

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 30/04/2019 18:18
Date Of Accident 30/04/2019 11:10
Exact Location Of Accident ALONG SLE TOWARDS EXIT WOODLANDS AVE 12
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE3507A
Insured/Policyholder
Name Of Registered Owner KL ENVIRO PTE. LTD.
Co Reg No 201525197E
Email Address SOH@KLENIRO.COM
Mobile Phone No (LOCAL) +65-97550037
Alternative Phone No OFFICE-68610332

Vehicle Particulars

Manufacturer SCANIA
Model P360CB6X4MHZ

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? YES

If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company EQ INSURANCE COMPANY LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DMCPHQ18-005903
Cover Note Number

Driver

Name of Driver BIAN CHUNKE
NRIC No G2742906N
Date Of Birth 18/03/1996
Occupation OUTDOOR
Date Of Driving Pass 11/09/2017
Driving Experience 1 YEAR AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-87436319
Fax Number
Contact Number
EMail Address NOEMAIL

Address	19, SUNGEI KADUT LOOP, SINGAPORE 729462
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190430/2128

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8343C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YM6102K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number YQ448G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 UNKNOWN
Approximate Age
Injuries Sustain
Injured person in which vehicle? YM6102K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN
Approximate Age
Injuries Sustain
Injured person in which vehicle? YQ448G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name UNKNOWN
Approximate Age

Injuries Sustain

Injured person in which vehicle?

YQ448G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.
- (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.



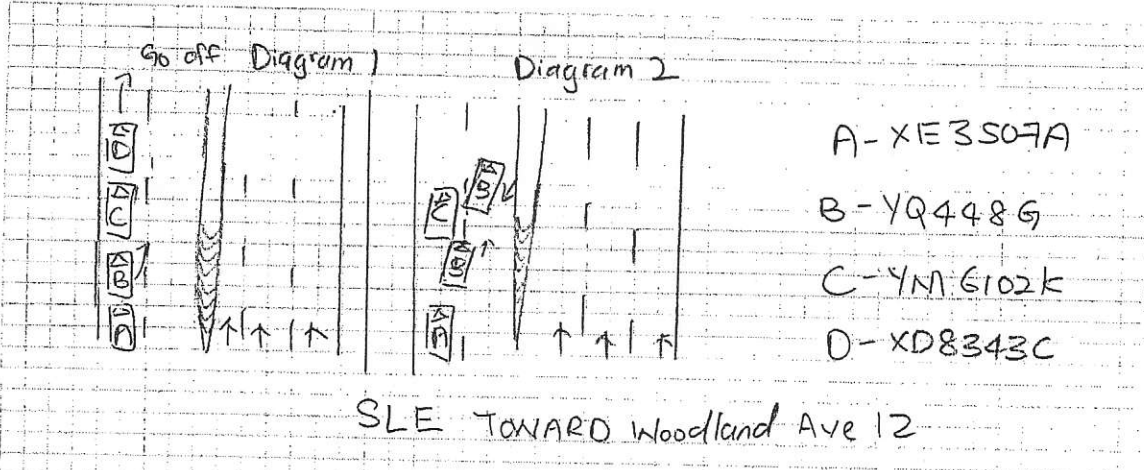
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I AM AWARE THAT MY INSURER MAY HAVE A **14 DAYS TIMEFRAME** FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

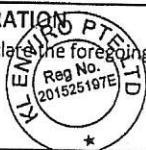
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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 & Time:

- ☐ Claim own policy
- ☐ Claim third party
- ☒ Claim OD LTP at other works hop Sim Quan
- ☐ For record purpose

Policy No. DMCP14018-005903
Insurer FG Veh. No. XE 3507A

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190430/2128

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20190430/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2019 16:23	Vide Report No.:	Station Diary No.: 118
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Informant's Particulars			
Name of Informant: BIAN CHUNKE		Address: C/O APT BLK 52 Choa Chu Kang North 6 #18-15 Yew Mei Green SINGAPORE 689575	
ID Type / ID No.: FIN NO / G2742906N		Contact No.: Home/Office: Mobile: 8743 6319	
Nationality: CHINESE		Email:	
Sex: Male	Age: 23	Date of Birth: 18/03/1996	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/04/2019 11:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SELETAR EXPRESSWAY WOODLANDS AVENUE 12 SLE(BKE) Exiting Woodlands Ave 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
XD8343C	Lorry	MAN			Slightly Damaged	0
XE3507A	Lorry	SCANIA			Slightly Damaged	0
YM6102K	Lorry	ISUZU			Slightly Damaged	0
YQ448G	Lorry	MITSUBISHI			Slightly Damaged	1

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190430/2128

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20190430/2128

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BIAN CHUNKE	ID No.	G2742906N
Related Vehicle	XE3507A (Lorry)	Contact No.	8743 6319
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/04/2019 at about 1110hrs, while I was proceeding to work, I was travelling on SLE towards BKE and exiting from Woodlands Ave 12. While I was on the slip road, the road was packed and moving slowly. When exiting the slip road, I did not take notice that the vehicles in front of me had stopped and proceeded as per normal. When I realized that the vehicles in front were stationary, I could not stop my vehicle in time. Due to my vehicle being too heavy, I needed a larger breaking distance to stop in time. Thus, I collided into another lorry bearing YQ448G which was in front of me. This caused a chain of collisions that followed after. The vehicle(YQ448G) that I collided into had further collided with 2 other lorries bearing YM6102K and XD8343C. After the collision, I together with the driver from XD8343C made a check on the other drivers and called for ambulance. At that point of time, did not manage to get hold of their particulars. Soon after, ambulance, traffic police as well as SCDF arrived. The ambulance then conveyed 03 of the injured drivers from the other vehicles. I was then given a case card by the traffic police and was advised to head to the police center to lodge a police report. There were several damages on the vehicles:

- 1) My vehicle, XE8343C - Small dent on the front bumper and cracked wind shield
- 2) XD8343C - Minor scratches on rear bumper
- 3) YQ448G - Dent on the rear and front bumper
- 4) YM6102K -Dent on the rear and front bumper, cracked wind shield



**SINGAPORE
POLICE FORCE**



T/20190430/2128

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20190430/2128

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:

J /

TAN RUI JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/04/2019 16:23

Officer In Charge Of Case:

TP / GIT /

SI ONG CHEE HIEN

Contact No.: 65476437

Classification Of Case:

Authentication Stamp

NP168



SN 127

Signature :

Singapore Police Force