MKFS18145796-01 / Kan Fook Sing Motor Workshop - Defu ENTRY DATE & TIME: 12/11/2018 09:16 SUBMITTED BY: Alice Chau

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Contact Number **EMail Address**

Fax Number

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate</u> 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.
- 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.

 By the lodgement of this report to the insurers, you hereby consaforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/11/2018 09:16
Date Of Accident	10/11/2018 19:55
Exact Location Of Accident	CTE TOWARDS TOWN BF EXIT OF UPP SERANGOON RD
Country/State of Loss	SINGAPORE
•	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ7048A
Insured/Policyholder	
Name Of Registered Owner	TAN ENG SENG (CHEN RONGSHENG)
NRIC No	\$7937265Z
Email Address	TANENGSENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98418540
Alternative Phone No	OTHERS-98418540
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-000312
Cover Note Number	29/01/2018 TO 28/01/2019
Driver	
Name of Driver	TAN ENG SENG (CHEN RONGSHENG)
NRIC No	S7937265Z
Date Of Birth	24/11/1979
Occupation	INDOOR
Date Of Driving Pass	30/12/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE

MALE

(LOCAL) +65-98418540

TANENGSENG@GMAIL.COM

OTHERS-98418540

Address APT BLK 8 BOON KENG ROAD #21-148 (S) 330008

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ORCHARD

Police Station Address ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER WITH ATTACH.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJW6823M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHEN FONG KEONG

NRIC/Passport Number S2532048D Contact Number 96649380

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKV4631G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN ENG SENG (CHEN RONGSHENG)

Approximate Age

Injuries Sustain **NECK PAIN** Injured person in which vehicle? SKZ7048A

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- By the lodgment 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 .
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

.

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Ne declare the foregoing particulars are true in every respect. Control	KETCH PLAN	n andro an abora e 6 - 6	
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licyholder's Signature te & Time: 12 11 100 Driver's Signature (If driver is not the policyholder) Name:	Na.		(§(/Xr)
te & Time: 12 (If driver is not the policyholder) Name:	licyholder's Signature 11(Q)	Driver's Signature	
	te & Time: 12/11/10	(If driver is not the policyholder)	Name:

Annex 1

On 10.11.2018 at about 1955hrs, I was driving my vehicle (A: SKZ7048A) along the 4th lane of CTE towards town before exit of Upper Serangoon Road. I notice that vehicle ahead stopped therefore I followed suit. Suddenly, I felt an impact from behind. After alighted, I realized it was a chain collision involved total of 3 vehicles.

Vehicle A (SKZ7048A): No passenger on board.

Vehicle B (SJW6823M): Unknown passenger on board.

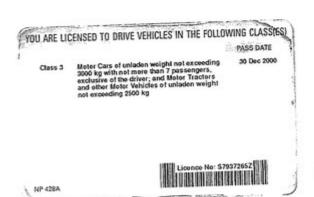
Vehicle C (SKV4631G): Unknown passenger on board.

h.





HP: 98418540 Ewail: tanengseng@g mail.com. Occupation: auditor.





EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 059110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 1978-00490-N



Insured/Named Driver SGD500.00

SGD1,000.00

Additional SGD3,000.00

Form: MX2 Excess:

Unnamed Drivers

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION(REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

PRIVATE CAR Comprehensive

Certificate No.: DMPPHQ18-000312

 Index Mark and Registration Number of Vehicles SKZ7048A

Name of Policyholder TAN ENG SENG (CHEN RONGSHENG)

 Effective Date of the Commencement of Insurance for the purpose of the Act 29/01/2018

 Date of Expiry of Insurance 28/01/2019

5. Person 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 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 has not been cancelled at the time of accident loss or damage.

6. Limitations as to use*

Use 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 (Malaysia), 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 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

misjb/HO/A000122/Chan Yuen Chong Jaso

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

1 of 4 Report No. T/20181112/2103

Date/Time Report Made: 12/11/2018 15:38			Vide Report No.:	Station Diary No.: 128		
Inform	ant's Partic	culars				
Name of Informant: TAN ENG SENG			Address: APT BLK 8 BOON KENG ROAD #21-148 SINGAPORE 330008			
ID Type / ID No.: NRIC NO / S7937265Z			Contact No.: Home/Office:	Mobile: 98418540		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 38 24/11/1979		Date of Birth: 24/11/1979	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Auditor (accounting)			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive; No	Type of Location: Straight Road	
CENTRAL EXP	GOON KUAU	he Upper Serangoo Road Surface; Dry	n exit.	Road Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Heavy
pe of Collision: etween Moving V	ehicles - Head To	Rear		Anyone conveyed b ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJW6823M	Car				Slightly Damaged	3
SKV4631G	Car					0
SKZ7048A Details of	Car	HONDA	VEZEL 1.5X	Blue	Slightly	0





2 of 4

Report No. T/20181112/2103

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

CONTINUATION OF REPORT

Vehicle No.	ehicle Insurance Insurance Company	Insurance No	Effective	Expiry Date
SKZ7048A	EQ INSURANCE COMPANY LTD.	DMPPHQ18- 000312	29/01/2018	28/01/2019

Details of Pe	rson involved			_	
Any Pedestria No. of Pedest	Use of Pedestrian Crossing: NA				
Driver	TAN ENG SENG		ID No.	1	87937265Z
Related Vehicle	Related Vehicle SKZ7048A (Car)			t No.	98418540
Hospital/Clinic		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	Date Disc	Date Discharge 12/11/2018			
No. of Days grante	Degree o	gree of Injury Slight		ht	
Driver				THE PARTY	THE PARTY OF THE PARTY OF
Name	Name CHEN FONG KEONG		ID No.		S2532046D
Related Vehicle	4	Contact No.		96649380	
Hospital/Clinic	NIL		Class Driving Licence Explry	e &	Class: NIL Date of Expiry: NIL
Date Treatmen	nt NIL	Date Disc	charge	NIL	
No. of Days or	Degree of Injury NIL				

Brief Details.

On the above mentioned date, time, I was driving on the 4th lane of the 5 lane road of CTE towards the City before the Upper Serangoon Exit. As the traffic was heavy of the time, a vehicle in front of me at the point of time suddenly jam break. I then immediately reacted and managed to break in time. I wish to state that prior to the incident the vehicle in front of me had continued breaking intermittently due to the heavy traffic. A few moments later, I felt a thud on the rear side bumper of my vehicle.

I then stepped out of the vehicle and discovered there were a total of 3 vehicles including mine that was involved in an accident. I then exchange particulars with the driver (SJW6823M) who had hit onto my rear bumper. I wish to state I did not exchange particulars with the last driver (SKV4631G) as the weather had started to rain and I had to leave immediately. I felt some neck pains and was advised to seek medical attention. I then received 3 days of MC from TTSH (TTSH18259415). I was then informed to lodge a traffic police report due to the duration of the MC.

My vehicle sustained damages of a dent on the middle rear bumper to the right side bumper. A plastic



Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 MANAGINATINATINATION TO THE ME

A to C.

CONTINUATION OF REPORT

material that was attached at the below area of my rear bumper was also dislodged from its placement. The 2nd vehicle sustained damages of a dent on his front bonnet. I have an in car camera however when I made a check there was no recordings available. I am lodging this report as per required by Traffic Police. That is all.



Medical Bill

Tan Tock Seng HOSPITAL TO:

No.11 Jalan Tan Tock Seng, Singapore 308433
Tel: 6256 6011 (Main Line), 6357 7000 (Central Appointment Room), 6511 4338 (Billing Enquiries)

The TTSH Community Fund actively helps needy patients and the community shough health-related programs. Every donation goes a long way in making a positive impact to during three. To donate or know more about TTSH Continuity Fund, please visit www.ttsn.com.epitshof. Thank You.

TAX INVOICE

MR. TAN ENG SENG BLK 8 #21-148 BOON KENG ROAD SINGAPORE - 330008

MRN/NRIC CASE NO VISIT DATE LOCATION

: S7937265Z : 1218941522J-00001 : 12.11.2018 10:07 : TCEMD

INVOICE DATE TYPE OF SUPPLY : CASH/CREDIT GST REG NO

: 12.11.2018 : M2-0094564-6

PATIENT NAME: TAN ENG SENG

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE

ED Service Facility Additional Views (Up To 2) XR, Cervical Spine, AP & Lateral XR, Lumbosacral Spine, AP & Lateral Injection - S/C, I/M, I/V

THUOMA 240.00

Total Charges **Sovernment Subsidy**

Fotal Amount Payable

PAYMENT: TAN ENG SENG (VISA - 12,11,2018 , RECEIPT #: T012039483)

TOTAL DUE AFTER PAYMENT

DUE FROM: TAN ENG SENG 120.00 0.00

450.25

330.25-

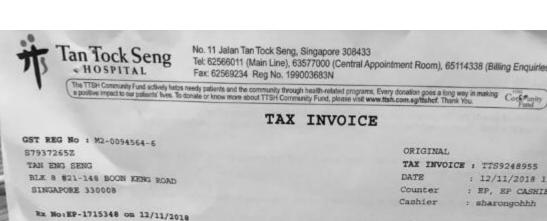
120.00

0.00

MOITAMROTH ROS

Total amount payable after GST is \$128.40.
Total GST for this bill at 7% is \$8.40 which is absorbed by the Government.

Hospital will send you a bill if there is any additional Medical Investigation / Medications performed.



No. 11 Jalan Tan Tock Seng, Singapore 308433 Tel: 62566011 (Main Line), 63577000 (Central Appointment Room), 65114338 (Billing Enquirles) Fax: 62569234 Reg No. 199003683N

Page: 1/1

TAX INVOICE

Account: 1218941522J00001 PRESCRIBED ITEM(S) Subsidised: Standard 1 (S1) DICLOFENAC SOD SOMS EC TAB FAMOTIDINE 20MG TAB Subtotal for S1 Government Subsidy Payable for SI after Government Subsidy

Others: Retail Item (RET) PARACETAMOL 500MG, CODEINE BMG TAB Subtotal for RET Payable for RET

> TOTAL AMOUNT Rounding Adjustment PAYMENT: Visa OUTSTANDING AMOUNT

Total GST at 7% is \$0.42 for this bill. MEDICATIONS AND HEALTH PRODUCTS FURCHASED ARE NOT REFUNDABLE OR EXCHANGRABLE.

ORIGINAL

TAX INVOICE : TTS9248955

DATE : 12/11/2018 13:06:55 Counter : EP, EP CASHIER Cashier : sharongohhh

Patient/Order Type/Fin.Cl: AE/AE/NA

Qty Gross Payable \$1.80 \$0.00 15 TAB 10 TAB \$1.00 \$0.00 \$2.80 00.00

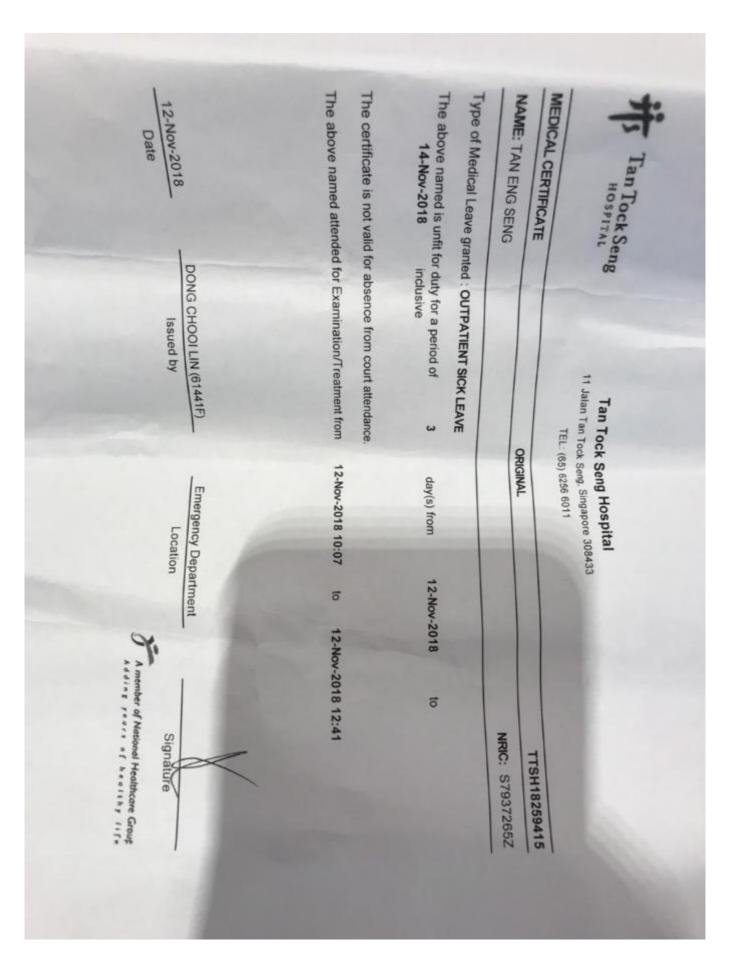
SO TAB \$6.42 86.42

\$6.42

\$9.22 \$6.42 -50.02 \$6.40

\$0.00

Medical Certificate



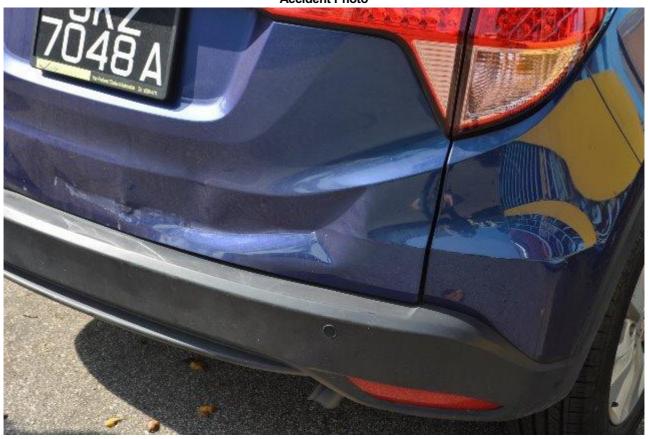
Medical letter

	Tan Tock Seng	EMERGENCY D	EPAR	TMENT	The same	
	Time: Location: To: Ortho - Spine B1A From Di Within 2 weeks 61	ong Chool Lin (DR)	Re	An administration	your N.R.I.G or BIRTH CERTIF 5) or PASSPORT / WORK PEI SIGNESTI 00 will be charged for recharges, pile can 63577 57937265Z TAN ENG SENG 24-11-1979 / 39 Yrs	000/8000
		edical Officer			12-11-2018 10:07 AM	/ Make
	Diagnosis Principal Diagnosis: CONTUSION OF I	NECK				
	G6PD " niergy:					
	ADR / Drg Allergy: NIL Medical Alerts: G6PD Deficiency					
	PLEASE TRACE AND REVIEW ALL					
	Triage Notes	ORTS				
	> No Respy Symp > NO travel to List C					
-	> ID Suspect :NONE ED Outcome Location: EDC					
	Chief Complaint at Screening: Road traffi	ic accident				
	involve in RTA, pt is driver of a car being bang by another car for behind x2/7 a c/o pain over neck area + BiL UL numbness Nil seat belt signs/ air bag deployed Nil chest pain/ SOB/ other injury	go •				
	Clinical Frailty Scale : 2 Well					
7 Pl	<i>Vital Signs</i> EMP:37 R:83 BP:128/75 mmHg RR:18 SPO2:98 FIO :89 BP:119/75 mmHg RR:18 SPO2:99 FIO	02:21 02:21				
Inves	tigations					
his refe	erral latter is well to				100000	1
content	erral letter is valid for six months of this document is confidential and privileged (b) destroy the document and (c) do not read, use	to the doctor and copy. store, diss	i patie	ent. If you have ate and/ordisclos	received this documer se to any person the in	it by mistake, plormation and ma
EC-07-	00					
LC-0/-		1 0	r2			Print Date
	April 1985 Berline					1





























Accident Photo







Addendum Sheet



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: MKFS18145796 ______Vehicle Registration No: SKZ7048A Name(as shown in NRIC): TAN ENG SENG __NRIC/FIN/Passport No: S7937265Z (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : APT BLK 8 BOON KENG ROAD #21-148 (S) Address Singapore(330008) Mobile No.: 98418540 Contact (Tel) **Email Address** : tanengseng@gmail.com Date of Accident : 10/11/2018 __Time of Accident : __19:55 Place of Accident : CTE TOWARDS TOWN BF EXIT OF UPP SERANGOON ROAD Insurance Company: EQ Insurance Company 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:

TO ATTACH POLICE REPORT, MEDICAL BILL, MEDICAL CERTIFICATE.		

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Date:

GIARMC addendumform V3

Date:

Policyholder / Driver's Signature