

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	31/12/2019 15:03
Date Of Accident	30/12/2019 12:15
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML7790P
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	SXXX790P
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97563966

Vehicle Particulars

Manufacturer	OPEL
Model	INSIGNIA GRANDSPORT B16DTH-1.6 TURBO (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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 HIRE

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M0015054
Cover Note Number	26.12.2019 TO 25.12.2020

Driver

Name of Driver	WONG KUM LOY
NRIC No	SXXXX185B
Date Of Birth	25/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2011
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86995178
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLOCK 634 YISHUN STREET 61 #05-50
Postcode	760634
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	3
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report T/20191230/2096

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	GZ6226G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YEOW HOCK BENG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

FRONT AND REAR PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMN5197E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

WONG KUM LOY

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SML7790P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLOCK 634 YISHUN STREET 61
#05-50

Postcode

760634

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SKETCH PLAN

A: SML7790P
B: 07 G226G
C: SMN 5197E

CTE towards City.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GHA 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: 31/12/2019
12.40pm.

Reporting Centre Personnel's Signature

Name: _____
NRIC/FIN No. _____



**SINGAPORE
POLICE FORCE**



T/20191230/2096

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

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Report No. T/20191230/2096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	YEOW HOCK BENG	ID No.	S1276144I
Related Vehicle	GZ6226G (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	WONG KUM LOY	ID No.	S1279185B
Related Vehicle	SML7790P (Car)	Contact No.	86995178
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 30/12/2019 at about 1210hrs, I was driving my GOJEK car (SML7790P) along CTE towards City with two passengers inside. As I was driving, I noticed that a slight jam had built up in front as such I slowed down my car.

Out of a sudden, I felt an impact from the rear of my car. I then alighted to make a check and discovered that a lorry (GZ6226G) had collided onto the rear of my car. Another Bluecar SG car (SMN5197E), was also spotted behind the said lorry.

I then spoke to both the lorry driver and the Bluecar SG driver. The Bluecar SG driver admitted that he had collided onto the lorry, which caused the lorry to collide onto my car. I then exchanged particulars with the lorry driver. I made a check with the two passengers in my car and they affirmed that they were fine. No visible injuries could be seen on them at this point of time. My car sustained slight scratches to its rear. The lorry sustained slight scratches to its front and a dent at its rear. The Bluecar SG sustained a severe dent to its front as well.

I then continued the GOJEK ride to Vivo City. After doing so, I went to my car rental company to inform them about the accident and they instructed me to file a claim with the insurance company.

At about 1400hrs, I felt pain at my back and neck area and went to Mount Alvernia Hospital. I was then given 5 days of Medical Leave from 30/12/2019 - 03/01/2020.

I wish to state that my car has footage of the incident. I am lodging this report for insurance claiming



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Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999



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CONTINUATION OF REPORT

purposes.