

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	04/12/2019 16:13
Date Of Accident	04/12/2019 08:25
Exact Location Of Accident	BKE TOWARDS PIE (AFTER DAIRY FARM ROAD EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR6784G
Insured/Policyholder	
Name Of Registered Owner	CHENG CHOONG HIANG
NRIC No	S1630782C
Email Address	LIANG46@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97720388
Alternative Phone No	OTHERS-97720388

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MW001819-R04
Cover Note Number	

Driver

Name of Driver	BEH BUN LIANG
NRIC No	S0212531E
Date Of Birth	02/01/1954
Occupation	INDOOR
Date Of Driving Pass	12/05/1972
Driving Experience	47 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97720388
Fax Number	
Contact Number	OTHERS-97720388
EMail Address	LIANG46@YAHOO.COM.SG

Address	BLK 253 BANGKIT ROAD #13-228
Postcode	670253
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND ATTACHMENT

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	SJB7870E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	SLC3530J
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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 BEH BUN LIANG

Approximate Age

Injuries Sustain BODY PAIN

Injured person in which vehicle? SKR6784G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

04/12/2013
Karl Lohmann

Sketch Plan #2

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Figure 1 consists of two panels. The top panel shows the relic density $\Omega_{\text{DM}} h^2$ as a function of the dark matter mass m_{DM} (GeV) on a logarithmic scale. The bottom panel shows the thermal production cross-section σ_{th} (cm²) as a function of m_{DM} (GeV) on a logarithmic scale. Both panels show curves for different values of the coupling constant g , ranging from 10^{-4} to 10^{-1} . The relic density curves are solid lines, and the thermal production cross-section curves are dashed lines. The figure is divided into two main regions: a 'Relic Density' region (left) and a 'Thermal Production' region (right). The relic density is shown as a solid line, and the thermal production cross-section is shown as a dashed line. The coupling constant g is varied from 10^{-4} to 10^{-1} .

DECLARATION:

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Journal of Management Education

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see exhibits
Best photos

Sketch Plan #3

On 04.12.19 at about 08:25 hours along BKE towards PIE (After Dairy Farm Road Exit). I was travelling straight on the lane 1 and it was heavy traffic, when my front vehicle (C) slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang from behind and the impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C). When I alighted I realise it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle (A). It was a chain collision of a total of 3 vehicles involved and I have 1 passenger inside my vehicle (A).

Vehicle (A): SKR 6784G

Vehicle (B): SJB 7870E

Vehicle (C): SLC 3530J

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04/12/2019
Rue, 602/1013