20 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-91713205 |
| Alt. Phone Number | - |
| Email Address | OON763@YAHOO.COM.SG |
| Address | BLK 521 SERANGOON NORTH AVENUE 4 #09-168 |
| Address complement | - |
| Postcode | 550521 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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 | Clear |
| Road Surface | Dry |

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 | GRAB PASSENGER |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Serangoon North Neighbourhood Police Post |
| Police Station Address | Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT T/20230609/2048

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SML8106J |
|-----------------------------------|----------|

| | |
|---|----------------------|
| Vehicle Manufacturer | Audi |
| Vehicle Model | A5 |
| Vehicle Variant | - |
| Vehicle Colour | Black |
| Vehicle Category | Private car |
| Name of Driver | EUGENE TEO |
| NRIC No | SXXXX063C |
| Contact Number | (Phone) +65-96448395 |
| 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 | LEONG WENG OON |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | 3 DAYS MC |
| Injured person in which vehicle? | SMX3735M |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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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:

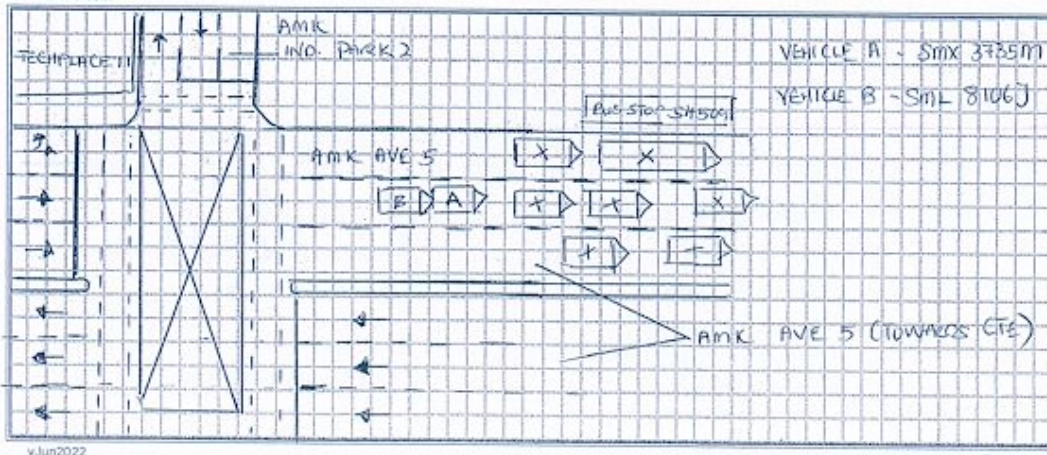
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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


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


Witnessed by Reporting Centre Personnel
(Name as in NR/CID card)

Sketch Plan



Declaration

COPIES DESTROYED 1965

Policyholder's Signature / Date & Time

[Signature]

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



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



















**SINGAPORE
POLICE FORCE**



T/20230609/2048

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 3
Report No. T/20230609/2048

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 09/06/2023 15:58 | Vide Report No.: | Station Diary No.: 18 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|--|
| Name of Informant: LEONG WENG OON | | | Address: APT BLK 521 SERANGOON NORTH AVENUE 4 #09-168 SINGAPORE 550521 | | |
| ID Type / ID No.: NRIC NO / S7637917C | | | Contact No.: Home/Office: Mobile: 91713205 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 46 | Date of Birth: 10/12/1976 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--------------------------------------|------------------|--------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 09/06/2023 07:25 | Type of Location: |
| Location: ANG MO KIO AVENUE 5 | | | | |
| Weather: | | Road Surface: | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|----------------------|-----------------|
| SML8106J | Car | | | | Slightly Damaged | 0 |
| SMX3735M | Car | | | | Seriously Damaged | 1 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20230609/2048

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20230609/2048

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Name | LEONG WENG OON | ID No. | S7637917C |
| Related Vehicle | SMX3735M (Car) | Contact No. | 91713205 |
| Hospital/Clinic | DRS LIM & CHAN CLINIC | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 09/06/2023 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 9/6/2023 at about 0726hrs, I was driving my car (SMX3735M) along Ang Mo Kio Avenue 5 heading towards CTE. Just after the traffic junction of Ang Mo Kio Industrial park 2 and Ang Mo Kio Avenue 5, the traffic ahead slowed down to a stop. I followed suit. Moments later, I felt a huge impact from the rear. I realised a car (SML8106J) had hit the rear of my car. The rear portion of my car was damaged and I felt pain in my neck, shoulders and back. We got out of our cars and exchanged particulars. The driver of the car which collided into my car is Eugene Teo, Tel: 96448395.

I wish to state that there was no Traffic Police or ambulance at scene. I am lodging this report as I felt unwell and went to see a doctor, thereby receiving 3 days of MC. My car has a CCTV which recorded down the collision.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999



T/20230609/2048

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Report No. T/20230609/2048

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 2 Zhuang Zhijie

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

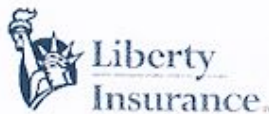
Signature Of Informant:

Date/Time:
09/06/2023 15:58

Classification Of Case:

NP168





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. | S122V17046/VPL/R02 |
| Form | MZ400B |
| Date of Issue: | 16-Dec-2022 |
| 1. Index Mark and Registration No. of Vehicle: | SMX3735M |
| 2. Chassis number of Vehicle: | GB73122405 |
| 3. Name of Policyholder: | WENG OON |
| 4. Effective date of Commencement of Insurance for the purpose of the Act: | 08-JAN-2023 00:00 |
| 5. Date of Expiry of Insurance: | 07-JAN-2024 23:59 |
| 6. Persons or Classes of Persons entitled to drive*: | LEONG WENG OON (LIANG YONG'AN) |
| 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, PHV 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: | CAR TIMES CAPITAL PTE LTD |
| PRODUCER NAME: | LIM WEI KAI |