

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	01/02/2020 14:59
Date Of Accident	31/01/2020 17:45
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3619K
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	2XXXXX055D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62523822

Vehicle Particulars

Manufacturer	KIA
Model	CARENS-1.7 D DCT 5DR FWD (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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	M0014415
Cover Note Number	26.12.2019 TO 25.12.2020

Driver

Name of Driver	FRANCIS TAN HOCK KIM
NRIC No	SXXXX530H
Date Of Birth	03/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	18/01/1979
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94313956
Fax Number	
Contact Number	
E-Mail Address	FRANCISTAN1958@GMAIL.COM

Address BLOCK 194 RIVERVALE DRIVE
#11-767

Postcode

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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NPC

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20200131/2150

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 SH7506U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver RICKY ONG

NRIC/Passport Number

Contact Number 91726117

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKB8298P *— Audi A8*

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ZHUANG ZHENGE DAMIEN

NRIC/Passport Number SXXXX166I

Contact Number 97720361

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name FRANCIS TAN HOCK KIM (FRANCIS CHEN FOCHIN)

Approximate Age 62

Injuries Sustain NECK PAIN

Injured person in which vehicle? SMF3619K

Were seat belts worn? YES

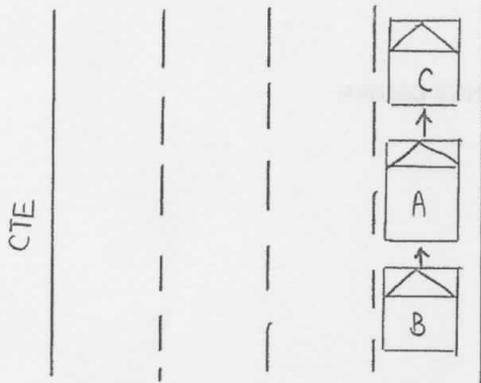
Was this injured conveyed to hospital by ambulance? NO

Address BLOCK 194 RIVERVALE DRIVE
#11-767

Postcode 540194

Sketch Plan Pg. 2

SKETCH PLAN



A: SMF3619K

B: SKB8298P - An Li A8

C: SH7506U → Toyota / prius

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20200131/2150 as attached.

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:

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

John in 2m
01/02/2020
12.06 PM

[Signature]
ayf amsB



**SINGAPORE
POLICE FORCE**



T/20200131/2150

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

2 of 4

Report No. T/20200131/2150

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RICKY ONG	ID No.	NIL
Related Vehicle	SH7506U (Car)	Contact No.	91726117
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	ZHUANG ZHENGE, DAMIEN	ID No.	S89021661
Related Vehicle	SKB8298P (Car)	Contact No.	97720361
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	FRANCIS TAN HOCK KIM	ID No.	S1332530H
Related Vehicle	SMF3619K (Car)	Contact No.	94313956
Hospital/Clinic	FAITH CLINIC (RIVERVALE)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/01/2020	Date Discharge	31/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 31/01/2020 at about 1745hrs, I was driving my vehicle bearing plate number SMF3619K along CTE towards City on the 6.5km mark. A Taxi bearing plate number SH7506U was in front of me and came to a stop due to the heavy traffic. Thus, I slow down and stopped as well. Out of a sudden, I felt an impact from the rear and heard a loud bang sound. Due to the impact, my vehicle shifted forward and hit on to the Taxi as well.

I alighted from my vehicle and assessed that another vehicle bearing plate number SKB8298P has hit onto the rear of my vehicle.

