

## 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 Authorised 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 Report	25/11/2018 13:12
Date Of Accident	23/11/2018 17:45
Exact Location Of Accident	ALONG AYE TWRDS CITY (NEAR NUH)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7979E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG BROTHERS (M&E) PTE LTD
Co Reg No	200206311K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97890906

### Vehicle Particulars

Manufacturer	BMW
Model	X6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DMPPHQ17-006571
Cover Note Number	

### Driver

Name of Driver	ANG JIN HAN MELVIN
NRIC No	S8009528G
Date Of Birth	10/03/1980
Occupation	INDOOR
Date Of Driving Pass	14/07/1999
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97890906
Fax Number	
Contact Number	
Email Address	MELVIN.ANG@ABME.COM.SG

Address NIL  
 Postcode  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 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 DRIZZLING  
 Road Surface WET

#### 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  
 Number of Passengers (Including Driver) 2  
 Passenger 1  
 NAME: : SAY XIAN LONG,KELVIN  
 GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 POLICE STATION NAME [OTHER] SENGKANG N.P.C  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT NO: T/20181124/2125 (LODGED AT SENGKANG N.P.C) ON THE 23/11/2018 AT ABOUT 1744HRS, I WAS DRIVING MY VEHICLE SLK7979E ALONG AYER RAJAH EXPRESSWAY ON THE FIRST LANE WITH A PASSENGER SAY XIAN LONG SEATED ON MY FRONT LEFT PASSENGER SEAT. TRAFFIC WAS CONGESTED AND SLOW MOVING. WHEN I WAS TRAVELLING NEAR TO LAMP POST C480, THE VEHICLE IN FRONT OF ME CAME TO A COMPLETE STOP CAME TO A COMPLETE STOP. SUDDENLY I HEARD A BANG AND FOLLOW BY AN IMPACT FROM THE REAR OF MY VEHICLE. I GOT OFF MY VEHICLE TO MAKE A CHECK AND I REALIZED THAT IT WAS A CHAIN COLLISION INVOLVING 3 VEHICLES MAINLY MY VEHICLE SLK7979E, SMC5936Y AND SKK91Z. MINE WAS THE FIRST VEHICLE AND SMC5936Y IS THE SECOND VEHICLE AND THE LAST VEHICLE IS SKK91Z. THE DRIVER OF SKK91Z TOLD US THAT HE HAD APPLIED ON HIS BRAKE HOWEVER IT WAS NOT WORKING AND AS SUCH COLLIDED ONTO THE REAR OF SMC5936Y AND THE IMPACT CAUSED THE VEHICLE SMC5936Y WHICH WAS ALSO STATIONARY TO MOVE FORWARD AND HIT ONTO THE REAR OF MY VEHICLE. AT THE TIME OF ACCIDENT, AS ALL THE DRIVERS INVOLVED AND MY PASSENGER DID NOT FEEL UNWELL/INJURED, WE THEN EXCHANGED PARTICULARS OF THE INVOLVED DRIVERS AND WE LEFT THE ACCIDENT SCENE. IT WAS WHEN I REACHED MY OFFICE AND ABOUT 2 HRS LATER THE ACCIDENT, I FELT PAIN ON MY BACK AND MY PASSENGER FELT PAIN ON THE BACK OF HIS NECK AND WE THEN TO SENGKANG GENERAL HOSPITAL FOR MEDICAL ATTENTION AND WERE GIVEN 4 DAYS OF MEDICAL LEAVE EACH. I WAS THEN ADVISED BY MY INSURANCE COMPANY THAT I AM REQUIRED TO MAKE A TRAFFIC ACCIDENT REPORT DUA TO THE INJURY. THAT IS ALL.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMC5936Y

Vehicle Make/Model/Colour	MITSUBISHI / ECLIPSE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM NGUANG SOON
NRIC/Passport Number	S1614369C
Contact Number	81828480
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKK91Z
Vehicle Make/Model/Colour	B.M.W. / 750LI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH JIEXIAN JASON
NRIC/Passport Number	S8740150B
Contact Number	94319530
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	ANG JIN HAN MELVIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLK7979E
Were seat belts worn?	YES
Was this injured conveyed to hospital.by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	SAY XIAN LONG, KELVIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLK7979E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Sketch Plan

2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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 QIA Records Management Centre established by the General Insurance Association of Singapore (QIA) for archiving and that copies of this report will for a fee be made available 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)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("QIA") 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 the 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 purposes 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 making 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.
- (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 QIA 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.

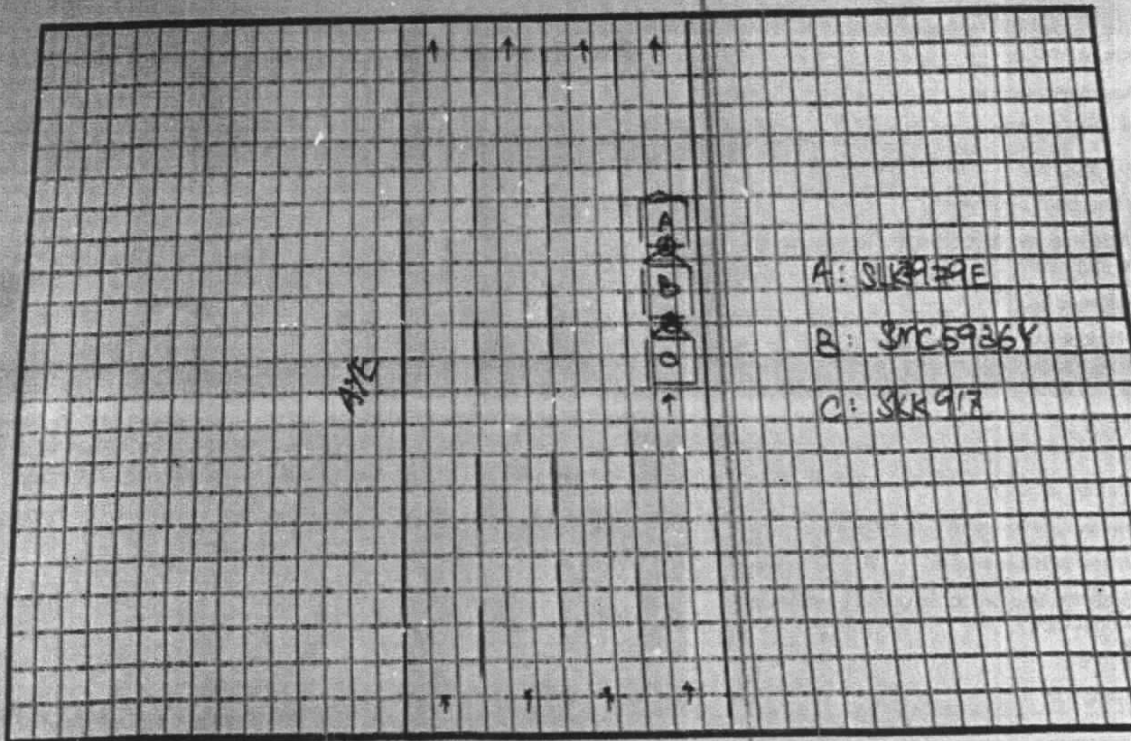
**VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Jun Keat**

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

## Sketch Plan



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181124/2125

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Report No. T/20181124/2125

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/11/2018 21:28	Vide Report No.:	Station Diary No.: 175
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**Informant's Particulars**

Name of Informant: ANG JIN HAN MELVIN		Address: APT BLK 152 RIVERVALE CRESCENT #09-102 SINGAPORE 540152	
ID Type / ID No.: NRIC NO / S8009528G		Contact No.: Home/Office:	Mobile: 97890906
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 10/03/1980	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: TECHICAL MANAGER		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 23/11/2018 17:45	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY Towards City near lamp post C480				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: MOVING VEHICLE AGAINST STATIONARY VEHICLE				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK91Z	Car					0
SLK7979E	Car	BMW	X6	White		1
SMC5936Y	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181124/2125

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20181124/2125

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK7979E	EQ INSURANCE COMPANY LTD.	DMPPHQ17-006571	14/12/2017	13/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	GOH JIEXIAN, JASON		ID No.	S8740150B
Related Vehicle	SKK91Z (Car)		Contact No.	94319530
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	ANG JIN HAN MELVIN		ID No.	S8009528G
Related Vehicle	SLK7979E (Car)		Contact No.	97890906
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/11/2018		Date Discharge	23/11/2018
No. of Days granted Medical Leave	04		Degree of Injury	NIL
Passenger				
Name	SAY XIAN LONG, KELVIN		ID No.	S8312345A
Related Vehicle	SLK7979E (Car)		Contact No.	91541549
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/11/2018		Date Discharge	23/11/2018
No. of Days granted Medical Leave	04		Degree of Injury	NIL

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181124/2125

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Report No. T/20181124/2125

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LIM NGUANG SOON	ID No.	S1614369C
Related Vehicle	SMC5936Y (Car)	Contact No.	81828480
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 23/11/2018 at about 1744hrs, I was driving my vehicle SLK7979E along Ayer Rajah Expressway on the first lane with a passenger Say Xian Long seated on my front left passenger seat. Traffic was congested and slow moving. When I was travelling near to lamp post C480, the vehicle in front of me came to a complete stop and I also came to a complete stop. Suddenly I heard a bang and follow by an impact from the rear of my vehicle. I got off my vehicle to make a check and I realized that it was a chain collision involving 3 vehicles mainly my vehicle SLK7979E, SMC5936Y and SKK912. Mine was the first vehicle and SMC5936Y is the second vehicle and the last vehicle is SKK912. The driver of SKK912 told us that he had applied on his brake however it was not working and as such collided onto the rear of SMC5936Y and the impact caused the vehicle SMC5936Y which was also stationary to move forward and hit onto the rear of my vehicle.

At the time of accident, as all the drivers involved and my passenger did not feel unwell/ injured, we then exchanged particulars of the involved drivers and we left the accident scene. It was when I reached my office and about 2hrs later after the accident, I felt pain on my back and my passenger felt pain on the back of his neck and we then went to Sengkang General Hospital for medical attention and were given 4 days of medical leave each. I was then advised by my insurance company that I am required to make a Traffic Accident Report due to the injury. That is all.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**

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2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999



T/20181124/2125

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Report No. T/20181124/2125

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 3 LEOW CHONG WAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/11/2018 21:28

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH

Contact No. 85476204

Authentication Stamp

NP168



Signature

Singapore Police Force

Classification Of Case: